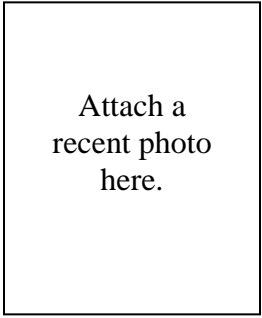


Vermilion Catholic High School
2010-2011 Sophomore Schedule Request

Students Name: _____
 Current Grade: _____
 Social Security #: _____
 Mailing Address: _____
 Home #: _____
 Parent/Guardian: _____
 Work #: _____
 Cell #: _____
 Student Cell #: _____



Please consult the VCHS Course Description Guide on our website www.vermilioncatholic.com for description of courses and review the guidelines for scheduling. For number 5 and 6, circle the appropriate course name. For the electives and alternates be sure to write the course name in the appropriate box.

	Course	Circle One	School Use Only
1	Theology II		
2	English II		
3	Civics		
4	Biology I		
5	Math	Algebra II, Geometry	
6	P.E.II Or Math	Algebra II, Geometry	
Elective Course Name			
7	Elective		
Alternate Electives: List 3 in order of preference			
1			
2			
3			

My child and I:

- Reviewed and understand Tops and VCHS graduation requirements as outlined in the 2010-2011 Course Offerings.
- Have completed the tentative four-year plan on the reverse side of this sheet.
- Will abide by VCHS guidelines for scheduling and course changes.
- Understand there is a **\$15.00 fee** for schedule changes requested **after June 4, 2010**
- Understand that this schedule request will be processed once my child is registered by the VCHS bookkeeper.

Parent Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

RETURN TO MISS KAYLA GASPARD BY FEBRUARY 19, 2010