

Student's Social Security Number: \_\_\_\_\_

### 10<sup>th</sup> Grade Student Course Request

*Please print all information*

Student Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Last First Middle

Sponsor's Rank & Name: \_\_\_\_\_ Sponsor's Duty Phone: \_\_\_\_\_

**Core Courses: Place a check next to one course from each of the core areas below**

<input type="checkbox"/>	LAE401	Language Arts 10 <b>OR</b>
<input type="checkbox"/>	LAE471	Honors Lit 10 (must be taken with Honors World History)
<input type="checkbox"/>	SSC301	World Regions <b>OR</b>
<input type="checkbox"/>	SSW401	World History <b>OR</b>
<input type="checkbox"/>	SSW471	Honors World History 10 (must be taken with Honors Lit 10)
<input type="checkbox"/>	MAA301	Algebra I <b>OR</b>
<input type="checkbox"/>	MAG401	Geometry <b>OR</b>
<input type="checkbox"/>	MAA401	Algebra II
<input type="checkbox"/>	SCP302	Physics Application in the Community <b>OR</b>
<input type="checkbox"/>	SCC502	Chemistry Applications in the Community <b>OR</b>
<input type="checkbox"/>	SCB401	Biology <b>OR</b>
<input type="checkbox"/>	SCC501	Chemistry
<input type="checkbox"/>	SCX401	Human Anatomy & Physiology
<input type="checkbox"/>	SCZ401	Environmental Science
<input type="checkbox"/>	PEN301	PE Activity Nutrition <b>and</b>
<input type="checkbox"/>	HLH301	Health I (both semester classes)

**Turn the page over to write your electives.**

Student signature: \_\_\_\_\_ Parent signature: \_\_\_\_\_

Check one: \_\_\_\_\_ I am returning to BHS SY 08-09.  
\_\_\_\_\_ I am going to another DoDDS Europe high school next year.  
\_\_\_\_\_ I am not going to a DoDDS Europe high school next year.  
\_\_\_\_\_ I don't know.

**Return the completed form to your Counselor no later than March 28, 2008**  
Failure to return this form by the deadline may result in your not getting the electives you want!

