COURSE OF STUDY
9th – 12th

Student Name: _____ DOB: _____ Age: _____ Grade: _____

Parent's Last Name (if different): _____ School Year: _____ Today's Date: _____

COURSE	GRADE LEVEL	BOOK TITLE AND PUBLISHER If a book is not being used, a Course Description must be completed.
Bible:		
CTE:		
Driver's Ed:		
English-Literature:		
English-Grammar:		
English-Writing:		
Fine Arts-Art:		
Fine Arts-Drama:		
Fine Arts-Music:		
Foreign Language:		
Health:		
Math:		
Physical Education:		
Science:		
Social Studies:		
Elective:		
Summer School '26:		
Extra-Curricular Activities:		

Note: Turn in original at the beginning of the school year. Keep a copy for your records. If changes are made to this Course of Study, complete an Amended Course of Study form and turn it in.