



COUNSELOR APPROVAL FORM

INSTRUCTIONS: Print form and take to your school counselor for signature.

* Student Name: _____

School Name: Benedictine High School

First Semester – June 15– June 30 (Covers first semester curriculum).
 7:30 - 10:00 a.m. **OR** 10:15 a.m. - 12:45 p.m.

Second Semester – July 1 – July 17 (Covers second semester curriculum).
 7:30 - 10:00 a.m. **OR** 10:15 a.m. - 12:45 p.m.

OGT Remediation – June 15 – June 19
 7:30 - 10:00 a.m. **OR** 10:15 a.m. - 12:45 p.m.

OGT Testing – June 22 - 26

All Academic classes are .50 credits Physical Education is .25 credit

First Semester	<input type="checkbox"/> Government	<input type="checkbox"/> Science	
<input type="checkbox"/> English 9	<input type="checkbox"/> Economics	Second Semester	<input type="checkbox"/> World History
<input type="checkbox"/> English 10	<input type="checkbox"/> Biology	<input type="checkbox"/> English 9	<input type="checkbox"/> Government
<input type="checkbox"/> English 11	<input type="checkbox"/> Earth Science	<input type="checkbox"/> English 10	<input type="checkbox"/> Economics
<input type="checkbox"/> English 12	<input type="checkbox"/> Physical Science	<input type="checkbox"/> English 11	<input type="checkbox"/> Biology
<input type="checkbox"/> Pre-Algebra	<input type="checkbox"/> Physical Education	<input type="checkbox"/> English 12	<input type="checkbox"/> Earth Science
<input type="checkbox"/> Algebra I	<input type="checkbox"/> Health	<input type="checkbox"/> Pre-Algebra	<input type="checkbox"/> Physical Science
<input type="checkbox"/> Algebra II	OGT Remediation	<input type="checkbox"/> Algebra I	<input type="checkbox"/> Physical Education
<input type="checkbox"/> Geometry	<input type="checkbox"/> Reading/Writing	<input type="checkbox"/> Algebra II	<input type="checkbox"/> Health
<input type="checkbox"/> American History	<input type="checkbox"/> Mathematics	<input type="checkbox"/> Geometry	
<input type="checkbox"/> World History	<input type="checkbox"/> Social Studies	<input type="checkbox"/> American History	

The following section **MUST** be filled out by your child's Guidance Counselor if the course(s) is/are being taken for **CREDIT** or **PROMOTION**.

COUNSELOR USE ONLY

* Student Name: _____ has permission to enroll in the course(s) listed above.

* Which subject(s) did student fail? _____

* Which subject(s) being taken for the first time? _____

Student may earn 1 credit upon passing the course _____ Student may earn ½ credit upon passing the course _____

Guidance Counselor Signature Melissa Caygen-Hopkins Date _____

School District: Cleveland Phone: 216-421-2080 x 333

The above student is on: (Please circle if applicable) IEP 504

IF STUDENT IS ON AN IEP OR 504, THE PLAN MUST BE TURNED IN WITH THE COUNSELOR CONSENT FORM