

- HONORS ALGEBRA II**
- HONORS TRIGONOMETRY**

Student Name	Parent/Guardian(s)	
Email Address	Phone Number	
Street Address	City	Zip

Why do you wish to take this course? What are your goals?

Why do you think you're prepared and/or qualified to take this course?

AGREEMENT: Please consider and agree to the following statements:

- I understand that after June 1, 2018, dropping this class is **NOT** an option unless there are extenuating circumstances and it is approved by both my parent/guardian and my counselor.
- If selected to take this course, I intend to complete the review packet before the first day of class. If I do not complete the packet, I understand that this will impact my grade and that dropping the class is **NOT** an option.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____