

Name _____

Present Schedule	Teacher

Class Next Year

- 6 7 8
 Freshman
 Sophomore
 Junior
 Senior

Next Year's Schedule

Please list your extracurricular activities this year. Circle those in which you intend to participate next year. _____

List any other activities outside school you will participate in this year. (Scouting, church activities, job, vocational programs, etc.) _____

Please place a check next to the areas in which you feel most qualified or which you would like to do.

<input type="checkbox"/>	Writing	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	Interviewing
<input type="checkbox"/>	Layout/Design	<input type="checkbox"/>	Computer skills	<input type="checkbox"/>	Photography
<input type="checkbox"/>	Artwork	<input type="checkbox"/>	Proofreading	<input type="checkbox"/>	Sales
<input type="checkbox"/>	Photo editing	<input type="checkbox"/>	Typing	<input type="checkbox"/>	Organization

