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|---|--|------|---------------------|--------------------|
| LEGAL NAME: LAST FIRST MIDDLE | | | GENDER | DATE OF BIRTH |
| PRIMARY HOME ADDRESS: | | CITY | ZIP | HOME PHONE |
| MAILING ADDRESS (if different) | | CITY | ZIP | STUDENT CELL PHONE |
| PARENT / GUARDIAN'S NAME (Living in Primary Household): | | | RELATION TO STUDENT | |
| CELL PHONE | | | WORK PHONE | |
| PARENTS EMAIL ADDRESS | | | | |

Has your student ever been enrolled in these services? ___ IEP ___ 504 ___ ELL ___ Speech ___ GT

(GT Self-Contained Classes are GT English-Literature, GT English -Writing, GT World Civilization, GT Life Science)

Complete the Course table below. Write your elective and alternate choices in the spaces provided.
Year long electives will fill two boxes while semester electives will fill one.

| | COURSE TITLE (SEMESTER 1) | | COURSE TITLE (SEMESTER 2) |
|---|--------------------------------------|---|---|
| 1 | English 7: Literature and Strategies | 1 | English 7: Literature and Strategies |
| 2 | English 7: Writing and Composition | 2 | English 7: Writing and Composition |
| 3 | Life Science 7 | 3 | Life Science 7 |
| 4 | World Civilizations 7 | 4 | World Civilizations 7 |
| 5 | Math 7 | 5 | Math 7 |
| 6 | Exploratory Quarter Classes: | 6 | Health 7 and Lifetime Sports are required |
| 7 | Elective | 7 | Elective |
| 8 | Alternate Elective | 8 | Alternate Elective |

SEMESTER ELECTIVES

- Art
- *Computer Explorations I
- Introduction to Computer Coding
- Family Consumer Science I
- Family Consumer Science II
- Theater I

*Recommendation or prerequisite REQUIRED.

YEAR LONG ELECTIVES

- Choir 7
- *Band Woodwinds
- *Band Brass
- *Orchestra 7/8
- *Publications

ALTERNATE ELECTIVES

- *Library Assistant
- *Peer Tutor

Exploratory Options: Select Option 1 or 2

Option 1:

___ Pre-Engineering Tech/Spanish

Option 2: (SCIENCE BASED)

___ Zoology/ Geology

PARENT: PLEASE READ AND INITIAL

___ I understand that my child is not fully registered until proof of immunizations (Tdap and Meningococcal) are turned in or your child will not be able to start school.

___ I have turned in my child's UPDATED immunization record with this form.

Parent Signature: _____

Return to Science teacher by 3/16 or 3/17