



COURSE REQUEST SHEET '16 -'17

STUDENT NAME _____
(Please print) Last, First

CIRCLE: Day Student Resident Student

HOME TELEPHONE #: _____

- 1. Circle the NUMBER to the left of each REQUIRED COURSE REQUEST you believe is appropriate for your son for next year. Consult the Course Description Booklet (on line at www.ststan.com).
2. Circle the NUMBER to the left of ONE of the ELECTIVE COURSES you want for next year. Consult the Course Description Booklet (on line at www.ststan.com).
3. Sign the form indicating your approval of these requests at the bottom of the Course Request Sheet and return this form with your Acceptance Reply Form and registration fee.

REQUIRED COURSES

ELECTIVE COURSES (Choose ONE Course)

- 307 English 7
707 Religion 7
807 Science 7
907 Social Studies 7
687 Reading 7
523 CCR Math 7

- 605 Physical Education
633 Beginning Band
What instrument? _____

Special Courses (Additional Fees Required)

- 091 Academic Assistance
351 English as a Second Language

PARENT'S SIGNATURE OF APPROVAL

DATE