SANTA MONICA HIGH SCHOOL

9th Grade Course Request Form

ID: Last			First	
Middle School	S	tudent Cell	Phone	
Student E-mail:	(D		-
Sibling House Request (Only for students Sibling ID:Parent Initial	-	-	hi – no other House req	•
	AND VERIFIED BY THE	each item. JECT TO TRY PROGRAM D	Y-OUT OR APPLICATION	
■ Science	OGY P OR LISH 9 P OR EBRA I P METRY P OR EBRA II P OR	☐ GEOM	OGY HP ISH 9 HP IETRY HP BRA II HP	
☐ I request an AM Period	(7 period school	day – not	guaranteed)	
	Spanish Speakers) Spanish Speakers) Spanish Speakers)	Music BAND ORCH CHOIR	Art CERAMICS 1 DRAWING 1 PAINTING 1 DIGTAL DESIG	Performing Arts ACTING 1 PROF DANCE 1 SN 1
Elective Choices (in order of				
1st			_3rd	
Please write final selections in the	ne slots below. Note	this will no	t be the order of yo	ur classes.
#1	#2		_#3	
#4	#5		#6	
#7 AM				
Summer School courses y enrolling into a course):	ou are considerin	•	•	proval before

Until you are able to show proof of enrollment and/or completion your schedule will reflect the required course. If the course is completed anywhere other than an SMMUSD class, an official transcript must be submitted to Samohi RECORDS DEPT in a sealed envelope by

SANTA MONICA HIGH SCHOOL Student Questionnaire

What a	are your concern	ns about attendir	ng SAMO?		
	nctivities are you or organizations		ırsuing, for exam	ple sports, music,	arts,
What i	s your favorite s	ubject in school	? Least favorite?		
What i	s one thing your	advisor should	know about you'	?	
	<u> </u>	er of the following	programs: (<i>Check</i>	<i>c all that apply)</i> ☐ Special Education	on
				CHOOL FOR THE 9 TH G	RADE
	SCHOOL:		STATE	_	
_		audont'o course regi	uest form and appro	ove of the requests.	