

NAME (Last)	(First)	ID Number	<u>Program</u>	<u>FCAT SSS Level</u>
			SPED ___ Gifted ___ ESOL Level ___	Reading ___ Mathematics ___ Science ___

**REQUIRED COURSES**

**LANGUAGE ARTS**

Title	Teacher Recommendation
A01 LANGUAGE ARTS 1	
A02 LANGUAGE ARTS 1 <b>ADVANCED</b>	
A03 LANGUAGE ARTS 1 <b>GIFTED</b>	
A22 LANGUAGE ARTS 1 <b>INCLUSION (IEP ONLY)</b>	
A13 LANGUAGE ARTS 1 <b>SPED</b>	
A10 LANGUAGE ARTS 1 <b>ESOL</b>	

**MATHEMATICS**

Title	Teacher Recommendation
B01 MATHEMATICS 1	
B02 MATHEMATICS 2 <b>ADVANCED</b>	
B22 MATHEMATICS 1 <b>INCLUSION (IEP ONLY)</b>	
B09 MATHEMATICS 1 <b>SPED</b>	

**SCIENCE**

Title	Teacher Recommendation
C01 COMPREHENSIVE SCIENCE 1	
C02 COMP. SCIENCE 1 <b>ADVANCED</b>	
C03 COMP. SCIENCE 1 <b>GIFTED</b>	
C22 COMP. SCIENCE 1 <b>INCLUSION (IEP ONLY)</b>	
C10 COMP. SCIENCE 1 <b>SPED</b>	

**SOCIAL STUDIES**

Title	Teacher Recommendation
D01 WORLD HISTORY	
D02 WORLD HISTORY <b>ADVANCED</b>	
D03 WORLD HISTORY <b>GIFTED</b>	
D22 WORLD HISTORY <b>INCLUSION (IEP ONLY)</b>	
D10 WORLD HISTORY <b>SPED</b>	

**ELECTIVE COURSES** – Elective course offerings are subject to change due to legal and/or budgetary restrictions. Number your elective choices in the order of your preference (1 - 6).

#	Title
	E10 ART 1
	E07 BAND 1
	E23 CHORUS 1
	E01/E02 COMPUTERS 1
	E13 PHYSICAL EDUCATION
	E19 SPANISH S 1 (native speakers)
	E21 SPANISH SL 1 (non-native speakers)

**Additional Courses - OFFICE USE ONLY**

✓	Title
	R06 INTENSIVE READING
	R05/A25 INTENSIVE READING PLUS and LANGUAGE ARTS PLUS
	B12 INTENSIVE MATH
	R01 ESOL 1
	R02 ESOL 2
	R03 ESOL 3
	R04 ESOL 4

Florida Statute 1003.455 requires one semester of Physical Education each year during grades 6-8. This requirement can be waived for a student who meets one of the following criteria:

- The student is enrolled or required to enroll in a remedial course.
- The student's parent indicates in writing to the school that:
  - The parent requests that the student enroll in another course from among those courses offered as options by the school district; or
  - The student is participating in physical activities outside the school day which are equal to or in excess of the mandated requirement.

I would like to exercise my parental right to have the physical education requirement waived for one of the reasons above.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**UNDERSTANDING:** This course selection sheet indicates my choices for the entire academic school year after discussion with my teachers and my parents/guardians. I understand that schedule changes due to “change of mind” will not be considered. I also understand that if I do not return this course selection sheet, I will be administratively scheduled. The administration reserves the right to make changes in student schedules based on student FCAT scores and/or academic failure.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_