

Vermilion Catholic High School
2010-2011 Senior 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 the electives and alternates be sure to write the course name in the appropriate box.

Course		School Use Only
1	Theology IV	
2	English IV	
3	World History	
Elective Course Name		
4	Elective	
5	Elective	
6	Elective	
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