

COMBS HIGH SCHOOL

2505 E. Germann Road San Tan Valley, Arizona 85140 Phone: 480-882-3540 Fax: 480-987-0837

Sophomore Registration Form 2018-2019

Name Student # Phone				PLEASE NOTE: Make your course selections carefully. Staffing for the 2018-2019 school year is determined based on course requests. Schedule changes will not be made unless: 1) you are missing a required class, 2) you completed a class during summer school, or 3) a clerical or data processing error has been made. A course may be cancelled if an insufficient number or students register for it.											
								I do not p	lan to attend	d CHS					
								SEMESTER 1				SEMESTER 2			
Subject	Course #	Course Title	Teacher Sign	Subject	Course #	Course Title	Teacher Sign								
Eng.				Eng.											
Math				Math											
Sci.				Sci.											
SS/Elect				SS/Elec	pt										
Elect				Elect											
Elect				Elect											
			Alternate	Selection	าร										
SEMESTER 1				SEMESTER 2											
Subject	Course #	Course Title	Teacher Sign	Subject	Course #	Course Title	Teacher Sign								
*Students w	ho elect to enro	oll in Honors and/or	AP courses will be r	equired to sigr	n an Honors/A	P enrollment contract.									
Check one if	you are intendin	g on attending Semina	ary: Schedule me for	·A	Hour	5 classes only									
Student Sig	nature (require	ed)				Date:									
Parent or Guardian Signature (required)						Date:									