

# OREM HIGH SCHOOL REGISTRATION FORM

Student # \_\_\_\_\_ Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Career Goal \_\_\_\_\_

College/University Goal \_\_\_\_\_

Bring this completed worksheet to register for your classes.

Note: You **MUST** bring signed permission/approval to register for classes that require approval or permission.

## SEMESTER 1

Period	Course #	Course Name	Teacher Name
A-1			
A-2			
A-3			
A-4			
A-5			
B-1			
B-2			
B-3			
B-4			
B-5			

## SEMESTER 2

Period	Course #	Course Name	Teacher Name
A-1			
A-2			
A-3			
A-4			
A-5			
B-1			
B-2			
B-3			
B-4			
B-5			

Alternative Choices

\_\_\_\_\_

Student Signature \_\_\_\_\_ Parent Signature \_\_\_\_\_