

2017-2018 Capital High School Freshman Registration

Date: _____

Due to Counselor: _____

Last Name: _____ First Name: _____ Middle I: _____
Student Date of Birth: ___/___/___ Birth Place: _____ Gender: ___ Male ___ Female
Street Address: _____ City: _____ Zip Code: _____
Mailing Address (if different than residential): _____

PARENT INFORMATION

Mother **Step-Mother** **Guardian** (circle one) **Father** **Step-Father** **Guardian** (Circle one)

Name: _____

Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Email: _____

Email: _____

Student Lives with: ___ Both Parents ___ Mother ___ Father ___ Other: _____

Emergency Contact (someone other than legal guardian) : _____

Emergency Contact Phone: _____ Alt Emergency Phone _____

School Attended during 2014-15 school year: _____

If you are transferring from out of district, were you previously in HSD1 Y/N

*School Address: _____ City: _____ State: _____ Zip: _____

**If last school attended was not in HSD1*

Does your child have the following Special Services? IEP _____ Section 504 _____ Health Alert _____

Ethnicity:

___ Asian ___ Hispanic ___ Black ___ American Indian/Alaska Native ___ White ___ Native Hawaiian/Pacific Islander

Capital High is striving to increase communication with parents. One of the most cost effective ways for us to get up to date information to you is through email. We ask that you provide a primary email address that you check regularly.

This is a new email address

Parent Signature- REQUIRED

I have reviewed and support my student's class selections (on back of registration sheet).


(Parent Signature)

(Student Signature)

	✓	Capital High School	Prerequisite	Teacher Signature	<h1 style="margin:0;">9th Grade</h1> <p style="margin:0;"><i>Registration</i></p>
PART I: School Schedule	Length of Day				
	8500 Start Zero Period (0-6th)				
	8502 Start 1st Period (1-7th)				
	8510 Zero-7th period (8 periods)				
	* Zero Period availability limited to class size restrictions				
PART II: Required Courses	English				
	1100 English 1				
	1101 English 1 - Honors				*
	Social Studies				
	2100 World Cultures				
	** World Cultures Honors				
	Math				←
	3100 Algebra 1				
	3200 Geometry				3100
	3101 Math 1 - Honors				3200
	3201 Math 2 - Honors				3101
	Science				
	4100 Earth Science				
	4101 Earth Science - Honors				
	Human Performance				
9100 Freshman PE					
9343 Freshman Weight Training					
9106 Personal Wellness for PE cr.					
*Teacher Signature Required					

ALL STUDENTS must have a signature from their current 8th grade math teacher.

Math Teacher Signature _____



PART IV: Additional Courses	Freshmen Interventions (Admin or Counseling Use Only)		
	ID #	Course Name	
		3106 Pre-Algebra Select	
		3103 Pre Algebra	
		3800 Math Lab	
		8607 Transitions	
		1600 Reading Lab	
		Reading Level _____	

* This course requires you to attach a signed commitment form or application to this registration sheet! Please see the Registration Guide.

**Students interested in World Cultures Honors will make a commitment at the end of Quarter 1 their freshman year, this is an enrichment option.

Choose 5 elective courses BELOW, (6 if you want an 8 period day) & list them in order of preference (1 being the class you would like to take the most). Choices 3, 4, & 5 will be entered as alternative courses & will be used if there is a conflict in scheduling. If you are signing up for a semester course, be sure to sign up for two semester courses with the same preference number so as to cover both 1st & 2nd semester.

	Semester			Year			Year		
		Prerequisite	Teacher Signature		Prerequisite	Teacher Signature		Prerequisite	Teacher Signature
Part III: Electives	2430 Current Issues (S1)			1450 Newspaper			7330 Career Planning		
	2470 Western History (S2)			5110 Latin 1			7400 Marketing Ed 1		
	7200 Consumer Mechanics (S1)			5210 French 1			7535 Culinary Art 1/2 (\$)		
	7110 Intro to Mechanical Tech (S2)			5310 Spanish 1			7550 Design 1 Fashion/Inter		
	7301 Basic Comp Skills (S1)			5320 Spanish 2	5310		7610 Prin Bio Med (BioMed1)		
	7304 Tech Skills for Life (S2)			5410 German 1			8261 Native Am Tutor		
	8510 Study Hall (S1)			6110 Art 1			8263 Peer Mentor-After Sch		
	8512 Study Hall (S2)			6150 Design App 1 (\$)			Requires the signature of your 8th grade Spanish 1 teacher.		
	9341 Physical Conditioning (S1)			6245 Sculpture					
	9342 Physical Conditioning (S2)			6300 Frosh Band		8th Band			
	9106 Personal Wellness- S1			6370 Jazz Band	AUD	←	Audition Required		
	9107 Personal Wellness-S2			6410 Concert Orch					
	9325 F.A.S.T (S1)			6510 Women's Choir			(\$)	This course requires a fee, check the course guide book for amount	
	9326 F.A.S.T. (S2)			6511 Men's Choir					
				6700 Theater 1					
				7101 Intro Industrial Sk.					
				7310 Money Mgmt					

1. Some headings will require you to choose one course, and other headings will allow you to choose multiple courses.
2. If you are signing up for a semester course, be sure to sign up for a minimum of two so as to cover both 1st & 2nd semester.
3. You must register for at least 6 credit bearing classes. Early period is a request, not a guarantee. Students signing up for early period must have their own transportation.
4. There are 8 possible periods in a day; this includes 0 period. Classes must be taken consecutively. This means that you must choose either 0-6th period or 1st-7th period.
5. Some courses have a prerequisite course that must be completed before you take the listed course.
6. Courses with a signature box require teacher signature prior to registration.



HEALTH HISTORY

The school district considers this to be personal, confidential information that will be treated in a discreet manner. The form may be reviewed by the school nurse, the classroom teacher, the building administrator, and other educators on a need to know basis.

Today's Date _____

Name _____ Date of Birth _____
(last) (first) (middle)

School _____ Teacher _____ Grade _____

Physician _____ Dentist _____

Please fill in any information that is applicable, Please use the back side if necessary for additional information

- 1) Asthma medications _____ symptoms _____
- 2) Allergy specify _____ symptoms _____
- 3) Diabetes insulin/snacks _____ symptoms _____ age of onset _____
- 4) Seizures medications _____ symptoms _____ age of onset _____
- 5) ADD/ADHD _____ medications _____
- 6) Visual problems _____ glasses/contacts _____
- 7) Hearing problems _____ frequent ear infection _____ hearing aids _____
- 8) Heart conditions _____ specify restrictions _____
- 9) Congenital/Chronic conditions _____
- 10) Chicken Pox (date) _____
- 11) Serious injuries (list) _____
- 12) Operations (list) _____
- 13) Other _____
- 14) Special seating, bathroom privileges, restrictions _____
- 15) Please list medications your student takes both at home and school. **MEDICATIONS GIVEN AT SCHOOL MUST BE CHECKED INTO THE OFFICE.** _____
- 16) Immunizations administered within the past year: _____
(Please provide documentation)

Individual Completing Form

Relationship to Student

Home Phone

Work Phone

Health History 12/08 - WH #3176



imMTrax Consent Form for Children

Child's Name: _____ Sex: M ___ F ___ Date of Birth: _____

I authorize my health care provider and a public health agency to collect and enter my child's immunization records into the Department of Public Health and Human Services' Immunization Information System (IIS). The IIS is a confidential, computer system that contains immunization records. I understand that information in the registry may be released to a public health agency as well as my health care providers to assist in my child's medical care and treatment. In addition, information may be released to child care facilities and schools in which my child is enrolled to comply with state immunization requirements. I understand that I can revoke this authorization and have my record removed at any time by contacting my local health department.

Parent/Guardian Signature: _____

Date: _____