GATEWAY REGIONAL SCHOOL DISTRICT

PRINT ONLY: **Course Selection Sheet** _____ **Grade Next Year**

_____
Last Name First (no nicknames) M.I. Phone Number

_____
Street Town Zip Code

_____
Name of Parent or Guardian Career Choice

	Course Title (Be Specific)	Level	Credits	
	P.E./Health:			
	English:			
	Social Studies:			
	Math:			
	Science:			
		Total credits:		
	ALTERNATIVES: (YOU MUST LIST 3)			
	1.			
	2.			
	3.			

Eligibility:

ALL STUDENTS INTERESTED IN PLAYING SPORTS IN HIGH SCHOOL, MUST MAKE SURE THAT HE/SHE SCHEDULES AND PASSES AT LEAST 34 CREDITS FOR THE FIRST SEMESTER AND FOR THE END OF THE YEAR.

Sports/Clubs:

STUDENT WILL PLAN TO PARTICIPATE IN CLUBS AND/OR SPORTS FOR 07/08 SCHOOL YEAR ☐ **YES** ☐ **NO**

PARENT 'S SIGNATURE_____

COUNSELOR'S SIGNATURE_____DATE_____

STUDENT'S SIGNATURE_____