



Last Name: _____ First Name: _____ ID: _____

Phone Number: _____ Email: _____

ENGLISH	Current Course: _____
_____ A20 AICE English Language (AS)	_____ G03 AICE General Paper (AS) (FSA LV 1-3)
MATHEMATICS	Current Course: _____
_____ B12 Pre-AICE Math III (Algebra II Honors)	_____ B11 Pre-AICE Math II (Geometry Honors)
_____ B13 Pre-Calculus Honors**	_____ B20 AICE Mathematics & Mechanics (AS)**
_____ B14 Pre-AICE Additional Mathematics 3 **	_____ B30 AICE Mathematics & Probability & Stats (AS)**
SCIENCE	Current Course: _____
_____ C12 Pre-AICE Chemistry \$	_____ C20 AICE Biology (AS)** \$
_____ C60 AICE-Environmental Management (AS)	_____ C30 AICE Chemistry (AS) ** \$ (Prerequisites Algebra II and Pre-AICE Chemistry)
SOCIAL STUDIES	Current Course: _____
_____ D30 AICE US History (AS)	
WORLD LANGUAGE : REQUIRES PLACEMENT TEST OR TEACHER RECOMMENDATION	
Current Course: _____	
_____ S10 Pre-AICE Spanish 1	_____ F11 Pre-AICE French Language II
_____ S11 Pre-AICE Spanish 2	_____ S20 AICE Spanish Language (AS) **
_____ S12 Pre-AICE Spanish 3	_____ S21 AICE Spanish Language (A) **
ELECTIVES Please choose three (3) different electives in order of preference, using the numbers 1, 2, & 3	
_____ H40 AICE Sociology (AS)	_____ C09 Pre-AICE Computer Science
_____ H50 Pre-AICE Drama	_____ H60 Band I \$
_____ D15 Applied Engineering Technology 1/Robotics* (prerequisite completed Geometry)	Do you play an instrument? Y____ N____ If yes, which one? _____ How many years? _____
_____ D25 Applied Engineering Technology II	_____ H61 Band II
_____ H12 Pre-AICE Physical Education	
_____ H42 AICE Business (AS)	

\$ = FEE **Teacher Recommendation (TR) *Prerequisite

2/11/22JG

Teacher Recommendation			NO SCHEDULE CHANGES WILL BE MADE AFTER THE FIRST WEEK OF SCHOOL. If a student fails to list three (3) elective courses, it will be assumed that all other electives are equally preferred for the missing selections. CIE reserves the right to make changes deemed necessary based on the master schedule. Selection of electives is based on availability.
Subject	Recommendation	Teacher's initials	
EN			
MA			
SS			
SC			
WL			

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

Counselor Signature: _____ Date: _____