

# FAIRFIELD LUDLOWE HIGH SCHOOL

## COURSE SELECTION PROCESS



The process of selecting courses is a serious, cooperative effort involving you as the student, your parents, your teachers, and your school counselor. On the reverse side of this document is a worksheet for you to use while initially select courses, discussing the options with your parents, teachers, and counselor. Once this worksheet is complete, you will be able to go on line and register for your courses. Please follow the timeline and directions below to finalize your course requests.

### Course Selection Timeline

<b>January 25</b>	Course Selection Night for parents & students, 7:00 pm @ FLHS auditorium
<b>January 30</b>	Class Meetings P1a Sophomores, P2a Juniors, <b>P4a Freshman &amp; Aqua Students</b>
<b>January 31</b>	Course Selection Worksheet and Program of Studies distributed in Homeroom
<b>February 1-7</b>	Teachers will spend class time discussing department courses, their recommendations.
<b>February 2-7</b>	Teacher Signature Days—all teachers will review your choices and initial their agreement or disagreement during classes
<b>February 8</b>	<b>Deadline</b> - Turn your completed, signed (by you <i>and</i> your parent) worksheet into your school counselor
<b>February 8-22</b>	Schedule an appointment with your school counselor and enter your final selections into the on-line Infinite Campus Student system
<b>February 27</b>	<b>Deadline</b> - Print Final Course Request form from Infinite Campus, sign and obtain your parent's signature on form and attach to this Worksheet. <b>Return both forms to counselor.</b>

**FAILURE TO COMPLETE ALL OF THE ABOVE STEPS OR TO MEET THE DEADLINES MAY RESULT IN YOU NOT BEING SCHEDULED FOR THE CLASSES YOU ARE REQUESTING.**

#### **Change of Program Policy:**

There will be no course changes during the first two weeks of either semester except for the following reason:

- An Incomplete schedule
- Course scheduled in error by the school
- Changes needed as the result of courses failed in June
- Change needed to meet college requirement
- Changes needed as a result of successful completion of summer school

As always, students with concerns regarding their academic program should speak to their teacher and school counselor.

*After the first marking period of a course, any **approved** changes will result in a grade of “W” (withdrawn) to appear on the student transcript: this includes a change in the level of a course. If the student has a failing average in the course, a “WF” will appear on the student transcript.*

This form is due to your school counselor by Wednesday, February 8, 2017

PLEASE PRINT CLEARLY IN INK

TEACHERS SIGN IN INK

Student Name:

ID:

Homeroom:

Counselor:

### FAIRFIELD LUDLOWE HIGH SCHOOL COURSE SELECTION WORKSHEET

PLEASE PRINT CLEARLY IN INK

TEACHERS SIGN IN INK

Course Title	5 Digit Course #	Credits	Teacher Agree or Disagree (Circle One)		Teacher Recommendation if Disagree	Teacher Initials
Sample: English 21	00210	2.0	Agree	Disagree	Leave blank if agree	S M P
Sample: Mod Glob 21	10210	2.0	Agree	Disagree	Leave blank if agree	JQC
Sample: Geom 21	22210	2.0	Agree	Disagree	Rec.Geometry 22	LQH
<b>English</b>			Agree	Disagree		
			Agree	Disagree		
<b>Social Studies</b>			Agree	Disagree		
			Agree	Disagree		
<b>Math</b>			Agree	Disagree		
			Agree	Disagree		
<b>Science</b>			Agree	Disagree		
			Agree	Disagree		
<b>World Language</b>			Agree	Disagree		
			Agree	Disagree		
<b>Electives</b>			Agree	Disagree		
			Agree	Disagree		
			Agree	Disagree		
<b>Alternate Courses</b>		Total Credits:	This may be used in place of a course in conflict			
1.			Agree	Disagree		
2.			Agree	Disagree		
3.			Agree	Disagree		
4.			Agree	Disagree		

Notes:

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

COUNSELOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*If a student request does not agree with a teacher's recommendation, please initial here indicating that you are aware of this and fully understand the commitment your student is making to take this course, and you have reviewed the Change of Program Policy on the reverse side of this document

PARENT INITIALS: \_\_\_\_\_