

9TH GRADE CHOICE SHEET

Student's First & Last Name: _____

Endorsement (see back): _____

CORE CLASSES

ENGLISH	MATH	SCIENCE	SOCIAL STUDIES
<input type="checkbox"/> English 1 <input type="checkbox"/> Honors English 1	<input type="checkbox"/> Algebra 1 <input type="checkbox"/> Geometry <input type="checkbox"/> Honors Geometry <input type="checkbox"/> Algebra 2 <input type="checkbox"/> Honors Algebra 2 <input type="checkbox"/> OnRamps Algebra 2	<input type="checkbox"/> Biology <input type="checkbox"/> Honors Biology	<input checked="" type="checkbox"/> World Geography

REQUIRED FRESHMAN ELECTIVE Professional Communications (.5)/Health (.5)**ELECTIVES**

(choose 4 and rank them in order of preference, 1=1st choice, etc.)

CTE ENDORSEMENT ELECTIVES

<input type="checkbox"/> Prin of Art, A/V Tech	<input type="checkbox"/> Intro to Culinary Arts	<input type="checkbox"/> Prin of Law	<input type="checkbox"/> BIM 1*
<input type="checkbox"/> Prin of Ag	<input type="checkbox"/> Prin of Health Science	<input type="checkbox"/> Prin of Construction	<input type="checkbox"/> Web Technologies*
<input type="checkbox"/> Prin of Bus/Mktg/Fin	<input type="checkbox"/> Prin of Human Services	<input type="checkbox"/> Prin of Engineering	<input type="checkbox"/> Money Matters*
<input type="checkbox"/> Prin of Info Tech	<input type="checkbox"/> Prin of Education	<input type="checkbox"/> Journalism	<input type="checkbox"/> Advertising/Sport Ent Mktg*

FINE ARTS ELECTIVES

<input type="checkbox"/> Art 1	<input type="checkbox"/> Art 2 Drawing*	<input type="checkbox"/> Art 2 Ceramics*	<input type="checkbox"/> Art 2 Sculpture*
<input type="checkbox"/> Dance 1 (not drill team)	<input type="checkbox"/> Dance 2* (not drill team)	<input type="checkbox"/> Band 1	<input type="checkbox"/> Choir 1
<input type="checkbox"/> Theatre Arts 1	<input type="checkbox"/> Theatre Production 1*	<input type="checkbox"/> Tech Theatre 1*	

PE ELECTIVES

<input type="checkbox"/> PE	<input type="checkbox"/> PE Aerobics	<input type="checkbox"/> Drill Team	<input type="checkbox"/> Cheer
<input type="checkbox"/> JROTC	<input type="checkbox"/> Athletic Trainer		
<input type="checkbox"/> Men's Athletics: <input type="checkbox"/> Football <input type="checkbox"/> Basketball <input type="checkbox"/> Soccer <input type="checkbox"/> Baseball <input type="checkbox"/> Tennis <input type="checkbox"/> Cross Country <input type="checkbox"/> Track & Field			
<input type="checkbox"/> Women's Athletics: <input type="checkbox"/> Volleyball <input type="checkbox"/> Basketball <input type="checkbox"/> Soccer <input type="checkbox"/> Softball <input type="checkbox"/> Tennis <input type="checkbox"/> Cross Country <input type="checkbox"/> Track & Field			

LANGUAGES OTHER THAN ENGLISH

<input type="checkbox"/> Spanish 1	<input type="checkbox"/> Spanish 2	<input type="checkbox"/> Honors Spanish 3	<input type="checkbox"/> ASL 1
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OTHER ELECTIVES Teen Leadership_____
Student Signature_____
Parent Signature