

CENTURY ACADEMY GRADE 6 COURSE REQUEST

Name _____ Student email _____ Student Cell _____
Last First

Parent Name(s) _____ Parent Cell/Home Phone _____ Parent Email _____

Please choose one from each category of the required classes listed below.

English	Math	Science	Social Studies	Physical Education	Elective
<input type="checkbox"/> English 6	<input type="checkbox"/> Math 6 <input type="checkbox"/> Math 6 Accelerated	<input type="checkbox"/> Science 6	<input type="checkbox"/> Social Studies 6	<input type="checkbox"/> PE 6	To be determined

I HAVE REVIEWED THE ABOVE PROGRAM WITH MY STUDENT AND I AGREE WITH THE COURSES REQUESTED.

Parent/Guardian Signature

Student Signature

Date