

Return by Feb 23
To collection
box outside
cafeteria

2024 - 2025 COURSE REGISTRATION GRADE 12 - CLASS OF 2025

NAME:		STUDENT ID: PHONI			IE:			
ADDRESS:		CITY:			ZIP:			
ist the courses requested for graduation. Read the n	ote below before			form.		,		
DEPARTMENT	COURSE #	COURSE	ENAME	Prereq. Met?	1 or . CRED		TEACHER IGNATURE	
English 12					1			
Mathematics					1			
List three courses to be a	used as alternate	s in case an	elective abov	e is not ava	ailable or	there is	a scheduling	
	COURSE #	COUF	RSE NAME			1 or .5 Credit	TEACHER SIGNATURE	
Alternate for Elective 1								
Alternate for Elective 2								
Alternate for Elective 3								
Please indicate an intended College Prep/World Lan Career & Technology E Dual Completer (World	nguage ducation Complete)			
Student Email:			Student Cell Phone:					
Student Signature:			Parent Signature:					
Print Parent Name:			Daytime Phone:					
Parent E-mail:			Initials of School Counselor:					

Note: The student and parent should use the *Educational Planning Guide* to review course selections for the upcoming school year. Please note course descriptions and prerequisites. It is available on our website www.calvertnet.k12.md.us under the "Students" and "Parents" tabs – Educational Planning Guides.