

2015-16 Alcorn Central Course Registration Form- Grade 9

Last name _____ First Name _____ Phone # _____

Each student will register for **8 credits** worth of courses. Most courses are worth 1 credit, however some are offered for .5 credit. Your count must total 8 credits. Some classes are mandatory and they have been preselected for you, please choose from the remaining classes.

| Part I. Please select an English (Based on MCT2 Scores) | | | Part II. Please select a Social Science | | |
|---|----------------|----------|---|---|---------------|
| X | CCSS English I | 1 credit | | X | World History |

| Part III. Please select a Mathematics (Based on MCT2 Scores) | | | Part IV. Please select a Science (Based on MCT2 Scores & Grades) | | |
|--|----------------|----------|--|----------------------------------|----------|
| | | | | Intro to Biology | 1 credit |
| | CCSS Algebra I | 1 credit | | Biology | 1 credit |
| | Geometry | 1 credit | | Concepts of Agricultural Science | 1 credit |

| Part V. Business and Technology | | | Part VI. Fine Arts | | |
|---------------------------------|----------------------------|------------|--------------------|-------------------|-----------|
| | Word Processing/ Comp Apps | .5/.5 crdt | | Band (All year) | 2 credits |
| | | | | General Music | 1 credit |
| | | | | Chorus (all year) | 2 credits |
| | | | | Theater | 1 credit |

| Part VII. Athletics | | | Part VIII. Electives | | |
|---------------------|-----------------------------------|-----------|----------------------|---|-----------|
| | Baseball (All year/ 2 blocks) | 2 credits | X | Keystone Career Tech | 1 credit |
| | Basketball (All year) | 2 credits | | Driver's Ed/Contemporary Health | .5/.5 crd |
| | Cheerleading (First semester) | 1 credit | | Family Dynamics/Child Dev. | .5/.5 crd |
| | Cross Country (First semester) | 1 credit | | Personal Leadership | 1 credit |
| | Football (All year) | 2 credits | | P.E. | 1 credit |
| | Track (Second semester) | 1 credit | | Agriculture & Natural Resources (Alcorn Career & Tech Center) | 2 credits |
| | Tennis /Golf/ Dance- After school | | | Business Fund/Marketing & Economics (Alcorn Career & Tech Center) | 2 credits |

| Diploma/Career Pathway (mark all that apply) | | | | | |
|--|----------------------|--|--|-------------------------|--|
| | Traditional | | | Career Pathways | |
| | Mississippi Scholars | | | Mississippi Tech Master | |

In August, for registration to be complete, parent(s) must present **2 current proofs of residency** to the school. Please refer to the student handbook for the **2 types of proofs of residency that can be accepted**. If you have any questions about registration please call Mrs. Julie Pittman at 662-286-8720.

I am aware of my child's graduation requirements and approve the classes he/she has chosen.

Parent's Signature _____ **Date** _____

Student will
be driving on
campus
Y or N

ALCORN CENTRAL HIGH SCHOOL 2015-16 Student Registration

Bus #

A. Information about the student

| | | | | |
|---------------------------------|-----------------|---------|----------------------------------|---|
| Student name: | Grade entering: | Gender: | Birth Date: | This student requires Special Education Services: ____ Yes ____ No |
| _____ Last _____ First _____ MI | ____ | __M__F | ____ / ____ / ____ Age: _____ | |

IF NO CHANGES FROM PREVIOUS YEAR, CHECK BOX SKIP TO SECTION F

B. Primary Household Parent/Guardian Information (where student physically lives during the school year)

Mother & Father Mother Father Guardian Other (Please list)

C. Primary Household Address

Parent/Guardian Name: _____

| | | | |
|--|-------|-------|----------|
| Address | City | State | Zip Code |
| _____ | _____ | _____ | _____ |
| Mailing address if different than street address | City | State | Zip Code |
| _____ | _____ | _____ | _____ |

| | | |
|----------------|-------------|-------------|
| Place of Work: | Cell Phone: | Work Phone: |
| _____ | _____ | _____ |
| Email: _____ | | |

D. Secondary Household

Parent/Guardian Name: _____

| | | | |
|--|-------|-------|----------|
| Address | City | State | Zip Code |
| _____ | _____ | _____ | _____ |
| Mailing address if different than street address | City | State | Zip Code |
| _____ | _____ | _____ | _____ |

| | | |
|----------------|-------------|-------------|
| Place of Work: | Cell Phone: | Work Phone: |
| _____ | _____ | _____ |
| Email: _____ | | |

E. Emergency Contact

| | | | |
|----------------------------------|---------------|-------------|-------------|
| Name: | Relationship: | Cell Phone: | Work Phone: |
| _____ | _____ | _____ | _____ |
| May Check Student Out: Yes or No | | | |
| _____ | | | |
| Address | City | State | Zip Code |
| _____ | _____ | _____ | _____ |

F. Permissions (please mark each one and sign below)

| | |
|---|--|
| Permission to use Internet <input type="checkbox"/> Yes <input type="checkbox"/> No | Field Trip Permission <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Picture in District Publications <input type="checkbox"/> Yes <input type="checkbox"/> No | Permission to use Corporal Punishment <input type="checkbox"/> Yes <input type="checkbox"/> No |

By signing below I affirm, to the best of my knowledge, that the above information is correct and that I will notify the school each time there is a change in and of this information. I have read the Internet Policy, Bus Rules, Student Handbook, etc.

| | |
|---------------------------------|---------------------------------|
| Parent/Guardian (printed) _____ | Parent/ Guardian (signed) _____ |
| Student Name (printed) _____ | Student Name (signed) _____ |