

Name: _____ ID: _____ **Return this page to Registrar as soon as possible**

1st Semester

2nd Semester

	Course Name	Teacher signature, if reqd.		Course Name	Teacher signature, if reqd.
LA			LA		
Soc Stud			Soc Stud		
Math			Math		
Science	Biology 1		Science	Biology 2	
World Lang (optional) or elective			World Lang (optional) or elective		
Elective			Elective		

Alternate Courses (select at least four)

	Course Name	Teacher signature, if reqd.		Course Name	Teacher signature, if reqd.
Alternate Elective			Alternate Elective		
Alternate Elective			Alternate Elective		
Alternate Elective			Alternate Elective		
Alternate Elective			Alternate Elective		

Choose six courses (core and elective) and an additional two alternate electives per semester. Indicate your choices on your option worksheet by writing the course name in the grid at the top of the page. Remember that a year-long course is really two courses – one per semester. Use the lower grid for your alternate choices.

Registration Questionnaire

If you are coming to Roosevelt High School from a school outside of Seattle Public Schools, please fill out the questions below, as that will assist us in obtaining transcripts and other educational information from your previous school(s) if needed. School personnel will hold this information confidential.

List school attended (please include city and state)

8th grade _____

9th grade _____

Were you in special education classes or had an IEP at the last school you attended? Yes ___ No ___

Are you currently receiving 504 accommodations? Yes ___ No ___

Were you in bilingual/ELL classes at the last school you attended? Yes ___ No ___