

GARNER MAGNET HIGH SCHOOL

Prior Approval Form | 2020-2021



Student Full Name:	Signature/Date
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Directions: Students requesting a course that requires prior approval should check the courses below that they are requesting approval for and then obtain the specified teacher's signature. The student must then return this form to Student Services. **NOTE: Course availability is subject to change based on student requests and scheduling restrictions.**

CAREER AND TECHNICAL EDUCATION <u>Advanced Studies (CTE)</u> <input type="checkbox"/> Business, Finance & IT Mr. Hill _____ <input type="checkbox"/> Family & Consumer Sciences Ms. Collier _____ <input type="checkbox"/> Health Sciences Ms. Poole _____ <input type="checkbox"/> Marketing & Entrepreneurship Mr. Bloms _____ <input type="checkbox"/> Trade & Industrial: Automotive Technology Mr. Stevens _____ <input type="checkbox"/> Trade & Industrial: Digital Media Mr. Boyette _____ <input type="checkbox"/> Technology Advanced Studies Mr. Norman _____ <u>Internship (CTE)</u> <input type="checkbox"/> CTE Internship: Fire Fighter Mr. Hocutt _____ Mr. Barbour _____ <input type="checkbox"/> CTE Internship: EMT Ms. K. Miller _____	FINE ARTS <input type="checkbox"/> Band – Advanced Honors (Concert Band) Ms. Holmes _____ <input type="checkbox"/> Vocal Music – Advanced Honors (<i>Die Meistersingers</i>) Mr. Wanamaker _____ <input type="checkbox"/> Independent Study: Music Ms. Holmes _____ Mr. Wanamaker _____ <input type="checkbox"/> IB Dance Ms. Comden _____ <input type="checkbox"/> Independent Study Dance Ms. Comden _____ <input type="checkbox"/> IB Visual Art Ms. Dirilgen _____ <input type="checkbox"/> Independent Study: Visual Art Ms. Dirilgen _____ Mr. Kim _____ Mr. White _____ <input type="checkbox"/> Independent Study: Theatre Ms. Hazelrigg _____
ENGLISH <input type="checkbox"/> Yearbook Ms. Easton _____	HEALTH AND PHYSICAL EDUCATION <input type="checkbox"/> Weight Lifting 2 (must also register for Weight Lifting 1) Mr. Leach _____ Mr. Goffena _____ <input type="checkbox"/> PEPI Mr. Proffitt _____ <input type="checkbox"/> Student Leadership Ms. House _____
ENRICHMENT <input type="checkbox"/> Curriculum Assistance Case Manager _____ <input type="checkbox"/> Fundamental Math Counselor _____ <input type="checkbox"/> Introductory Math Counselor _____	SCIENCE <input type="checkbox"/> Research Methods & Techniques Science Teacher* _____ <i>*This is the science teacher you will work with for your RMT.</i>
	STUDENT GOVERNMENT <input type="checkbox"/> Independent Study (indicate preferred period _____) Ms. Cottengim _____