DHS 2026-27 COURSE REQUEST FORM GRADE 9

Last Name: _____ First Name: _____

Instructions: View course descriptions in the *9th grade Course Offering and Scheduling Information* booklet that was given to you OR go to https://www.chippewavalleyschools.org/schools/high-schools/dhs/ and click on "Counseling", "Graduation Requirements and Scheduling", then the "*2026-2027 DHS-9 Course Book*" link. Students will be placed in their core courses by the DHS-9 Data Review team based on assessment scores, grades and other applicable data. Students who seek to change their core courses and deviate from the Data Review team's placement(s) must do so by March 25, 2026, using the online form course change request form that will be sent out by School Messenger. If a student is placed into Math Focus (math support) and/or the English Focus (English support), these classes will replace an elective course.

1st SEMESTER	(*=placed by Data Review Team)	2nd SEMESTER	(*=placed by Data Review Team)
SUBJECT	**COURSE NAME**	**SUBJECT**	**COURSE NAME**
ENGLISH* (0.5 credit)	English 9A or Advanced English 9A (level assigned by school)	**ENGLISH* (0.5 credit)**	English 9B or Advanced English 9B (level assigned by school)
MATH* (0.5 credit)	Math A (level assigned by school)	**MATH* (0.5 credit)**	Math B (level assigned by school)
SCIENCE* (0.5 credit)	Biology I or Honors Biology I (level assigned by school)	**SCIENCE* (0.5 credit)**	Biology II or Honors Biology II (level assigned by school)
SOCIAL STUDIES (0.5 credit)	Global History I or AP World History I (*Application required for AP World History)	**SOCIAL STUDIES (0.5 credit)**	Global History II or AP World History II (*Application required for AP World History)
REQUIRED or ELECTIVE Course PREFERENCE #1A (0.5 credit) (Consider PE/Health)		**REQUIRED or ELECTIVE Course PREFERENCE #1B (0.5 credit) (consider PE/Health)**	
REQUIRED or ELECTIVE Course PREFERENCE #2A (0.5 credit)		**REQUIRED or ELECTIVE Course PREFERENCE #2B (0.5 credit)**	

Write your **Alternate choices** below for your **REQUIRED or ELECTIVE Courses** in case your 1st and/or 2nd preference Elective course choice(s) from above are full.

1st SEMESTER	(Fall) - alternatives	2nd SEMESTER	(Winter) - alternatives
SUBJECT	**COURSE NAME**	**SUBJECT**	**COURSE NAME**
ELECTIVE Course Alternate 1A (0.5 credit)		**ELECTIVE Course Alternate 1B (0.5 credit)**	
ELECTIVE Course Alternate 2A (0.5 credit)		**ELECTIVE Course Alternate 2B (0.5 credit)**	

I have reviewed and approved my student's course requests for next year. *Michigan Department of Education requires parent/legal guardian consent for enrollment in virtual courses. Please sign below indicating your consent to allow your student to participate in virtual learning courses provided by Chippewa Valley Schools, if applicable to your student's graduation needs/plan.*

Student's signature: _____ Date: _____

Parent's signature: _____ Date: _____