

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**