

Vermilion Catholic High School  
2010-2011 Freshmen Schedule Request

Students Name: \_\_\_\_\_

Students Social Security # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Home # \_\_\_\_\_

Work # \_\_\_\_\_

Cell # \_\_\_\_\_



Please consult the VCHS Course Description Guide on our website [www.vermilioncatholic.com](http://www.vermilioncatholic.com) for description of courses and review the guidelines for scheduling. For number 5 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 I		
2	English I		
3	World Geography		
4	Physical Science		
5	Math	Algebra I, Algebra II, Geometry	
6	Health & P.E. (1/2)		
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