

Child's Name _____ Grade _____

Advisor: _____

Please fill out this form with the classes you would like for your child. Hand it in to the front desk or Fax it to us at 419-9133 by August 28, 2009 at 3 PM. **Please make a copy and keep it for your records before you hand it in to the front desk.** (Fill out one form per child)

Name of class	Day(s)	Time	Grade levels
1.			
2.			
3.			
4.			
5.			
6.			
7.			
7 class limit.			
Second choices			
1.			
2.			
3.			

We will only notify you if any changes are made to your child's schedule. You will not receive confirmation of the classes that your child gets accepted into, this schedule is your confirmation, unless a class is not available.