

BIOLOGY (9)

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 choosing **not** to take Physics Essentials and Chemistry Essentials will result in my missing a portion of the science curriculum that is specifically designed to prepare students for Chemistry and Physics. This content **can** be covered by studying for and taking a test-out in August or by taking a summer school or summer online class, but these are **not required**.
- 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.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____