CLASS REGISTRATION

Year:_____ Family Name: _____

- Please look at the Co-Op Class Schedule and choose what classes your children would like to take.
- Use another line if you have another choice.

Example

Student's First Name	Gr.	1st Hour	2nd Hour	3rd Hour	4th Hour
Joshua	12	Keyboard	Study Hour	US History	Physics
		Bible			
Katrina	10	Bible	Keyboard	Middle Ages	Money Mgmt.
				US History	

Actual Registration:

Student's First Name	Gr.	1st Hour	2nd Hour	3rd Hour	4th Hour