

Counselor Notes: ___

SANTIAGO HIGH SCHOOL

Counseling Center Honors / AP Contract

	laci
Current Grade Level	<u>2024 – 2025 School Year</u>
Name	I.D. #

STUDENT STATEMENT OF AGREEMENT

I understand that the demands of the **Honors/AP course(s)** I have requested for the school year listed below exceed those of a regular college preparatory course(s). It is a **year-long commitment** that needs to be carefully considered. Students and parents, please read and initial the following:

Parent Student			
I authorize my son/daughter to enroll in one or more of the Honors/AP courses he/she has requested for the upcoming school year. I understand that these courses are very challenging and require a serious commitment from my son/daughter. AP supports are available and students are encouraged and expected to attend. I have read and discussed the conditions of the Student Statement of Agreement as outlined above with my son/daughter.			
Student Signature		Date	
Parent Signature	·	Date	
NOTE: Students may drop an Honors /AP course with parent consent and enroll in a regular college preparatory course any time prior to June 2 nd . Please contact your student's counselor to make any changes to the terms of this contract.			
Directions: Carefully check the courses you are requesting for the school yeLanguage ArtsMathScience_ LA 1 H (9)_ Integrated Math 1 Enhanced_ Biology 1 H (9)_ LA 2 H (10)_ Integrated Math 2 Enhanced_ Chemistry 1 H_ AP Lang (11)_ Integrated Math 3 Enhanced_ AP Biology	ar listed above: Social Studies WGP / CP H (9) AP World History (10)	World Language French 3 H AP French Lang	
	AP Euro History (10) AP US History (11) AP Gov't/Econ H (12)	Spanish 3 H AP Spanish Lang AP Spanish Lit	