

# Jr. & Sr. High Course Schedule

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Year \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Please complete the schedule below. Be specific in identifying the Course Title. Please indicate where and by whom the class is being taught by placing an X in the appropriate box.

**FIRST SEMESTER**

Course Title	Credits	Who is Teaching the Class?			COC	Other
		Parent	Other	Teacher's name <i>(other than parent)</i>		

**SECOND SEMESTER**

Course Title	Credits	Who is Teaching the Class?			COC	Other
		Parent	Other	Teacher's name <i>(other than parent)</i>		

Is parent teaching 51% of Core subjects (Math, History, Science, English)?      **YES**                      **NO**