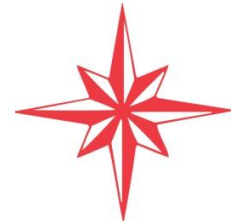




DEER VALLEY ACADEMY  
MARCH 5, 2012 - MAY 1, 2012 (SESSION 5)



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Graduation Year: 20\_\_\_\_

REGISTRATION WILL BE FEBRUARY 8 & 9 FROM 3:30 – 6:30 PM at Deer Valley High School in Room 608.  
ALSO BY APPOINTMENT CALL 602.467.6874

NEW STUDENTS MUST BRING: BIRTH CERTIFICATE PROOF OF IMMUNIZATION UNOFFICIAL TRANSCRIPT

<b><u>BLOCK 1: 3:00-5:30pm</u></b>		<b><u>BLOCK 1</u></b>	<b>3:00 – 5:30pm</b>
LA 3	LA 4	<b>FIRST CHOICE</b>	_____
Modern AM History		<b>ALTERNATE</b>	_____
Government		<b>ALTERNATE</b>	_____

<b><u>BLOCK 2: 5:50-8:20pm</u></b>		<b><u>BLOCK 2</u></b>	<b>5:50 – 8:20pm</b>
LA 7	LA 8	<b>FIRST CHOICE</b>	_____
Algebra Applications 1		<b>ALTERNATE</b>	_____
Sociology		<b>ALTERNATE</b>	_____

Counselor/Parent: Please check student's educational status:

\_\_\_\_ IEP (MUST BRING COPY)

\_\_\_\_ ESL

\_\_\_\_ EARLY GRAD

\_\_\_\_ 504 (MUST BRING COPY)

\_\_\_\_ RETRIEVAL

COUNSELOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_