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:_________________ ____________________

**Overload Permission (4 or more Pre AP, AP, or Concurrent Enrollment Courses)**
(Only complete if you are signing up for 4 or more Pre AP/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: ____________________

**REGISTRATION REQUESTS ARE BINDING AND FINAL**

Parent Signature: ____________________ Date: ____________________

Student Signature: ____________________ Date: ____________________

Counselor Signature: ____________________ Date: ____________________