High School Course Registration Form
2018-2019 School Year

Name: _____ Student ID #_____ _____

Grade for the 2018-2019 School Year: ☐ 9th ☐ 10th ☐ 11th ☐ 12th ☐ I am a student with a documented disability and have an IEP or 504 Plan.

Full-time eSchool students must take between 6 and 7 credits per year. Please list those courses you are requesting for the entire 2018-2019 school year. These courses will then be balanced by the semester/quarter scheduling you with 3 or 4 courses at one time. If you only need the first or second half of the course, please indicate that next to the course name to ensure that you are only registered for that half. (Include several elective options.)

Subject	Name of the course	Number of Credit(s)

List any other additional courses you plan to take at any other school outside of eSchool. (Please note that you are responsible for registering with that school.)

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