HIGH SCHOOL STUDENT REGISTRATION RECOMMENDATION
(for H.S. students under 17 years of age)

DATE ______________________
STUDENT NAME: ____________________________       DATE OF BIRTH: ___________
SEMESTER/YEAR OF INTEREST: ___________________
COURSE(S) REQUESTED: Catalog #__________  Section #_________

__________________________  __________________________

APPROVED BY (only one signature is required):

__________________________
Guidance Counselor

__________________________
Principal

STUDENT SIGNATURE: ____________________________________