

HILLSBORO HIGH SCHOOL
Registration for 2020-21 – Senior Year

NAME _____ **Date of Birth** _____
(Last Name , First Name)

Students will have three school days in which to add/drop classes after the beginning of each semester

Career Choice _____ College(s) _____

Fall

0. **PE/CEO/Chamber** _____

1. **Child Care** _____

2. **Child Care** _____

3. **American History** _____

4. **English 3** _____

5. **Algebra 2** _____

6. **Earth & Space** _____

7. **Early Out Program** _____

Spring

0. **PE/CEO/Chamber** _____

1. **Child Care** _____

2. **Child Care** _____

3. **American History** _____

4. **English 3** _____

5. **Algebra 2** _____

6. **Earth & Space** _____

7. **Early Out Program** _____

PLEASE CHOOSE ALTERNATE CLASSES FOR YOUR ELECTIVES

1 _____

2 _____

3 _____

4 _____

Students **MUST** submit their **EOP CONTRACT** by the specified date to be considered for EOP. Students that do not **QUALIFY** or **DO NOT MEET THE DEADLINE** will be notified and schedules adjusted.