**ICAP**

When selecting courses, it is important to keep in mind your career and postsecondary educational plans.

1. List career(s) you are considering ____________________________________________
2. Please circle the Post Secondary options you are considering

   - Work/Apprenticeship
   - Military
   - Career/Technical College
   - 2 year College
   - 4 year College

If you circled college, do you know what schools you are considering: __________________

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**PERMISSION TO HAVE AN OPEN HOUR**

(Only complete if you are applying for an open hour)

I understand that my son/daughter is allowed on campus during this time for academic purposes. If my child becomes disruptive in any way, he/she will be asked to leave campus. I take full responsibility for my son/daughter’s transportation on and off campus during this time. I understand that I am fully responsible for my son/daughter’s supervision during this time and I relieve Thompson Valley High School of any responsibility for my son/daughter during his/her open hour. I also understand and agree that my son/daughter is responsible for returning to school on time. **YOU MUST MEET THE CRITERIA LISTED BELOW TO QUALIFY FOR AN OPEN HOUR**

- I am on track to graduate. Current credits ______
- My ICAP is up to date and on track
- I have NO discipline referrals
- I have maintained 90% attendance, including tardies

I give permission for my student to have an open hour semester 1 □ semester 2 □

I give permission for my student to have 2 open hours semester 1 □ semester 2 □

Parent Signature: __________________________________________

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**Permission to attend classes at other high schools**

(Only complete if you have signed up for a class offered at another high school)

I give my permission for my son/daughter, _________________________ to attend class(es) at _______________________.

High School. I understand that my son/daughter is allowed on their campus during the scheduled class time. The Thompson School District may offer transportation to and from the high schools; however, depending on where and when the class is scheduled; I understand that transportation is the responsibility of the student/parent. I also understand and agree that my son/daughter is responsible for their attendance at both high schools, and is expected to be on time for all class time if travelling permits.

Student Signature: ____________________________________________

Parent Signature: ____________________________________________

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**Overload Permission** (4 or more AP or Concurrent Enrollment Courses)

(Only complete if you are signing up for 4 or more AP/Concurrent Enrollment courses)

Please provide an explanation about why you feel this overload is the best for you. ____________________________________________

I feel I am ready for the rigor and work load of this schedule and I understand that if I choose to take this overload, I will not be allowed to drop courses.

Student Signature: ____________________________________________

Parent Signature: ____________________________________________

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**REGISTRATION REQUESTS ARE BINDING AND FINAL**

Parent Signature: ____________________________________________ Date: ______________________________

Student Signature: ____________________________________________ Date: ______________________________

Counselor Signature: ____________________________________________ Date: ______________________________