

Garaway Schedule Sheet

Name _____ Grade next year _____

First Semester

| Period | Course Number | Course Name | Teacher Signature |
|--------|---------------|-------------|-------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |

Second Semester

| Period | Course Number | Course Name | Teacher Signature |
|--------|---------------|-------------|-------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |