

PONTE VEDRA HIGH SCHOOL ENROLLMENT CHECKLIST

***** Please note: All items listed below are required to complete the enrollment process.

___ 1. **Proof of St. Johns County Residency**

We cannot begin the registration process until verification of residency is established.

Residency is defined as the **PRIMARY** place of occupancy. Students **must be living** in St. Johns County within the school's zoned area. If evidence regarding the validity of your residency is in question, we reserve the right to visit the residence and reevaluate the paperwork.

PLEASE REVIEW THE NEW RESIDENCY PROCEDURES ON THE ATTACHED PAGES

Information about the new procedures can be found at www.stjohns.k12.fl.us/student/residency

___ 2. **Immunization Record**

Your immunizations must be up to date or we are unable to register the student.

(See attached 2015-16 School Entry Requirements)

All students must provide a Florida Certification of Immunization (DH680 Form) documenting the students immunizations; We cannot register the student without this.

___ 3. **Student Information Sheet, Home Language Survey and ESE Questionnaire**

Complete the attached forms.

___ 4. **SJCSD Message Form**

This provides emergency phone numbers and general school related messages.

___ 5. **Proof of Legal name and Birth Date**

Evidence of this can only be shown by an original birth certificate or passport

___ 6. **Copy of Student's Social Security Card (optional)**

___ 7. **Physical Examination**

A physical examination is required for first time enrollment in a Florida school. A physical within the past 12 months prior to the first day is acceptable from another state.

___ 8. **Transcript and Standardized Test Scores**

Provide a copy of the student's transcript and standardized test scores to provide proof of promotion and to guide academic course placement for your student.

___ 9. **Proof of Legal Guardianship and/or Custody Paperwork (if applicable)**

We may consult our school district attorney for review and ruling.

***** If you are living with someone else, you will need the following for the person you are living with.

This is in addition to the first three verifications for Residency.

Please refer to the Residency Process on proceeding pages:

1. Notarized Homeowner's Acknowledgement Form & Affidavit of Residency.
2. A bill with your name on it, going to the above address: cell, bank statement, insurance, etc.
3. We reserve the right to visit the residence and reevaluate the paperwork.

Residency Process

In order for a student to be eligible to enroll in St. Johns County schools, the student's residence must be in St. Johns County. A student's residence is defined as the primary current residence of the student, parents or legal guardian(s). If a student's parents or legal guardians live in separate residences while sharing physical custody under the terms of a court-order the student may attend the school zoned for either residence with appropriate residency documentation.

Full and Complete Current Residency

If the student's primary residence changes, notification and updated documentation must be provided to the school within 10 school days.

Residency Fraud

Parent(s)/Guardian(s) are committing residency fraud if they submit an address that is not their true residence in the application and enrollment process or in other documents submitted to the District.

If there is reasonable suspicion that the student is not residing at the claimed address, the following procedures may be implemented at the discretion of the principal/designee:

- A call, or a home visit, may be made, or a letter may be sent to parent(s) who have conflicting address information, requesting that the parent verify and update enrollment information.
- The school staff may examine the Property Appraiser's website to determine the parent's homestead (primary residence) location. The homestead address of the parent will be used as a factor to determine the student's assigned school. A conflicting address indicates that further investigation is required.

If it is determined that the student is attending a school outside of their zone, the student shall be withdrawn by the school and must be registered and enrolled in the appropriate zoned school.

In all cases the Superintendent or designee reserves the right to make an independent investigation and to make the final determination as to the residence of a student.

The Attendance Zone Locator (<http://www.stjohns.k12.fl.us/zoning/>) should be used to determine the appropriate zoned school. Out of Zone Waiver information is available at <http://www.stjohns.k12.fl.us/schoolservices/transfers/>

Proof of Residency

St. Johns County School District requires detailed proof of residency provided by a parent/guardian or adult student. Follow the requirements below that best describes your living situation.

If you are a **HOMEOWNER**, you **MUST** provide the following **three** documents:

- ☐ current mortgage/HUD statement (dated within 30 days) or deed, with all required signatures
- ☐ one additional current utility bill dated within 30 days
(For new services an activation notice may be accepted.)
- ☐ driver's license/ID card (for identification purposes only)

AND

You **MUST** provide **one** additional current document showing your address from the list below:

- ☐ homeowners insurance policy
- ☐ medical insurance statement
- ☐ property tax record
- ☐ termite bond
- ☐ vehicle registration
- ☐ paycheck stub
- ☐ credit card statement
- ☐ cell phone statement
- ☐ one additional current utility bill dated within 30 days
(For new services an activation notice may be accepted)

If you are a **RENTER**, you **MUST** provide the following **three** documents:

- ☐ Current lease with the names of everyone living in the household listed on the lease.
Lease must have both tenant and landlord/property manager's signature and contact information.
If the lease is month to month, a letter from the landlord/owner/property manager is required.
- ☐ one current utility bill dated within 30 days
(For new services an activation notice may be accepted.)
- ☐ driver's license/ID card (for identification purposes only)

AND

You **MUST** provide **one** additional current document showing your address from the list below:

- ☐ renters insurance policy
- ☐ medical insurance statement
- ☐ vehicle registration
- ☐ paycheck stub
- ☐ credit card statement
- ☐ cell phone statement
- ☐ one additional current utility bill dated within 30 days
(For new services an activation notice may be accepted)

If you are **living with a person who owns their home**, the *homeowner* **MUST** provide the following **four** documents:

- ☐ current mortgage/ HUD statement (dated within 30 days) or deed, with all required signatures
- ☐ one additional current utility bill dated within 30 days
(For new services activation notice may be accepted.)
- ☐ *Homeowner's Acknowledgement* form
- ☐ driver's license/ID card (for identification purposes only)

AND

You **MUST** provide:

- ☐ *Affidavit of Residency* form
- ☐ driver's license/ID card (for identification purposes only)

AND

You **MUST** provide **one** additional current document showing current address from list below:

- ☐ bank statement
- ☐ cell phone statement
- ☐ vehicle registration
- ☐ paycheck stub
- ☐ one additional current utility bill dated within 30 days
(For new services an activation notice may be accepted).

If you are **living with a person who is a renter**, the *homeowner* **MUST** complete:

- ☐ notarized *Homeowner's Acknowledgement* form

AND

The *renter* **MUST** provide the following three documents:

- ☐ current lease
- ☐ current utility bill dated within 30 days
(For new services, activation notice may be accepted.)
- ☐ driver's license/ID card (for identification purposes only)

AND

You **MUST** provide:

- ☐ *Affidavit of Residency* form
- ☐ driver's license/ID card (for identification purposes only)

AND

You **MUST** provide **one** additional current document from the list below:

- ☐ bank statement
- ☐ cell phone statement
- ☐ vehicle registration
- ☐ paycheck stub
- ☐ credit card statement
- ☐ one additional current utility bill dated within 30 days
(For new services an activation notice may be accepted).



Joseph G. Joyner, Ed.D.
Superintendent of Schools

40 Orange Street
St. Augustine, Florida 32084
(904) 547-7500
www.stjohns.k12.fl.us

SCHOOL BOARD

Beverly Slough
District 1

Tommy Allen
District 2

Bill Mignon
District 3

Kelly Barrera
District 4

Patrick Canan
District 5

**HOMEOWNER'S ACKNOWLEDGEMENT
(Household Status)**

Under the penalty of perjury and Florida law governing false statements made to public servants, I certify that the information included in this form is true and correct.

I _____ acknowledge that _____
(owner) (additional residents)

reside at _____

(Print Homeowner/Property Manager name)

(Homeowner/Property Manager signature)

Owner's Contact Information:

(Address)

(Phone number)

This lease is:

- ☐ annual
☐ month to month

STATE OF _____ /COUNTY OF _____

SUBSCRIBED and SWORN before me on this day of _____, 20_____,
by _____, who () is personally known to me or () has produced a
Florida Driver's License.

Signature of Notary

Name of Notary typed, printed or stamped

Notary Public, State of _____ at Large

My Commission Number is _____

My Commission expires _____

*The St. Johns County School District will inspire good character and a passion for lifelong learning
in all students, creating educated and caring contributors to the world.*

Revised 1/28/16 SS/jd



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For families residing with a homeowner or renter

SCHOOL BOARD

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AFFIDAVIT OF RESIDENCY

Under the penalty of perjury and Florida law governing false statements made to public servants, I certify that the information included in this form is true and correct.

Student's name _____

Explain your current living situation.

Current address _____

Previous address _____, dates from _____
to _____

Current owner/landlord/property manager name _____

Address _____ Phone Number _____

(print parent/guardian name)

(parent/guardian signature)

STATE OF FLORIDA/COUNTY OF ST. JOHNS

SUBSCRIBED and SWORN before me on this day of _____, 20_____,
by _____, who () is personally known to me or () has produced a
Florida Driver's License.

Signature of Notary

Name of Notary typed, printed or stamped

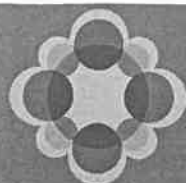
Notary Public, State of Florida at Large

My Commission Number is _____

My Commission expires _____

*The St. Johns County School District will inspire good character and a passion for lifelong learning
in all students, creating educated and caring contributors to the world.*

Revised 1/2016 SS/jd



Take Action Now!



2015–2016 School Entry Requirements

Before attending school in Florida (kindergarten through 12th grade), each child must provide a *Florida Certification of Immunization* (DH 680 form), documenting the following vaccinations:

Public/Non-Public Schools Kindergarten through 12th Grade:

- Four or five doses of diphtheria-tetanus-pertussis (DTaP) vaccine
- Two or three doses of hepatitis B (Hep B) vaccine
- Three, four, or five doses of polio vaccine*
- Two doses of measles-mumps-rubella (MMR) vaccine
- Two doses of varicella vaccine† for kindergarten and grades one through seven
- One dose of varicella vaccine† for grades eight through twelve

Seventh Grade Requirements:

In addition to kindergarten through 12th grade requirements, students must have the following vaccinations:

- One dose of tetanus-diphtheria-pertussis (Tdap) vaccine in grades seven through twelve
- An updated DH 680 form to include Tdap, must be obtained for submission to the school

Need health insurance for your child?
Apply online at www.floridakidcare.org or call 1-888-540-5437 for an application.

Florida KidCare

* If the fourth dose of vaccine is administered prior to the fourth birthday, a fifth dose of polio vaccine is required for kindergarten entry only.

†Varicella vaccine is not required if varicella disease is documented by the health care provider.

FOR MORE INFORMATION, CALL 850-245-4342 OR VISIT WWW.IMMUNIZEFLORIDA.ORG.

Immunizing Florida. Protecting Health.



2016/2017
SCHOOL YEAR

ST. JOHNS COUNTY SCHOOL DISTRICT
STUDENT INFORMATION / ENTRY FORM

Ponte Vedra High
School

Legal Name: _____ AKA: _____ Former Name: _____
(Last) (First) (Middle)

Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Latino (Please also complete "Race" selection below. **CHECK ALL THAT APPLY.**)

Race: ☐ White ☐ Black/African American ☐ Native Hawaiian or Other Pacific Islander ☐ Asian ☐ American Indian/Alaska Native

Gender: ☐ M ☐ F Date of Birth: _____ Birth City: _____ State: _____

Social Security #: _____ (optional) Entering Grade: _____ Parent/Guardian Phone No: _____ Unlisted: ☐ Y ☐ N Cell: _____

In compliance with section 119.071(5) (a), Florida Statutes, the St. Johns County School District (SJCS) issues this notification regarding the purpose of the collection and use of your child's social security number. The SJCS collects your child's social security number for use in performance of the school district's duties and responsibilities. To protect your child's identity, the SJCS will secure your child's social security number from unauthorized access. The SJCS will never release your child's social security number to unauthorized parties.

Home Address: _____ City: _____ State: _____ Zip Code: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____
(if different from above)

Primary Language: _____ Secondary Language: _____

School Last Attended: _____ Address: _____ County: _____ State: _____

Has your child ever been enrolled in a Florida public school? ☐ Yes ☐ No If yes, where? _____

Last school of enrollment: ☐ Public ☐ Private

Previously enrolled in Special Programs? ☐ Yes ☐ No If Yes, list previous programs. _____

FAMILY INFORMATION ~ THIS SECTION MUST BE COMPLETED

Who has custody? ☐ Mother & Father ☐ Mother ☐ Father ☐ Legal Guardian ☐ Grandparents ☐ Other: _____
(Current legal documentation may be required)

Mother/Legal Guardian

Last Name First Middle

Address

Email address Cell Phone

Employer Telephone

Student's brothers and sisters: (Pre-K-Grade 12 only)

Name School Age

Name School Age

Student lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Legal Guardian ☐ Grandparents ☐ Parent & Step-Parent

☐ Other ~ please complete the following: Name: _____ Relationship: _____

Is this student a child of an active military family? ☐ Yes ☐ No

Does Parent/Guardian work on federal property? ☐ Yes ☐ No

Is your current residence permanent or temporary (loss of housing due to economic hardship or similar reasons)?

(Please circle one) If temporary, please explain: _____

(If temporary, you may be eligible to receive services provided under the McKinney-Vento Act.)

Have you or anyone in your family crossed state or county lines to work or seek work in agricultural, dairy or fishing industries? Yes No

Student Last Name, First Name: _____

PRE-SCHOOL INFORMATION

Did your child attend any of the following programs? If yes, please indicate which program(s) he/she attended and for how long.

- | | | | |
|----------------------------------------------------|-----------|----------------------------------------------|-----------|
| <input type="checkbox"/> Pre-K Early Intervention | _____ Age | <input type="checkbox"/> Head Start | _____ Age |
| <input type="checkbox"/> Subsidized Child Care | _____ Age | <input type="checkbox"/> Pre-K Disabilities | _____ Age |
| <input type="checkbox"/> Non-Subsidized Child Care | _____ Age | <input type="checkbox"/> Migrant Pre-K | _____ Age |
| <input type="checkbox"/> Child Find Systems | _____ Age | <input type="checkbox"/> Teen Parent Program | _____ Age |
| <input type="checkbox"/> First Start Program | _____ Age | <input type="checkbox"/> Even Start Program | _____ Age |
| <input type="checkbox"/> VPK Program | _____ Age | <input type="checkbox"/> Other | _____ Age |

Has your child ever participated in home education? ☐ Yes ☐ No List grade levels _____

HEALTH INFORMATION

Parent/Guardian is required to complete an emergency medical form annually for each child.

- Does the student have any illnesses or health concerns? ☐ Yes ☐ No If yes, what? _____
- Does the student take any medication regularly? ☐ Yes ☐ No If yes, what? _____
- Does this medication have to be given at school? ☐ Yes ☐ No If yes, please complete a medication authorization form.

School district personnel will contact Emergency Medical Services directly in an emergency situation and will take whatever action is deemed necessary for the health of the aforesaid child. The school district is not financially responsible for the emergency care and/or transportation for said child.

Name(s) of emergency contacts: Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Student Information Release

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age certain rights with respect to the student's education records. The St. Johns County School Board has described Student Directory Information and the conditions for its release in Board Rule 5.20 listed on the District's website. Please refer to Rule 5.20 for more details. Parents or adult students who object to the release of Directory Information must notify the District and their school annually in writing within 30 days following registration.

Under the penalty of perjury and Florida law governing false statements made to public servants, I certify that the information included in this form is correct, to the best of my knowledge, and that those questions concerning giving or not giving permission were completed by me.

Signature: _____ Parent/Guardian Name (Printed) _____

Relationship: _____ Date: _____

Please Respond
in English

English
Home Language Survey

St. Johns County School District HOME LANGUAGE SURVEY

Student: _____ Date: _____

School: _____ Grade: _____ Birthdate: _____ Age: _____ Sex: _____

Parent/Guardian Name: _____

1. Is a language other than English used in the home? ☐ Yes ☐ No

2. Does your child have a first language other than English? ☐ Yes ☐ No

3. Does your child most frequently speak a language other than English? ☐ Yes ☐ No

If you answered "Yes" to any of the above questions, what language: _____

4. What is the language most frequently spoken at home? _____

6. What is your child's country of birth? _____

7. What is your child's state/city of birth? _____

8. What is your child's Date of Entry into the United States? _____

9. What date did your child first enter a United States school? _____

10. Has your child attended other school(s) in the United States? ☐ Yes ☐ No

If yes, number of years attended: _____

11. Which language did your child learn when he/she first began to talk? _____

12. What language do you most frequently speak to your child? (Father) _____

(Mother) _____

13. Please describe the language understood by your child. (Check only one)

- ☐ Understands only the home language and no English.
- ☐ Understands mostly the home language and some English.
- ☐ Understands the home language and English equally.
- ☐ Understands mostly English and some of the home language.
- ☐ Understands only English.

14. If available, in what language would you prefer to receive communication from the school? _____

Parent/Guardian Signature: _____ Date: _____

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	

Grade: _____

Keeping you informed is a top priority of the St. Johns County School District. That's why we have adopted the SJCS D Message System, which will allow us to send a telephone or e-mail message to you providing important information about school events or emergencies.

The successful delivery of information is dependent upon accurate contact information for each student, so please make certain that we have your most current phone numbers. If this information changes during the school year, please notify the school immediately.

- Caller ID will display the school's main number when a general announcement is delivered.
- Caller ID will display 411 if the message is an emergency.
- Be sure to say "hello" when you answer the phone. The system must hear a voice to deliver.
- SJCS Message System will leave a message on any answering machine or voicemail.

Message System #1

Phone #1 (for general announcements and 1 st emergency #)	() -
Phone #2 (2 nd emergency phone #)	() -
E-mail Address	

1.	Last Name:	_____	First Name:	_____	
	Relationship:	_____	Phone #:	_____	
	Address:	_____	Work #:	_____	Ext: _____
		_____	Cell #:	_____	
2.	Last Name:	_____	First Name:	_____	
	Relationship:	_____	Phone #:	_____	
	Address:	_____	Work #:	_____	Ext: _____
		_____	Cell #:	_____	
3.	Last Name:	_____	First Name:	_____	
	Relationship:	_____	Phone #:	_____	
	Address:	_____	Work #:	_____	Ext: _____
		_____	Cell #:	_____	

Ponte Vedra High School

Exceptional Student Education Questionnaire

Student Name: _____

Grade: _____

1. Has your child been tested for special services?

Yes

No

If yes, when _____

2. Does your child have a learning disability?

Yes

No

If yes, the disability is in _____

3. Does your child have an Individual Education Plan (IEP)?

Yes

No

If yes, do you have a copy with you?

Yes

No

Is the IEP current? Has it been used within the last year?

Yes

No

If no, when will PVHS be provided with a copy? _____

4. Did your child receive special services at his/her previous school? Yes

No

Consultative services

Yes

No

Learning Strategies course

Yes

No

Other special courses

Yes

No

Federal Law requires that we address these issues:

- Any student previously placed in a program in Florida is still eligible unless they have been dismissed.
- Out of state placement in St. Johns County will be determined at a staffing meeting. Students are served according to the sending school's IEP until a meeting can be held.
- If your child has received services and you no longer want them to remain in ESE, a staffing meeting is required.

Parent Signature: _____

Date: _____

MUST BE FILLED OUT COMPLETELY AND ON FILE AT SCHOOL OFFICEST. JOHNS COUNTY SCHOOL DISTRICT
STUDENT EMERGENCY AND HEALTH INFORMATION
2016-2017Office Use
Only:Student
Photo

Student Last Name: _____ First Name: _____

Birth date: _____ Grade: _____ Teacher: _____

Address: _____ City: _____ Zip: _____

Child lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Other: _____ (Appropriate legal custody documentation must be on file in student's file.)Mother: ☐ Natural Mother ☐ Step Mother ☐ Legal Guardian ☐ Other: _____

Name: _____ Home Ph: _____ Cell #: _____ Work #: _____

Father: ☐ Natural Father ☐ Step Father ☐ Legal Guardian ☐ Other: _____

Name: _____ Home Ph: _____ Cell #: _____ Work #: _____

Blackboard Connect is a School-Wide Emergency Automated Phone System. Please list #'s to call, in order, in the event of an emergency:

1. _____ 2. _____ 3. _____

List all children in family in order of birth:

Name (First and Last)

Age

Grade

School

Students may receive State specified health services, vision, hearing, weight, BMI and scoliosis screening. Students may be exempted from any of these services if parent or guardian requests such exemption in writing.

Parent/Guardian Statement: I accept responsibility for notifying the school of any changes of home address or phone number or any change in health status of my child. In the event of serious illness or accident and the school cannot contact me, I give permission to have my child moved via ambulance or other conveyance to a hospital for immediate attention, and I assume responsibility for payments of same. In case of an accident or illness when immediate treatment is not needed, but when my child is unable to remain in school, I request to be contacted by the school. If I am unable to be reached, I request that one of the persons listed below be contacted to care for my child until I can be reached. These persons have permission to transport my child. I consent that appropriate information from my child's educational records will be shared with District health care partners as needed to provide and evaluate health services and that information from my child's medical treatment records created by health care personnel at school may be shared with school officials who have a legitimate need for access.

Signature of Parent or Guardian _____ Date _____

Please Check Type of Transportation: ☐ Parent Pick up ☐ Extended Day ☐ Day Care Pick Up ☐ Walk ☐ Bus # _____**MUST BE FILLED OUT-Persons who will care for student in case neither parent can be reached (Only people listed may pick up your child):**

Name _____ Relationship _____ Home # _____ Cell # _____

Name _____ Relationship _____ Home # _____ Cell # _____

Name _____ Relationship _____ Home # _____ Cell # _____

Please check if student has a current problem with any of the following: Please note any medication student is taking.☐ ADD/ADHD Medication _____ When Given _____ ☐ Allergies Specify _____ Medication _____☐ Asthma Medication _____ When Given _____ ☐ Diabetes ☐ Heart Condition Describe: _____☐ Seizures - Type _____ Medication: _____☐ Any other condition: _____

DOCTOR'S NAME _____ PHONE _____

☐ Check if you add additional information on back of form

Name: _____

Ponte Vedra High School

New Student Registration

2016-2017

Based on your academic progression, please check the course in each group that you would like to be scheduled for during the 2016-2017 school year. Please keep in mind the criteria for Honors/AP placement and steps to drop a course at the end of the semester only (found in the Course Catalog).

English

- ☐ English 1
- ☐ English 1 Honors
- ☐ English 2
- ☐ English 2 Honors
- ☐ English 3
- ☐ English 3 Honors
- ☐ AP English Language
- ☐ English 4: College Prep
- ☐ English 4 Honors
- ☐ AP English Literature
- ☐ AP English Language & English Literature Block
- ☐ ENC 1101 & 1102

Math

- ☐ Algebra 1
- ☐ Algebra 1 Honors
- ☐ Geometry
- ☐ Geometry Honors
- ☐ Algebra 2
- ☐ Algebra 2 Honors
- ☐ Algebra 2 Hon & Pre-Calculus Block
- ☐ Pre-Calculus Honors
- ☐ Liberal Arts Math 1
- ☐ Liberal Arts Math 2
- ☐ AP Statistics
- ☐ AP Calculus AB
- ☐ AP Calculus BC
- ☐ Math for College Readiness (gr 12 only)
- ☐ Intensive Math
- ☐ Probability & Statistics w/ Applications Honors

Social Studies

- ☐ World Cultural Geography
- ☐ AP Human Geography
- ☐ World History Honors
- ☐ World History
- ☐ International Relations II Honors
- ☐ AP World History
- ☐ US History
- ☐ US History Honors
- ☐ AP US History
- ☐ Government & Economics
- ☐ Government Honors & Economics Honors
- ☐ AP US Gov't & Politics/AP Macroecon.
- ☐ AP Gov't/AP Econ Block

Science

- ☐ Physical Science
- ☐ Physical Science Honors
- ☐ Biology
- ☐ Biology Honors
- ☐ Earth Space Science
- ☐ Chemistry
- ☐ Chemistry Honors
- ☐ Anatomy & Physiology Honors
- ☐ Physics
- ☐ Physics Honors
- ☐ Marine Science
- ☐ AP Biology
- ☐ AP Biology & Biology 2 Honors Block
- ☐ AP Environmental Science
- ☐ AP Chemistry
- ☐ AP Chemistry & Chemistry 2 Honors Block
- ☐ AP Physics B-1 & AP Physics B-2
- ☐ AP Physics C

Parent Signature

Student Signature

Name: _____

Elective Course Selections

Choose six electives for **YOUR** schedule for 2016-2017. Please be sure to select all six electives. If you do not choose electives, they will be chosen for you. **Electives will not be changed after school year begins.**

1st choice: _____

4th choice: _____

2nd choice: _____

5th choice: _____

3rd choice: _____

6th choice: _____

Art Electives

AP Art History
Ceramics/Pottery
Drawing
Creative Photography
AP Studio Art 2D
AP Studio Art 3D
AP Art: Drawing

Drama Electives

Theatre
Acting
Musical Theatre

Experiential Education 11th and 12th grade only

Executive Internship **

Language Arts Electives

Journalism
Creative Writing I & 2*
Intensive Reading

Library Media Electives

Film
AP Computer Science A

Dual Enrollment# (11th & 12th)

Business Law
Hispanic Culture
Contemporary Ethical Issues
Speech

Music Electives

Band
Jazz Ensemble
Eurhythmics
Keyboard
Chorus
AP Music Theory

Physical Education and Health

Weight Training *
Team Sports *
HOPE – graduation requirement

Social Science Electives

Psychology I & 2*
AP Psychology

World Languages

Chinese 1
Chinese 2
Chinese 3
Chinese 4
Latin 1
Latin 2
Latin 3
Latin 4
Spanish 1
Spanish 2
Spanish 3
Spanish 4
Spanish 5
AP Spanish Language
AP Spanish Literature
AP Latin
AP Chinese
American Sign Language
American Sign Language 2

* = .5 credit class

** = must hold a paying job during the school year and have paystubs to reflect working a minimum of 25 hours per month, per class period of this course (example - 2 periods of Executive Internship must have 50 work hours per month)

#Must meet DE requirements as found on page 9 of the PVHS Course Catalog.

^Please keep in mind that the courses above may not be offered based on the class size reduction amendment that was established in November 2002.

^Also courses with low student interest may not be added to the master schedule at PVHS.