Coconino High School Course Request Form

2025-2026

9th Grade

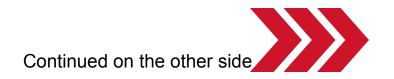


Make your choices carefully. Schedule change requests will be limited.

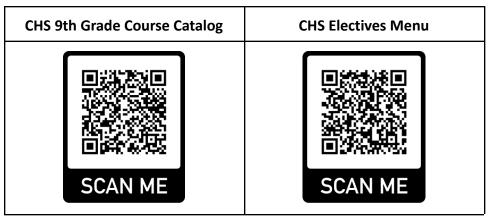
Student Nam	e:	Student ID#			
Phone #		Middle School	☐ MEMS	□ sms	☐ Other

Core Courses Selection

Department	Course Title			
English		English 9	EN50	
1 Credit		Honors English 9	EN55	
Math		Algebra I	MA50	
1 Credit		Geometry	MA60	
2 Ci Cuit		Honors Geometry	MA65	
		Biology I (Lab Science)	SC60	
Science		Chemistry (Lab Science) Pre-Requisites: Biology & Algebr	a 1 SC70	
1 Credit		Earth and Space Science (Lab Science)	SC59	
1 Cicuit		Life Science (Lab Science)	SC48	
		Honors Physics & CIT Engineering-Requires Applicati	on &	
		Acceptance	CT103	
	Personal Fitness & Health Focus			
		Select one focus		
		Yoga & Recovery	PE88Y	
Personal Fitness &		Strength Training	PE88S	
Health		Recreational Sports	PE88R	
1 Credit		Athletic Development(intended for prospective athletes)	PE88V	
		Junior Officer Training Corps JROTC*	PE80	
		Marching Band & Concert Band**	MU100	
		Color Guard**	MU91	
	*JROTC fulfills .5 personal fitness credit and the .5 health credit requirement. ** Band & Color Guard fulfills .5 PE credit but does not fulfill the .5 health credit requirement.			



Electives Selection



Prioritize your electives. Electives are yearlong classes.

*Modern language and fine art are required for university admission without deficiency.

	Course Title				
Example	CTE Exploratory				
Elective Choice #1					
Elective Choice #2					
Alternate Elective Choice #1					
Alternate Elective Choice #2					
HIGH SCHOOL PLAN					
INTERNATIONAL BACCALAUREATE Full IB Diploma: Yes No_	☐ HONORS/AP/DE ☐ CAREER & TECHNICAL ☐ CAVIAT EDUCATION				
POST HIGH SCHOOL PLAN					
COMM COLLEGE/TECH	☐ UNIVERSITY ☐ MILITARY ☐ WORKFORCE ☐ SELF EMPLOYED				
CAREER GOAL					
IMPORTANT SIGNATURES: V requested.	Ve have read the registration materials and understand the options available and the courses being				
	Date: Date:				
Student Signature	Parent Signature				
	-Office Use Only- All fields below to be completed after Course Request From is entered.				
Causadas Assaul	Date: Date:				
Counselor Approval	Case Manager Approval				