

2019-2020 HCHS Sophomore Registration Form

Student Name:	Advisor:
Student ID#:	Grade:

<u>Core Courses:</u> Circle the core courses for which you wish to register.

English	Math	Science	Social Studies
10th Lit 23.0620010 Honors 10 th Lit 23.2620010	Algebra 1 27.0990010 Geometry 27.0991010 Honors Algebra 2 27.2992010 AND <u>Electives</u> AP Statistics 27.2740010	Physical Sci 40.0110010 Enviro Science 26.0611010 Chemistry 40.0510010 Honors Chemistry 40.2510010	World Hist 45.0830010 Honors World Hist 45.2830010 AP World Hist 45.2811010 AND <u>Electives</u> AP Psychology 45.2160010

IF NEEDED: Core courses to repeat: ______

<u>Electives Courses:</u> List the electives for which you wish to register in order of preference. ****** PLEASE PRINT LEGIBLY

	Course #	Course Name	
1st choice			
2nd choice			
3rd choice			
4th choice			
5th choice			
			Office Use Only
Student Signatur	e	Date	Entered:
Parent Signature		Date	Initials:
Advisor Signatu	ce	Date	