10 **Please return to your teacher by _____**

Blue Springs South High School
2012-2013 Course Request Form
(please print all information in pencil)

Career Pathways
Please check one. Refer to pages 17-29 in the course description book.

- ☐ Art/Communication
- ☐ Business Management
- ☐ Health Services
- ☐ Human Services
- ☐ Industrial & Engineering Technology
- ☐ Natural Resources

_____ _____ _____
Last Name **First Name** **Home Phone**

COURSE REQUESTS-*You must have 7 credits listed.*

COURSE NUMBER	COURSE TITLE	CREDIT	TEACHER APPROVAL
	Communication Arts:		
	Math:		
	Science:		
	Social Studies:		

ALTERNATES

You must choose 5 alternate courses that may be used to resolve scheduling conflicts.
Please choose alternates carefully, they will not be allowed to be changed.

COURSE NUMBER	COURSE TITLE	CREDIT	TEACHER APPROVAL

_____
Student Signature

I have reviewed and approve my student's course requests and Personal Plan of Study

_____
Parent Approval Signature (required)

_____
Case Manager Signature (required if student has an IEP)

Course selections are final. There will be no schedule changes in the fall or spring.