



Bellaire High School Course Selection Sheet



_____ @ _____
 Last Name, First Name Cell Phone HISD ID # Grade E-Mail
 (next year)

Directions: Use this Course selection worksheet to help you plan your schedule for your 10th grade year. To save time, bring this with you when you meet with your counselor in February.

FALL

SPRING

COURSE NAME	COURSE NUMBER	COURSE NAME	COURSE NUMBER
ENGLISH <u>ENGLISH 2</u> COURSE NAME	Circle One: Academic /CP/ PRE-AP # _____	ENGLISH <u>ENGLISH 2</u> COURSE NAME	Circle One: Academic /CP/ PRE-AP # _____
MATH _____ COURSE NAME	Circle One: Academic /CP/ PRE-AP # _____	MATH _____ COURSE NAME	Circle One: Academic /CP/ PRE-AP # _____
SOCIAL STUDIES <u>World History</u> COURSE NAME	Circle One: Academic /AP # _____	SOCIAL STUDIES <u>World History</u> COURSE NAME	Circle One: Academic /AP # _____
SCIENCE _____ COURSE NAME	Circle One: Academic /CP/ PRE-AP # _____	SCIENCE _____ COURSE NAME	Circle One: Academic /CP/ PRE-AP # _____
FOREIGN LANG _____ COURSE NAME	Circle One: REGULAR /Pre-IB/ IB # _____	FOREIGN LANG _____ COURSE NAME	Circle One: REGULAR /Pre-IB/ IB # _____
FINE ART _____ COURSE NAME	Circle One: Regular/ PRE- AP/AP/Pre-IB # _____	FINE ART _____ COURSE NAME	Circle One: Regular/ PRE- AP/AP/Pre-IB # _____
PE/ATHLETICS _____ COURSE NAME	# _____	PE/ATHLETICS _____ COURSE NAME	# _____
HEALTH*/ ELECTIVE _____ COURSE NAME	# _____	HEALTH*/ ELECTIVE _____ COURSE NAME	# _____
ELECTIVE _____ COURSE NAME	Level: # _____	ELECTIVE _____ COURSE NAME	Level: # _____

* Health and PE must be completed before the beginning of your Junior year.

ALTERNATIVE ELECTIVES: IN PREFERENCE ORDER

COURSE NAME	COURSE NUMBER	COURSE NAME	COURSE NUMBER

CREDIT RECOVERY NEEDED?

I. SUMMER SCHOOL OPTION:

Did you fail a course? ____ YES ____ NO

I plan to attend summer school ____ YES ____ NO WHERE? _____

I plan to take the following in summer school:

1. _____	2. _____
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II. GRAD LAB OPTION:

I want to make up my credits in Grad Lab next school year. I realize I will be taking this credit recovery class on top of the work load of all of my classes that I will already have.

____ YES ____ NO

I plan to take the following in Grad Lab:

1. _____	2. _____
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Student Signature

Date