



High School Curriculum Form

for _____ School Year

Student Name: _____ **Grade:** _____ **Date:** _____

Directions: List the materials you will be using for each subject. When a textbook is not being used, explain how the subject will be taught (example: a student may take physical education classes at a camp). List any other courses in the spaces provided. _

*Please email form to _____

Course Title	Credits	Course Completion	
Bible	4		
<input type="checkbox"/>	1		
<input type="checkbox"/>	1		
<input type="checkbox"/>	1		
<input type="checkbox"/>	1		
English (Choose Two)	4		
<input type="checkbox"/> Grammar	1		
<input type="checkbox"/> Composition	1		
<input type="checkbox"/> American Literature	1		
<input type="checkbox"/> World Literature	1		
<input type="checkbox"/> British Literature	1		
Mathematics (Choose Two)	3		
<input type="checkbox"/> Algebra I	1		
<input type="checkbox"/> Geometry	1		
<input type="checkbox"/> Algebra II	1		
<input type="checkbox"/> Trigonometry (AP)	1		
<input type="checkbox"/> Calculus (AP)	1		
<input type="checkbox"/> *Business/Consumer Math	1		
Science (Choose Two)	*2/**3		
<input type="checkbox"/> Physical Science	1		
<input type="checkbox"/> Biology	1		
<input type="checkbox"/> Chemistry	1		

*General Diploma ONLY

**College Preparatory Diploma ONLY

Course Title		Course Completion	Publisher
Social Studies 3			
<input type="checkbox"/> Government	.5		
<input type="checkbox"/> World History	1		
<input type="checkbox"/> U.S. History	1		
<input type="checkbox"/> Geography	.5		
Language (2 years of the same language)	**2		
<input type="checkbox"/>	1		
<input type="checkbox"/>	1		
Fine Arts	1		
<input type="checkbox"/>	1		
Technology	1		
<input type="checkbox"/>	1		
Health	.5		
<input type="checkbox"/>	.5		
Physical Education	.5		
<input type="checkbox"/>	.5		
Electives	2		
<input type="checkbox"/>	1		
<input type="checkbox"/>	1		
<input type="checkbox"/> Other	1		
Other			
Other			
Other			
Other			
Other			

*General Diploma ONLY

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Director: _____

Date: _____

Student: _____

Date: _____

Parent: _____

Date: _____