



COURSE SELECTION FORM

The following information needs to be filled out and signed by a school counselor or your registrar. Some Schools require their counselors to be the person authorizing these classes. Please check with your current school about the requirements.

Dual Students are required to be enrolled full time at their "home school" and part time with Primavera. **Dual students have the option of taking one or two courses at a time. Once you make your selection on this form, it will be considered final and your selection will go for the duration of the student's enrollment.** Please prioritize your selections because if a course is not available at your time of enrollment, the next selection on the form will be assigned. The complete list of courses will be kept on record as a future reference on your class assignment. If only two courses are listed, a new course selection form will be required each time a block starts. We strongly suggest that your counselor list at least eight classes to ensure a speedy process for new class assignment. POHS is a year round school, for our June and July sessions only, parents may sign this form if your school is not open during summer. We do not take any responsibility for classes your current school will not accept.

Student First Name: _____ Last Name: _____ Birth date: _____

Please make a selection from the following two choices (selection is final):

1. **Only need to take one course with Primavera.**

Please list your course: 1. _____ 2. _____
If you are only taking one class per block, please list at least two classes in order of priority, in case your first selection is not available. ***IF ALL CLASSES ON THIS FORM HAVE BEEN ASSIGNED STUDENT WILL BE WITHDRAWN AT THE END OF THE BLOCK ***

2. **I need to take multiple courses with Primavera. Please select from the following:**

Assign only 1 course per block

Assign 2 courses per block

List courses below:

1st Block Course(s): 1. _____ 2. _____

2nd Block Course(s): 1. _____ 2. _____

3rd Block Course(s): 1. _____ 2. _____

4th Block Course(s): 1. _____ 2. _____

Counselor/Registrar Signature: _____ Phone Number: _____ Date: _____

Counselor/Registrar Printed Name: _____

Parent Signature: _____ Phone Number: _____ Date: _____