



Student Name: _____

Full Time Enrollment Packet

Please visit our website for information on enrollment windows for the school year.

Please complete all required paperwork prior to visiting our office. Incomplete paperwork will not be accepted. If you have any questions please contact our office at 407-871-7287.

Office Use Only

Date & Time Received:



Full Time Enrollment Checklist

Required Documents for ALL New Full Time Students

- Deed/Lease Agreement
- Copy of current electric bill
- Copy of Driver's License, Florida ID card, or Voter's Registration Card
- Current DH 680 State of Florida Immunization Form (transcribed by a health professional)
- Student Entry Form
- Technology Hardship Form
- Intensive Reading/Math Agreements
- Full Time Registration Agreement
- Class Selection form (grade appropriate)

Out of County and Private Students Only

- Student Records request (out of State/County/Country)
- Official Transcripts
- Copy of Birth Certificate

Kindergarten Only

- Copy of Birth Certificate
- Physical dated and signed by a health professional within one year of enrollment

ESE Students Only

- Copy of current 504 plan
- Copy of current IEP
- I have requested a Student Study Meeting be held with current school. The meeting is scheduled for: _____ and have requested that the interventionist from SCVS be invited to the meeting.

Additional Forms

- Custody or Court Documentation
-



SEMINOLE COUNTY PUBLIC SCHOOLS

STUDENT ENTRY FORM

Students are expected to be withdrawn at their previous school before enrolling at a Seminole County School

Section I - To Be Completed by Parent/Guardian				
STUDENT LEGAL NAME – Last		Appendage: Jr., III	First	Middle
Grade at Entry	Home Phone ()	Cell Phone ()	Birthdate (MM/DD/YYYY) / /	Gender <input type="checkbox"/> Male (M) <input type="checkbox"/> Female (F)
RESIDENTIAL ADDRESS - Street Number, Name and Direction		Apartment No.	City	ZIP
MAILING ADDRESS (If different from above)		Apartment No.	City	ZIP
ETHNIC CATEGORY: (Federal Mandate) <input type="checkbox"/> Hispanic/Latino Origin <input type="checkbox"/> Non-Hispanic Origin		RACIAL CATEGORY: (Federal Mandate – Please check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian		
BIRTHPLACE - City	State	Country	Country of Previous School If not USA	
STUDENT LIVES WITH: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Self <input type="checkbox"/> Parent & Step-Parent <input type="checkbox"/> Father Only		Documentation Required (Form #893) <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other: _____		Military Family Student <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (PK Student)
IDENTIFY WHERE THE STUDENT LIVES: (Select ONE Option)	<input type="checkbox"/> In a house, apartment, or condo that is owned, rented, or leased by parent/legal guardian <input type="checkbox"/> <u>Temporarily</u> with a family/friend due to: loss of housing, loss of employment or economic hardship <input type="checkbox"/> In an emergency or transitional shelter <input type="checkbox"/> Motel or Hotel <input type="checkbox"/> Vehicle, Camper/Tent			
FATHER or GUARDIAN <input type="checkbox"/> Primary <input type="checkbox"/> Emergency Contact	Name	Primary Phone ()	Secondary Phone ()	Work Phone ()
	Email Address		Employer	
MOTHER or GUARDIAN <input type="checkbox"/> Primary <input type="checkbox"/> Emergency Contact	Name	Primary Phone ()	Secondary Phone ()	Work Phone ()
	Email Address		Employer	
Additional Emergency Contact	Name	Phone ()	Relationship	
INDIVIDUAL(S) ABLE TO PICK UP STUDENT	Name			Phone ()
	Name			Phone ()
SIBLINGS STILL ATTENDING SCHOOL	Name		School	
	Name		School	
	Name		School	

STUDENT NAME: _____

EXCEPTIONAL STUDENT AND SUPPORT SERVICES (check all that apply)	<input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Emotional/Behavioral Disability <input type="checkbox"/> Orthopedically Impaired <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Language Impaired <input type="checkbox"/> Deaf/Hard of Hearing	<input type="checkbox"/> Speech Impaired <input type="checkbox"/> Other Health Impaired <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Specific Learning Disability <input type="checkbox"/> Visually Impaired	<input type="checkbox"/> Gifted <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> PreK Disabilities <input type="checkbox"/> Developmentally Delayed <input type="checkbox"/> Other _____	Has student ever received special education services? <input type="checkbox"/> Yes <input type="checkbox"/> No McKay Scholarship Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the student have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide copy
	SPECIAL SERVICES INFORMATION Check programs or services student has received in another school. <input type="checkbox"/> 504 Accommodation Plan <input type="checkbox"/> Title I				

Does the student have an illness or physical condition of which the school should be aware? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify _____	Is the student currently taking any medications during school hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
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ENGLISH LANGUAGE LEARNER INFORMATION	Has the student been in an ESOL program at another school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	NOTE: IF THE ANSWER TO AT LEAST ONE OF THE FOLLOWING QUESTIONS IS YES, YOUR CHILD WILL BE TESTED TO SEE IF HE/SHE HAS LIMITED ENGLISH PROFICIENCY (LEP) AND POSSIBLY BE PLACED IN THE APPROPRIATE ESOL CLASS.	
	Is a language other than English used in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Student's Native Language _____
	Does the student have a first language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No	Language spoken in home by Parent or Guardian? _____
	Does the student most frequently speak a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Entered U.S. School _____ Which State? _____
Attended school in the U.S. for 3 or more full academic years? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Pursuant to 1006.07 (1)(b), Fla. Stat., provide the following information:

Has the student ever been assigned to an alternative program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when? ____/____/____ (MM/DD/YYYY)
Has the student ever been expelled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when? ____/____/____ (MM/DD/YYYY)
Has the student ever been placed in a Juvenile Justice program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when? ____/____/____ (MM/DD/YYYY)
Has the student ever had an arrest that resulted in a charge?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when? ____/____/____ (MM/DD/YYYY)
Has the student ever been referred to mental health services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when? ____/____/____ (MM/DD/YYYY)

Did the student complete Kindergarten? <input type="checkbox"/> Yes <input type="checkbox"/> No	Years in school, including KG, prior to current year? _____
Did the student complete a Pre-K Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, was the program: <input type="checkbox"/> Head Start <input type="checkbox"/> Public School VPK <input type="checkbox"/> Pre-K Disabilities <input type="checkbox"/> Private School VPK <input type="checkbox"/> Other (specify): _____	

Please list the Name and Address of the Last Two Schools Attended (most recent first)						If Home School, provide FL State #: _____	
School Name	Street	City	State	Zip	Phone #	Type	
						<input type="checkbox"/> Public <input type="checkbox"/> Private	
						<input type="checkbox"/> Public <input type="checkbox"/> Private	

Has the student attended a Florida School (KG-12)? <input type="checkbox"/> Yes <input type="checkbox"/> No				If Yes, list most recent below			
School Name	County	Entry Year	Last Year Attended	Type			
				<input type="checkbox"/> Public <input type="checkbox"/> Private			

HAVE YOU OR YOUR FAMILY MOVED ACROSS COUNTY OR STATE LINES WITHIN THE LAST FIVE YEARS FOR THE PURPOSE OF SEEKING EMPLOYMENT IN THE AREA OF AGRICULTURE, FISHING OR FORESTRY?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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IF STUDENT RECORDS WOULD BE LISTED UNDER A NAME DIFFERENT FROM THE LEGAL NAME ABOVE, PLEASE SPECIFY THAT NAME	Name: _____
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FLORIDA STATUTES 837.06 PROVIDES THAT WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OFFICIAL DUTY SHALL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE.

Parent/Guardian Signature _____	Date: ____/____/____
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Section II - To Be Completed by School Personnel						
SCPS ID #	FL ID Alias #	School Name / Number			Exemption / Year	
Entry Code	Entry Date	Records Requested On	Proof of Residency	Physical Exam	Immunization For 680	SSN Verification
				<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE OF ADMITTING PERSONNEL				Date	Initials of Data Entry Personnel	



Full Time Registration Agreement

Student Name (Print): _____ Student #: _____

Parent/Guardian Name (Print): _____

I am aware that students need daily dedicated access to a computer, monitor, and internet in order to be successful in a virtual program.

I understand that all full time SCVS students will have to attend a required orientation at the start of the school year.

I understand that students enrolled in SCVS must participate in all required exams, including, but not limited to course Final Exams, FSA, EOC, and PERT when required. SCVS students must meet all state and county testing requirements related to promotion, awarding of credits, and/or graduation.

I have provided current contact phone numbers and email addresses. I understand that email addresses are required along with current phone numbers. Regular communication with teachers is required in SCVS. If our contact information changes at any time, it is my responsibility to update my account information or contact the SCVS office with current information.

I understand that all SCVS courses follow certain deadlines established by the Pace Chart and District Calendar in order to be considered 'in attendance'. Extensions outside of these dates cannot be granted. Any student not maintaining pace in a class or classes may be required to work from campus and pursued for truancy.

I understand that the rate at which a student completes work is referred to as 'pace'. Virtual school students may work at their own pace and may slow down or speed up the rate of assignment completion within a course, however, students are still required to complete a minimum of 6% of coursework per week for each course.

I understand that my student has the option of participating in before or after school activities, including athletics, at their zoned school. I may also choose to participate in a course on campus.

I understand all Academic Integrity policies as presented and agree to aid SCVS in enforcement of all policies and procedures, including Academic Integrity.

I understand that SCVS students are held to the promotion/retention guidelines of Seminole County Public Schools (SCPS).

I understand that students who withdraw from SCVS will be required to reenter a public, private, charter or home school program dependent on state laws. Parents must come to the office to complete withdrawal paperwork and return all required materials.

I understand that students are required to submit their own original work. All submitted student work will go through a program called Turnitin.com to ensure work has not been plagiarized. Academic Integrity is taken very seriously at SCVS. Students that violate Academic Integrity will be required to resubmit the work and may have to come to campus for a coaching/work session. Multiple violations may result in being withdrawn from your course.

Enrollment in Seminole County Virtual School is a commitment by both the student and family. Parents/guardians and students should be aware that the demands of online courses are equal to those of traditional, "face to face" courses. Failure to meet program requirements may jeopardize eligibility for the following school year. By signing below, you are indicating your knowledge of the commitment necessary and your agreement with the program policies and expectations as written above.

Parent/Guardian Signature

Date

Student

Date



Technology Hardship Request Form

Full-time students may qualify for technology assistance in the form of loaned computer and internet access equipment. Please complete the following or check decline to answer here: .

Student First and Last Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Is the student currently enrolled full-time at Seminole County Virtual School? Yes No

Does the student currently have access to a computer at home? Yes No

Does the student currently have internet access at home? Yes No

How many people are in the student's household? _____ Gross Household Annual Income: _____

Check all of the following that apply:

- The student is enrolled in a federal free or reduced lunch program at school, or was enrolled in a free or reduced-price lunch program at school this academic year, or is eligible for such a program.
- The student/family is experiencing other hardships that result in no computer/internet access for the student.

I am requesting the following:

- Loan of a computer
- Loan of internet access device

Please note that Seminole County Public School is not responsible for technical support of hardware, software, or internet connection.

By signing, I _____, the parent/guardian of the above-named student, certify that the above information is correct to the best of my knowledge. I understand that the information I have provided is subject to verification and may require submission of supporting documentation. I agree that the equipment and technology will be used exclusively for educational purposes directly related to the virtual instruction program. I understand that misuse of this technology will result in forfeiture of the technology and possible student disciplinary action. I further understand and agree that it is my responsibility to maintain and service this equipment. I agree that all equipment must be returned undamaged, in the same condition it was received. I agree that if the equipment is damaged, lost or stolen, the parent/guardian named on this form will be held financially responsible for the repair/replacement. I understand it my responsibility to monitor student activity online.

Parent/Guardian Signature: _____ Date: _____

1002.45(3)(d)
 (3) VIRTUAL INSTRUCTION PROGRAM REQUIREMENTS.—Each virtual instruction program under this section must:
 (d) Provide each full-time student enrolled in the program who qualifies for free or reduced-price school lunches under the National School Lunch Act, or who is on the direct certification list, and who does not have a computer or Internet access in his or her home with:
 1. All equipment necessary for participants in the virtual instruction program, including, but not limited to, a computer, computer monitor, and printer, if a printer is necessary to participate in the program; and 2. Access to or reimbursement for all Internet services necessary for online delivery of instruction.



Intensive Reading Contract

Dear Student and Parents/Guardians:

In the event that Seminole County Virtual School (SCVS) identifies your student as needing additional support in reading, our Reading Resource teacher and Academic Interventionist will prescribe an individual Reading Plan which will include weekly mandatory face-to-face sessions, enrollment in our Intensive Online Reading Course and other possible interventions based on need. Transportation will not be provided for these sessions.

All face-to-face sessions will occur on-campus weekly throughout the school year. During these sessions, students will work in collaborative groups learning reading skills and applying reading strategies. Students will be monitored on a regular basis and receive progress reports throughout the year.

Your signature below acknowledges your understanding that your child may need to attend a weekly face-to-face reading session, if they are identified as needing additional support on diagnostic assessments and/or records. In addition, arranging transportation to and from these sessions, in a timely manner, is the responsibility of the attending student and/or myself as their parent/guardian. One excused absence is allowable during each semester.

Failure to meet these requirements will result in a letter grade of 'F' and possible removal from SCVS.

Parent/Guardian Signature: _____

Date: _____

Student Signature: _____

Date: _____



Intensive Math Contract

Dear Student and Parents/Guardians:

In the event that Seminole County Virtual School (SCVS) identifies your student as needing additional support in math, our Math Interventionist and Academic Interventionist will prescribe an individual Math Plan which will include weekly mandatory face-to-face sessions, enrollment in our Intensive Online Math Course and other possible interventions based on need. Transportation will not be provided for these sessions.

All face-to-face sessions will occur on-campus weekly throughout the school year. During these sessions, students will work in collaborative groups learning math skills and applying mathematical strategies. Students will be monitored on a regular basis and receive progress reports throughout the year.

Your signature below acknowledges your understanding that your child may need to attend a weekly face-to-face math session, if they are identified as needing additional support on diagnostic assessments and/or records. In addition, arranging transportation to and from these sessions, in a timely manner, is the responsibility of the attending student and/or myself as their parent/guardian. One excused absence is allowable during each semester.

Failure to meet these requirements will result in a letter grade of 'F' and possible removal from SCVS.

Parent/Guardian Signature: _____

Date: _____

Student Signature: _____

Date: _____



9th Grade Classes

Note: Grade 9 Students must register for 7 credits. High school students must take a total of 26 credits in the required areas. Honors and AP courses are very beneficial for admission to a four-year university. Intensive Reading and/or Intensive Math may be REQUIRED YBAR classes- these are placed by Administration. All class requests are subject to approval by the SCVS Guidance Counselor, who will review your transcript for prerequisites & previous grades. Course Descriptions: www.scvs.us Click Curriculum Guide

Student Last Name: _____ First Name: _____ DOB: _____
 Parent Name: _____ Parent Phone: () _____ - _____
 Student Email: _____ Parent Email: _____

English-4 credits Math-4 credits (taken in 9 th -12 th including Alg1 & Geo) Electives-9 credits	High School Required Courses- 26 Credits Science-4 credits (including Biology) Social Studies- 3 credits (World Hist, US His, Gov, Econ)	PE- 1 credit (.5 Personal Fitness & .5 Elective) Performing Arts/Practical Arts- 1 credit
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Part I: Required Academic Classes

English (select 1)	<input type="radio"/> English 1 <input type="radio"/> English 1 Honors	
Math (select 1)	<input type="radio"/> Algebra 1	<input type="radio"/> Algebra 1 Honors (Prereq. A/B in Grade 8)
	<input type="radio"/> Liberal Arts Math 1 (Prereq. Alg. 1) * not a math credit for NCAA College Sports	
	<input type="radio"/> Geometry (Prereq. Alg1)	<input type="radio"/> Geometry Honors (Prereq. Alg. 1 Honors)
	<input type="radio"/> Math for College Readiness (Prereq. Alg. 1 & Geom)	
	<input type="radio"/> Algebra 2 (Prereq Alg. 1 & Geom)	<input type="radio"/> Algebra 2 Honors (Prereq. Alg. 1 Honors & Geo. Honors)
	<input type="radio"/> Probability & Statistics Honors (Prereq Alg 2)	
	<input type="radio"/> Pre-Calculus Honors (Prereq. Alg. 2 Honors or Analysis of Functions/Trig Honors)	<input type="radio"/> Calculus Honors (Prereq. PreCal. Honors or Analysis of Functions/Trig Honors)
	<input type="radio"/> AP Statistics (College Level; Prereq. Alg 2)	<input type="radio"/> AP Calculus AB (College Level; Prereq. Pre-Calc) <input type="radio"/> AP Calculus BC (College Level; Prereq. Pre-Calc)
Science (select 1)	<input type="radio"/> Astronomy Solar/Galactic	
	<input type="radio"/> Physical Science	<input type="radio"/> Physical Science Honors (Prereq. A/B in previous science class)
	<input type="radio"/> Forensic Science	
	<input type="radio"/> Earth/Space Science	<input type="radio"/> Earth/Space Science Honors (Prereq. A/B in previous science class)
	<input type="radio"/> Biology	<input type="radio"/> Biology Honors (Prereq. A/B in previous science class)
	<input type="radio"/> Marine Science (Prereq Biology)	<input type="radio"/> Marine Science Honors (Prereq Biology) (Prereq. A/B in previous science class)
	<input type="radio"/> Chemistry (Prereq. Bio. & Alg.1)	<input type="radio"/> Chemistry Honors (Prereq Bio. Hon. & Alg.1 Hon.)
	<input type="radio"/> Anatomy & Physiology (Prereq. Chemistry)	<input type="radio"/> Anatomy & Physiology Honors (Prereq. Chemistry Honors)
	<input type="radio"/> Physics (Prereq. Alg. 2 & Chemistry)	<input type="radio"/> Physics Honors (Prereq. Alg. 2 Hon. & Chemistry Hon.)
<input type="radio"/> AP Biology: College Level (Prereq. Bio. & Chem. & Alg. 2)	<input type="radio"/> AP Environmental Science: College Level (Prereq. Bio. & Chem. & Alg. 2)	
Social Studies	Not required in Grade 9	

Part II: Electives (See H.S. Elective Form)

Updated 7-16-20



High School Electives

All class requests are subject to approval by the SCVS Guidance Counselor, who will review your transcript for prerequisites and previous grades.

Course Descriptions: www.scvs.us Click Curriculum Guide

9th Grade: Select 4 Credits of Electives

10th-12th Grade: Select 3 Credits of Electives

Part II

Physical Education	<input type="checkbox"/> Personal Fitness-Required (.5 credit) (eCampus)	<input type="checkbox"/> Fitness Lifestyle Design (.5 credit) (eCampus)
	Personal Fitness and an elective PE course are required for graduation	
Foreign Language (1 Credit Each)	<input type="checkbox"/> Spanish 1	<input type="checkbox"/> Spanish for Spanish Speakers 1
	<input type="checkbox"/> Spanish 2 (Prereq. Span 1)	<input type="checkbox"/> Spanish 3 Honors (Prereq. Span 2)
	<input type="checkbox"/> Spanish 4 Honors (Prereq Span 3)	<input type="checkbox"/> AP Spanish Language (Prereq Span 3) – College Level
	<input type="checkbox"/> American Sign Language 1	<input type="checkbox"/> American Sign Language 2 (Prereq ASL 1)*
	<input type="checkbox"/> American Sign Language 3 Honors (Prereq. ASL 2)*	<input type="checkbox"/> American Sign Language 4 Honors (Prereq. ASL 3)*
	<input type="checkbox"/> French 1	<input type="checkbox"/> French 2 (Prereq. French 1)
	<input type="checkbox"/> French 3 Honors (Prereq. French 2)	<input type="checkbox"/> AP French Language (Prereq French 3) – College Level
	2 Years of the same foreign language in sequence required for admission to a 4-year university, and for the Bright Futures Scholarship. *ASL is a foreign language for public universities in Florida, but may not be for out of state or private universities.	
Other Electives	<input type="checkbox"/> Career Research & Decision Making (.5 credit)	<input type="checkbox"/> Critical Thinking & Study Skills (.5 credit)
	<input type="checkbox"/> Peer Counseling 1 (.5 credit)	<input type="checkbox"/> Peer Counseling 2 (.5 credit, no prereq. required)
	<input type="checkbox"/> Social Media (.5 credit)	<input type="checkbox"/> Sociology (.5 credit)
	<input type="checkbox"/> World Religions (.5 credit)	<input type="checkbox"/> Holocaust (.5 credit)
	<input type="checkbox"/> Health/Life Management Skills (.5 credit-does not count as PE)	<input type="checkbox"/> Driver's Education/Traffic Safety (.5 credit, must be 14.5 years old)
	<input type="checkbox"/> Art in World Cultures (.5 credit, Performing Arts Credit)	<input type="checkbox"/> Art History & Criticism Honors (1 credit, Performing Arts)
	<input type="checkbox"/> AP Art History: College Level (1 Performing Arts credit, prereq. Eng 2 Hon)	<input type="checkbox"/> Creative Photography 1 (Digital Camera Required, 1 Performing Arts credit)
	<input type="checkbox"/> Law Studies (.5 credit)	<input type="checkbox"/> Parenting Skills (.5 credit)
	<input type="checkbox"/> Personal & Family Finance/Personal Financial Lit (.5 cr)	<input type="checkbox"/> Early Childhood (1 credit)
	<input type="checkbox"/> Personal Financial Literacy (.5 credit) Prereq Algebra 1	<input type="checkbox"/> Leadership Skills Development (1 credit)
	<input type="checkbox"/> Personal Financial Literacy Honors(.5 cr)Prereq Algebra 1	<input type="checkbox"/> Guitar 1 (1 Performing Arts credit)
	<input type="checkbox"/> Journalism 1 (1 Practical Arts credit)	<input type="checkbox"/> Theater, Cinema, & Film Productions (1 Performing Arts credit)
	<input type="checkbox"/> Music of the World (1 Performing Arts credit)	<input type="checkbox"/> AP Psychology: College Level (Prereq. C or higher in Eng 2 & Biology, 1 credit)
	<input type="checkbox"/> Psychology 1 (.5 credit)	<input type="checkbox"/> Anthropology (.5 credit)
	<input type="checkbox"/> Psychology 2 (.5 credit, Prereq Psych 1 & Grade 10-12)	<input type="checkbox"/> Digital Information Technology (1 Practical Arts credit)
	<input type="checkbox"/> Philosophy (.5 credit)	<input type="checkbox"/> Foundations of Programming Honors (1 cr, not prac arts) (Prereq. Digital Info. Tech)
	<input type="checkbox"/> AP Human Geography: College Level (Prereq. Strong reading and writing skills, 1 credit)	<input type="checkbox"/> Procedural Programming Honors (1 credit, not prac arts) (Prereq Digital Info Tech AND Found Prog)
	<input type="checkbox"/> AP Computer Science A: College Level (Prereq Alg 2, 1 credit)	<input type="checkbox"/> Reading for College Success (Prereq Grade 11 or 12 and no college-ready reading score)

Community Service Notice: Community Service is one of the requirements of the Bright Futures Scholarship. Community Service must be documented & performed during high school at an approved agency, as indicated on the SCPS Volunteer Service Guidelines Form on the SCVS website, under Guidance. For more information on the Bright Futures Scholarship please visit the SCVS website, under Guidance, then Scholarships. Community Service is not a class, and is not required for graduation.

Verify that you have selected 7 credits (7 credits may be more than 7 classes)

Part I: 4 required credits of academics Part II: 3 elective credits (4 elective credits for 9th grade).

Parent signature indicates acknowledgement of the Community Service Notice above & parent approval of the classes chosen.

Parent Signature: _____ Date: _____



SCVS HIGH SCHOOL CLASSES

WWW.SCVS.US

(See Curriculum Guide for Prerequisites)



For eCampus classes register at www.scvs.us * eCampus

Language Arts

ENGLISH I	ENGLISH I HONORS	ENGLISH IV COLLEGE PREP (standard only)
ENGLISH II	ENGLISH II HONORS	
ENGLISH III	ENGLISH III HONORS	AP ENG LANGUAGE
ENGLISH IV	ENGLISH IV HONORS	AP ENG LITERATURE

Mathematics

ALGEBRA I	ALGEBRA I HONORS	PRE-CALC HONORS
LIBERAL ARTS MATH 1		CALCULUS HONORS
GEOMETRY	GEOMETRY HONORS	AP STATISTICS
MATH FOR COLLEGE READINESS	PROBABILITY & STATISTICS HONORS	AP CALCULUS AB
ALGEBRA II	ALGEBRA II HONORS	AP CALCULUS BC

Science

PHYSICAL SCIENCE	PHYSICAL SCIENCE HONORS	ASTRONOMY SOLAR/GALACTIC
EARTH SPACE SCIENCE	EARTH SPACE SCIENCE HONORS	
BIOLOGY	BIOLOGY HONORS	AP BIOLOGY
MARINE SCIENCE	MARINE SCIENCE HONORS	AP ENVIRONMENTAL SCIENCE
CHEMISTRY	CHEMISTRY HONORS	
PHYSICS	PHYSICS HONORS	
ANATOMY & PHYSIOLOGY	ANATOMY & PHYSIOLOGY HONORS	FORENSIC SCIENCE

Social Studies

WORLD HISTORY	WORLD HISTORY HONORS	AP WORLD HISTORY
US HISTORY	US HISTORY HONORS	AP US HISTORY
US GOVERNMENT	US GOVERNMENT HONORS	AP US GOVERNMENT
ECONOMICS	ECONOMICS HONORS	AP MACROECONOMICS
ECON W/ FINANCIAL LITERACY	ECON FINANCIAL LITERACY HONORS	AP MICROECONOMICS

World Languages

SPANISH I	SPANISH II	SPANISH III HONORS
SPANISH FOR SPANISH SPEAKERS I		SPANISH IV HONORS
FRENCH I	FRENCH II	FRENCH III HONORS *
ASL I *	ASL II *	ASL III HONORS *
AP SPANISH LANGUAGE	AP FRENCH LANGUAGE	ASL IV HONORS *

Electives

PERSONAL FITNESS *	GUITAR I	LIFE MANAGEMENT
FITNESS LIFESTYLE DESIGN *	MUSIC OF THE WORLD	CAREER RESEARCH
CRITICAL THINKING	LEADERSHIP SKILLS	READING FOR COLLEGE SUCCESS
PEER COUNSELING I & II	PARENTING	PHILOSOPHY
DRIVER'S ED	CREATIVE PHOTOGRAPHY I	WORLD RELIGIONS
THEATER/CINEMA/FILM	LAW STUDIES	DIGITAL INFORMATION TECHNOLOGY
PERSONAL & FAMILY FINANCE	JOURNALISM I	FOUNDATIONS OF PROGRAMMING
PERSONAL FINANCIAL LITERACY	ART IN WORLD CULTURES	PROCEDURAL PROGRAMMING
PERSONAL FINANCIAL LIT HONORS	PSYCHOLOGY I & II	AP COMPUTER SCI A
SOCIAL MEDIA	ART HISTORY HONORS	AP PSYCHOLOGY
SOCIOLOGY	HOLOCAUST	AP ART HISTORY
EARLY CHILDHOOD	ANTHROPOLOGY	AP HUMAN GEOGRAPHY