

Haverhill High School Guidance Department 137 Monument Street, Haverhill, MA 01832

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Guidance Counselor	Guidance Counselor	Guidance Counselor	MCAS Coordinator	

Dear Parent/Guardian:

At this time Haverhill High School (HHS) is beginning the process of registering incoming 9th grade students for the 2015-2016 school year. By completing the attached Registration Form and Course Request Sheet we will be able to create your student's 9th grade schedule.

Your student will have received the HHS Program of Studies, the Grade 9 Student Course Request Sheet, and a Registration Form. The Course Request Sheet should be used to select a Foreign Language and electives for freshmen year. Students must select a 2nd and 3rd choice for a Foreign Language as well as a 2nd and 3rd choice for an elective. Your student's teacher will indicate Core level classes on the registration sheet and return this to HHS.

In choosing electives it is important to note, 4-year colleges require 2-3 years of the same Foreign Language. All Freshmen are required to schedule 7 periods. Physical Education and Health are half-year courses, however students who wish to schedule other elective opportunities at HHS have the option to schedule those electives and take P.E. and Health in subsequent years. Students work closely with their school counselors to develop a 4-year plan that ensures graduation requirements are met.

Please also take a moment to review our Academy tracks beginning on page 5 of our Program of Studies. The STEM, EBiT, Fine Arts, and Humanities Academies offer HHS students the opportunity to obtain a college and career ready foundation to enable them to graduate as skilled 21st century learners ready for college and the workforce.

Please write your selections on the Course Sheet attached. If you have any questions or need assistance please feel free to contact me via email or phone. We look forward to working with you and your student through their high school career!

Sincerely,

Tracy K. Encarnacao

Tracy K. Encarnacao Director of Guidance and Student Support Services K-12 tencarnaco@haverhill-ps.org



Haverhill Middle Schools: Consentino, Hunking, Nettle, J.G.Whittier Area Schools: St. Joseph, Sacred Heart, Hillview Montessori 9th Grade Registration Form

Please indicate which high school your child plans on attending next year: Haverhill High School: Whittier Regional: Essex Agricultural: Central Catholic: Other:				
	Student Course Requests 2015-2016			
Student Nam	ne:			
	Freshmen Academy Sample Schedule			
Period	2015-2016			
1	7:26 - 8:15 Math with homeroom included			
2	8:20 – 9:08 English			
3	9:13 – 10:01 Science			
4-5	10:06 – 10:54 History			
Freshmen Lunch (6)	10:57 – 11:24			
7-8	11:29 - 12:17			
9	12:22 – 1:10			
10	1:15 – 2:05			
	th Freshmen Academy Teachers instreamed throughout school			
Please provi	de 3 choices for each elective. *Foreign Language must be full year electives.			
Language El	ective:			
Other Electi	ve:			

Foreign Language (1 credit)

- Spanish 1
- French 1
- German 1
- Italian 1
- Latin 1 Honors
- * Full year elective

Wellness PE/Health (0.5 credit)

- Health I
- Phys Ed I
- ROTC 1

(May count towards wellness credit)

* Students have 4 years to complete this requirement. It is not mandatory for students to take this in their Freshmen year.

Fine Arts

Fine Art/Visual Arts (0.5 credit)

- Basic Foundations of Art- H5501 (pre-requisite before taking any other art classes)
- Survey of Art History
- Photo I
- Jewelry Making
- Ceramics and Sculpture I
- Studio Painting
- Studio Drawing

Music & Performing Arts

(1.0 credit)

- Band
- Jazz Band

(0.5 credit)

• Guitar Workshop - Must Have Own Guitar

EBiT Enterprising Business and Informational Technology (0.5 credit)

- Computer Technology
- Advanced Cartoon Development and Animation
- Web Design I
- Intro to Business
- Intro to Economics
- Money Matters
- Gaming I
- Desktop Publishing I
- Intro to TV Production
- Intro to Wood Technology
- Intro to Food and Nutrition
- Intro to Fashion Construction

Humanities (0.5 credit)

- Musical Theatre
- World Geography
- History of the City of Haverhill

STEM (0.5 credit)

- Intro to STEM Careers
- Zoology
- Animal Behavior
- Medical Terminology and Human Diseases

Middle School/Current School

Teacher Recommendation Registration Form 2015-2016

Student Information:			
Last name Teacher Signature Teacher email address Home phone		First Name	
		Parent Signature	
		Parent email address	
		Cell Phone	
To be con	npleted by the	e Classroom Teacher	
Course	Course #	Teacher Intials	
English I			
World History I			
Mathmatics			
Algebra I			
Algebra IA			
Algebra II Honors			
Science			
Life Science			

Taken by all incoming freshmen

Course Levels: H = Honors

Cellular Bio & Genetics

Freshman Seminar

CP = College Prep CPA= College Prep A

CPB = College Prep B

Please note that in order to be promoted to 10th grade at HHS students must obtain 4.5 credits and pass English I

Haverhill Public Schools Student Registration Form

Date:				
Please Print:				
Student Name	e:			
	(First)	(Full Middle	Name) (Last)	
Male/Female:			Place of Birth:	
Social Security	y# (Optional	l):		
Address:		,		
	(#)	(Street)	(Apt. No)	
(City)		(State)	(Zip Code)	
Grade:	YOG:	Last School Attende	ed:	
If Yes has a c	copy of the II	it: ()Yes ()No EP been provided: ()Y ormation for SPED mee	res ()No tings:	
Other Services 504: ()Yes (s:)No Comm	ents:	c Schools? Name of School:	
Please indica	te both ethn	icity and race:		
Ethnicity:		iony and race.	Race:	
1	atino ()	Not Hispanic/Latino	1 1000	
) nopamori		rtot i nopamo, Launo	()Caucasian ()Eskimo	
			()Native American ()Pacific Island	
			<u> </u>	
Primary Home	e I anguage:	Con	omente:	
Dlesse pote if	thoro oro ony	COII	nments: rs or communications restrictions related to the abov	ro studont:
ricase note n	there are any	current restraining order	is of communications restrictions related to the abov	e student.
Parent/Guard	lion #1	Please chec	No.	
Mamo:	11a11#1	/ \ Daront	۸. ()Guardian ()DCE ()Easter Parent	
Homo Phono	Name: () Parent ()Guardian ()DCF ()Foster Parent Home Phone#: Cell Phone#: Work Phone#:			
		Cell Flione#	VVOIK I HOHE#	
Place of Work	k.	Fmail·		
Please check all that apply: ()Can pick up ()Receive Grade Mailing ()Conduct Mailing ()Other Mailings (
)Access to Fa		ave drade mailing ()C	Johnson Walling (Johnson Wallings (

Parent/Guardian #2	Please check:	
Name:	() Parent ()Guardian ()	DCF ()Foster Parent
	Cell Phone#:Work	
Address if Different:	E-marile.	
Place of Work:	Email:	
Please check all that apply	<i>r</i> :	
()Can pick up ()Recei)Access to Family Portal	ve Grade Mailing ()Conduct Mailing	()Other Mailings (
In the event of an emerger	ncy, please provide the phone numbers	and emails you would like to be
contacted at. As well as a	dditional contacts that will be authorize	d to pick up your student.
Phone #1:		
Phone #2:		
Email Address:		
Email Address:		
Emergency Contact		
Name:	Relationship:	()Can pick up
	Cell Phone:	
Emergency Contact		
Name:	Relationship	()Can pick up
	Cell Phone:	
Parent/Guardian Signature:		