



COMBS HIGH SCHOOL

2505 E. Germann Road San Tan Valley, Arizona 85140
 480-882-3540 Phone 480-987-0837 Fax

Sophomore Registration Form 2017-2018

Name _____

Student # _____

Phone _____

PLEASE NOTE: Make your course selections carefully. Staffing for the 2017-2018 school year is determined based on course requests. Schedule changes will not be made unless: 1) you are missing a required class, 2) you completed a class during summer school, or 3) a clerical or data processing error has been made. A course may be cancelled if an insufficient number of students register for it.

I do not plan to attend CHS _____

****Please return to your teacher by January 31, 2017****

FULL YEAR/SEMESTER 1

SEMESTER 2

Only enter classes in this section if the class you selected for semester 1 is NOT a full year class**

Subject	Course #	Course Title	Teacher Sign	Subject	Course #	Course Title	Teacher Sign
Eng				Eng			
Math				Math			
Sci				Sci			
SS/Elect				SS/Elect			
Elect				Elect			
Elect				Elect			

Alternate Selections

FULL YEAR/SEMESTER 1

SEMESTER 2 ** (see above statement)

Subject	Course #	Course Title	Teacher Sign	Subject	Course #	Course Title	Teacher Sign

*Students who elect to enroll in Honors and/or AP courses will be required to sign an Honors/AP enrollment contract.

Check one if you are intending on attending Seminary: Schedule me for _____ A Hour _____ 5 classes only

Student Signature (required) _____

Date: _____

Parent or Guardian Signature (required) _____

Date: _____