|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student:  Math Teacher:  Homeroom Teacher: | | |  |  | | Daniel Hand High School | | | Course Request Form - Grade 9 | |
|  |  | | 1. Every student must select courses to equal a minimum of 6.50 credits yearly. | | | | |
|  |  | | 2. Students must carry a minimum of four courses each trimester. | | | | |
|  |  | | 3. Consult the Program of Studies regarding pre-requisite courses, grades, approvals, etc. | | | | |
|  |  | | 4. Contact your counselor at Polson if you need assistance in planning your program | | | | |
|  |  | | 5. **COURSE REQUEST FORM** will be submitted to your DHHS counselor during scheduling | | | | |
|  |  | | 6. **Parent/Guardian signature is required on the COURSE REQUEST FORM** | | | | |
|  | | | | | | | | | | |
| Student Selection | | | | | | |  | | | |
| Department | Course # | Course Title | | | Teacher Signature  (if approved) | | Course # | Recommended Course  (if student’s choice is not approved) | | Teacher’s Initials |
| English | 012 | Literature and Writing | | |  | |  |  | |  |
| Social Studies | 182 | Global Studies | | |  | |  |  | |  |
| Math |  |  | | |  | |  |  | |  |
| Science |  |  | | |  | |  |  | |  |
| Science (if needed) |  |  | | |  | |  |  | |  |
| World Language |  |  | | |  | |  |  | |  |
| Physical Education | 910 | P.E. / Health 9 | | |  | |  |  | |  |
| Personal Finance | 496 | *Must take junior or senior year* | | |  | |  |  | |  |
| Elective |  |  | | |  | |  |  | |  |
| Elective |  |  | | |  | |  |  | |  |
| Elective |  |  | | |  | |  |  | |  |
| Alternate Elective |  |  | | |  | |  |  | |  |
| Alternate Elective |  |  | | |  | |  |  | |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent/Guardian Signature

\*I understand it is my responsibility to submit the Override Request Application(s) by 2:00 p.m. on Friday February 4, 2022.

Override Request Applications are available in the School Counseling Office

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Student Name