CLOVIS NORTH HIGH SCHOOL

STUDENT REGISTRATION

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CAREFULLY READ THE FOLLOWING:

- **You must choose six classes and at least one alternate course. When necessary, alternate courses will replace elective courses in area 6.**
- **Consider class choices to be FINAL. NO schedule changes will be made unless there is an incorrect placement.**
- **IMPORTANT: Class balancing takes place within the first two weeks of the school year. Class schedules may be subject to change.**

Name: _____

8th Grade Math Teacher: _____

Counselor: _____

Courses Selected

	Course Title	Number
1	**English**	
2	**P.E.**	
3	**Health/American Cultures**	
4	**Math**	
5	**Science**	
6	**Elective**	
	Alternate Courses	**Number**

Summer School Plans

Course to be taken: _____

_____

If you sign up for Summer School, you are expected to attend. If you choose not to attend, there is no guarantee the class will be available to you during the school year.

****The schedule of classes shown on this form, signed by the student and parent, is FINAL.**

Due to Math teacher by February 24, 2020

_____
Student Signature

_____
Parent Signature

_____
Phone Number

_____
Email Address