



☐ SPED ☐ ELD ☐ AG/SCI ☐ PAM ☐ AVID

10TH GRADE COURSE SELECTIONS

Last Name (Print)

First Name (Print)

Phone Number

PLEASE PRINT CLEARLY AND CAREFULLY COURSE TITLES AND COURSE NUMBERS.

TEACHER RECOMMENDATION SIGNATURE NEEDED FOR ALL

IB/ADVANCED/ENHANCED, MATH, SCIENCE, MODERN LANGUAGE , YEARBOOK & COMPETITIVE PE COURSES

(REVIEW COURSE CATALOG FOR COURSES THAT REQUIRE TEACHER SIGNATURES INCLUDING ELECTIVES)

SUBJECT	COURSE TITLE	COURSE #	TEACHER SIGNATURE <i>IF REQUIRED</i>
English			
Social Science			
Math			
Science 1st Choice <i>(a chemistry or a physics)</i>			
Science 2nd Choice <i>(a physics or a chemistry)</i>			
PE <u>or</u> Elective			
Elective			
<i>Elective Alternate</i>			
<i>Elective Alternate</i>			
<i>0 Period or 7th Period Elective</i> (OPTIONAL)			

- Be sure to list *Elective Alternates*! If you do not list *Elective Alternates* your counselor will choose for you, which you WILL NOT be able to change.
- Any student who is classified as an English Learner will be assigned to a designated ELD course, taking place of one top elective.
- Please return this form with student signature, parent signature, and all required teacher signatures to the Tracy High Counselors.

I have reviewed the course selections listed above.

I UNDERSTAND THAT WHEN MY STUDENT'S SCHEDULE IS FINALIZED, IT WILL NOT BE CHANGED.

Student Signature

Date

Parent Signature

Date

DUE DATE: