

East Peoria Community High School
CLASS REGISTRATION FORM-SENIOR

NAME: _____
 (First and Last)

Please list below the titles of courses you are requesting for next year.

	1 st Semester		2 nd Semester	
SUBJECT	COURSE TITLE	SUBJECT	COURSE TITLE	
1. English (required)	English 7-8 or COMP 110/111 (circle)	English (required)	English 7-8 or COMP 110/111 (circle)	
2. Science	_____ A or E (circle)	Science	_____ A or E (circle)	
3. Math	_____ A or E (circle)	Math	_____ A or E (circle)	
4. SS	_____ A or E (circle)	SS	_____ A or E (circle)	
5. PE (required)	PE or Weight Training/Personal Wellness (circle)	PE (required)	PE or Weight Training/Personal Wellness (circle)	
6. Elective	_____	Elective	_____	
7. Elective	_____	Elective	_____	
Alternate	_____	Alternate	_____	

- May waive PE if in Sports, Band, or Color Guard (1st sem only) **Course to replace PE** _____ for NO Honor Points

I am familiar with the credits I have earned, EPCHS graduation requirements, and the prerequisites for the courses that I am registering for.

Student Signature _____

Date _____

I agree with the above course selections that my student has made. I authorize EPCHS to add/or release standardized test scores including PLAN, PSAT, PSAE, SAT, and/or ACT test scores to my student's high school transcripts. This allows their transcript to be complete when it is requested to be sent to colleges, the military, or an employer.

Parent Signature _____

Date _____