

Elective Course Selection Registration Sheet

Please complete all sections of this registration sheet using block letters. Once filled, print the document for physical signature and submission to the administration office.

Student Information

Full Name:	<input type="text"/>	Student ID:	<input type="text"/>
Grade / Class:	<input type="text"/>	Academic Year:	<input type="text"/>
Email Address:	<input type="text"/>	Contact Number:	<input type="text"/>

Elective Course Preferences

Enter the course codes and titles of your preferred elective courses in order of priority.

Preference Priority	Course Code	Course Title / Subject Name
1st Choice (Primary)	<input type="text"/>	<input type="text"/>
2nd Choice (Alternative)	<input type="text"/>	<input type="text"/>
3rd Choice (Alternative)	<input type="text"/>	<input type="text"/>

Signatures and Authorization

By signing below, the student and parent/guardian acknowledge that elective choices are subject to availability and scheduling constraints.

Student Signature:	<input type="text"/>	Date:	<input type="text"/>
Parent / Guardian Signature:	<input type="text"/>	Date:	<input type="text"/>

Note: Hand in this printed registration sheet to the Guidance Counselor's office before the registration deadline.