



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ ID: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

<b>ENGLISH</b>	<b>Current Course:</b> _____
_____ A10 Pre-AICE English Language	_____ G02 AICE General Paper (AS) (FSA LV 5)
<b>MATHEMATICS</b>	<b>Current Course:</b> _____
_____ B10 Pre-AICE Math I (Algebra I)	_____ B12 Pre-AICE Math III (Algebra II Honors)
_____ B11 Pre-AICE Math II (Geometry Honors)	
<b>SCIENCE</b>	<b>Current Course:</b> _____
_____ C11 Pre-AICE Biology	
_____ C12 Pre-AICE Chemistry \$ (prereq - Bio)	
<b>SOCIAL STUDIES</b>	<b>Current Course:</b> _____
_____ D10 Pre-AICE World History	_____ D20 AICE European History (AS) (FSA LV 4 & 5)
<b>WORLD LANGUAGE : REQUIRES PLACEMENT TEST OR TEACHER RECOMMENDATION</b>	
<b>Current Course:</b> _____	
_____ S10 Pre-AICE Spanish 1	_____ S20 AICE Spanish Language (AS)***
_____ S11 Pre-AICE Spanish 2	_____ F11 Pre-AICE French Language II
_____ S12 Pre-AICE Spanish 3	
<b>ELECTIVES Please choose three (3) different electives in order of preference, using the numbers 1, 2, &amp; 3</b>	
_____ H50 Pre-AICE Drama	_____ C09 Pre-AICE Computer Science
_____ D15 Applied Engineering Technology	_____ H60 Band I \$
1/Robotics* ( <b>prerequisite Geometry</b> )	Do you play an instrument? Y____ N____
_____ H12 Pre-AICE Physical Education	If yes, which one? _____
	How many years? _____

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

2/11/22JG

Teacher Recommendation			<b>NO SCHEDULE CHANGES WILL BE MADE AFTER THE FIRST WEEK OF SCHOOL.</b> 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.  Parent Signature: _____ Date: _____  Student Signature: _____ Date: _____  Counselor Signature: _____ Date: _____
Sub	Recommendation	Teacher's signature	
EN			
MA			
SS			
SC			
WL			