

STONY POINT 9TH GRADE COURSE SELECTION 2009-2010
Graduation Plan: Circle One (Minimum HS) (RR Recommended) (Distinguished) (Summa Cum Laude)

Student Name: _____ ID# _____
 Last First Middle
 Parent/Guardian Name: _____ Home Phone: _____
 Address: _____ City: _____ Zip: _____
 Parent E-mail Address: _____ Parent Cell/Work Phone: _____

SAMPLE CLASS SCHEDULE

Course #	Course Title	Teacher Signature	Course #	Course Title	Teacher Signature
1112	English I				
3212	Algebra I				
2102	World Geography				
4121	IPC				
8 ---	Foreign Language				
8 ---	Elective – 1 full credit				
6 ---	Elective – ½ credit		6 ---	Elective – ½ credit	
7 ---	Elective – ½ credit		7 ---	Elective – ½ credit	

Please write the course numbers and titles for your choices in the space provided below.

FIRST SEMESTER

SECOND SEMESTER

Course #	Course Title	Teacher Signature	Course #	Course Title	Teacher Signature

Alternate Courses (# and Title): 1) _____ 2) _____ 3) _____

Career Cluster/Pathway: 1) _____ 2) _____

Student Signature: _____ **Date:** _____

Schedule changes may only be requested the first 8 days of the semester. AFTER THE FIRST 8 DAYS OF SCHOOL, STUDENTS WANTING TO DROP A PRE-AP CLASS MUST FIRST ATTEND 8 TUTORIALS.

** I approve of the course selections made for my child on this choice sheet.*

***Parent Signature:** _____ **Date:** _____

COURSE WAIVER REQUEST

FOR COURSE(S) FOR WHICH THE STUDENT HAS NOT MET PREREQUISITES OR THAT THE TEACHER INDICATES WITH "W".

Title(s) and #(s) of course(s) I request waiver into: _____

Reason for request(s) _____ I understand that

- I do not meet RRISD entry criteria for placement into the above named course(s), but I request to be placed in this course.
- The teacher (s) of the course(s) will maintain District and State expectations for the course(s).
- I will be expected to perform at the same level as students who do qualify for the course(s).
- *I will not be allowed to request a schedule change* out of the course(s) during the first semester.
- If I receive a semester average of 75 or below, I may be exited from the waived course(s) for the second semester dependent on the space available in the corresponding regular level course(s).

Signatures waive the recommendation of the counselor and/or teacher(s) and request that this student be placed in the course(s) above.

Student Signature

Date

Parent Signature

Date