

Kestrel Heights School
Student Course Selection Form 2010-2011

Student Name _____ Student ID number _____

Current Grade _____ Expected Graduation Year _____
 2009-2010

| | | | |
|-----------|------------------|------------|------------------|
| (English) | (Social Studies) | (Language) | (Block elective) |
| (Science) | (Math) | (Elective) | (Block elective) |

Requested Courses: 2010-2011

| | | | |
|-----------|------------------|------------|------------------|
| (English) | (Social Studies) | (Language) | (Elective Alt 1) |
| (Science) | (Math) | (Elective) | (Elective Alt 2) |

Teacher Recommendations:

| | | |
|-------------|-------------------|-------|
| _____ | _____ | _____ |
| Course Name | Teacher Signature | Date |
| _____ | _____ | _____ |
| Course Name | Teacher Signature | Date |
| _____ | _____ | _____ |
| Course Name | Teacher Signature | Date |
| _____ | _____ | _____ |
| Course Name | Teacher Signature | Date |
| _____ | _____ | _____ |
| Course Name | Teacher Signature | Date |
| _____ | _____ | _____ |
| Course Name | Teacher Signature | Date |

Please remember that not all courses requested will be able to be offered due to staffing and classroom shortages. However, the staff of Kestrel Heights will try in earnest to grant the requests of each student within reason.