I plan to return to:
AHS ____ Prospects____
DVHS____ Other ____
In
September___ (160) January ___ (190)

**NAME**_____

**GRADE LEVEL** _____

**PER 4 TEACHER** _____

# ELECTIVE SELECTION SHEET

## QUARTER 1 2 3 4 (Circle one)

- Please indicate your first (1st), second (2nd), and third (3rd) elective choices below. Your teacher will tell you which classes will be offered in the upcoming session.
- Indicate your preferred starting time.
- Your choices/preferences are not guaranteed, but your input is certainly appreciated.

_____ Art

_____ California History

_____ Child Development

_____ Computers

_____ Current Events

_____ Film Studies

_____ Journalism/Yearbook

_____ Living On Your Own/Consumer Economics

_____ P.E.

_____ Reading Improvement/Ethnic Lit

_____ Psychology

_____ Student Assistant
(Staff member must sign approval)

_____ Writing (For College)

***All classes may not be offered all sessions - see teacher*

I would prefer to begin classes at: 8:00 am _____ 10:30 am _____

I want/need to enroll in extra classes. I am interested in:

| | FALL | SPRING |
|---|---|---|
| L.M.C. | _____ | _____ |
| ROP Classes | _____ | _____ |

Comments: _____

_____

*Rev 5.30.07*