Dear Parent(s) and Student:

Welcome to Marvin Ridge Middle School! Enclosed is a packet of information that will need to be completed in order to assist us with enrolling your son or daughter. Please complete these forms and return to the school office along with all supporting documents (listed below). Failure to provide the required documentation will delay the processing of your child's enrollment.

The following forms are included in this packet and required for enrollment:

- Proof of residence AND two supporting documents
- Student Enrollment Form
- Record of Schools Attended-please indicate if a student formerly attended a NC public school
- Home Language Survey
- Transportation Request Form
- Request for Special Provisions
- Request for Transcript
- Special Education/ESL/504 Placement
- Signed NC Immunization Law Information
- **Health Assessment for students new to NC Public Schools**

Along with completing the above forms, please include a copy of the following:

- Birth Certificate
- Immunization Records
- Final Report card from the previous school
- Standardized test scores
- Withdrawal form from the previous school
- EC/ESL/504 RECORDS (if applicable)
- Parent Photo ID

We look forward to working with you and your child. Please feel free to call or email with any questions or concerns.

[Signature]

Rebecca McBride
Data Manager/Registrar
rebecca.mcbride@ucps.k12.nc.us
Proof of Residence
Marvin Ridge Middle School Attendance Area

Student name: ___________________________________________ Grade: __________

Parent(s) name: ____________________________________________

Home address: _____________________________________________

Subdivision name: __________________________________________

You must provide two proofs of residence to enroll your child(ren). Please reference the list below for acceptable documentation.

1. Current rental or purchase agreement. This document must be notarized.

2. Recent utility bills (electric, gas, water, telephone, cable) if two utility bills are submitted, they will count as two proofs of resident.

3. An automobile registration card and a driver’s license with the person’s name and address on it. These documents are considered one proof of residence.

4. Current Car insurance and property insurance policy with the person’s name on it. These documents are considered one proof of residence.

5. Income tax W2 form and property tax bill with the person’s name and address on it. These documents are considered one proof of residence.

NOTE: While attending Marvin Ridge Middle School, the student MUST reside at the address above and per the proof of residence documents. If you have questions about this UCPS Board Policy, please see the school’s attendance counselor. To identify which school your student is eligible to attend, please use the Edulog School Assignment Finder tool at http://web01.edulogweb.com/Union/webquery/.

I have read and understand the above attendance area policy. The documents I am submitting as proof of the student’s residence are true and accurate.

Parent Signature: ___________________________ Date: ___________________________
# Student Enrollment Form

**Union County Public Schools**

**For Office Use Only:**
- Student ID
- Registration completed
- Need Immunization Record
- Birth Certificate
- OR POR
- Transportation
- School Receiving Packet
- Date Received
- Enrollment Date
- Grade

**Student Information**

Birth certificate or other satisfactory evidence of age and official record of immunizations must be presented at time of enrollment. Copies of these documents are to be placed in folder and originals returned to parent/guardian.

<table>
<thead>
<tr>
<th>Legal Name</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Nickname</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>House/Apt. Number</td>
<td>Street</td>
<td>City</td>
<td>State</td>
<td>Zip</td>
</tr>
<tr>
<td>Mailing Address (if different)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>House/Apt. Number</td>
<td>Street</td>
<td>City</td>
<td>State</td>
<td>Zip</td>
</tr>
</tbody>
</table>

**Home Phone**

- □ Male  □ Female
- Date of Birth
- Place of Birth
- Ethnicity: □ Hispanic □ Non-Hispanic
- Race: (select all that apply) □ American Indian □ Black □ Asian □ Hawaiian/Pacific Islander □ White
- Child resides with
- Relationship to Student
- Legal Custodian
- Legal paperwork provided to school □ Yes □ No

## Family Information

- Father's Full Name
- Place of Birth (City/State/Country)
- Address
- Deceased □ Yes □ No
- Home Phone
- Cell Phone
- Employer
- Work Phone
- Highest Education level completed
- E-mail address

- Mother's Full Name (Include maiden name)
- Place of Birth (City/State/Country)
- Address
- Deceased □ Yes □ No
- Home Phone
- Cell Phone
- Employer
- Work Phone
- Highest Education level completed
- E-mail address

- Stepparent, Legal Guardian's, or Sponsor's Information (If applicable)
- Relationship to student
- Name
- Address
- Home/Cell Phone
- Employer
- Business Phone
- E-mail address
STUDENT ENROLLMENT FORM
UNION COUNTY PUBLIC SCHOOLS

Other Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Phone</th>
<th>[ ] Yes [ ] No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

If someone does not have your permission to pick up your child, please list name and relationship.

Other children in the family (please note if the sibling is a stepchild):

<table>
<thead>
<tr>
<th>Name</th>
<th>School</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Give pertinent health or medical information and instructions (including any medicines prescribed and any physical restrictions).

Permission to obtain medical attention [ ] Yes [ ] No

Medical Provider

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Dentist

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Please indicate the student’s previous academic placement (if applicable):

- [ ] Private School
- [ ] Charter School
- [ ] Public School
- [ ] Group Home/Institution
- [ ] Home School

Date last attended previous placement

Grade _______ Homeroom teacher ________

Month-Year

Has the student ever been enrolled in Union County Public Schools? [ ] Yes [ ] No

If yes, School Name ________ School Year ________

Is the student identified as a student with special needs and being served with an IEP:

- [ ] Individualized Education Program (IEP) [ ] Yes [ ] No
- [ ] Section 504 Plan [ ] Yes [ ] No
- [ ] Academically Gifted (AIG or TD) [ ] Yes [ ] No

If yes, has a copy of the plan been provided? [ ] Yes [ ] No

Has the child ever been retained? [ ] Yes [ ] No

If yes, what grade? ________

Has the student ever left any school due to a Suspension or Expulsion? [ ] Yes [ ] No

If yes, explain:

Transportation

Morning: student will arrive by [ ] Bus [ ] Car [ ] Walk

Afternoon: student will leave by [ ] Bus [ ] Car [ ] Walk

Military Information

Does your child have any member of their immediate family serving in the US Armed Forces? [ ] Yes [ ] No

If yes:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Branch of military service</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Parent/Legal Guardian: ____________________________

Signature: ____________________________ Date: ____________

2
Federal Race and Ethnicity Categories

Student Name: ___________________________ School: ___________________________

Part A: Ethnicity

Is the student Hispanic/Latino? (Choose only one)

___ No, not Hispanic/Latino

___ Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Part B: Race

What is the student’s race? (Choose one or more)

___ American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)

___ Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand, and Vietnam.)

___ Black or African American (A person having origins in any of the black racial groups of Africa.)

___ Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

___ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)
RECORD OF SCHOOLS ATTENDED

Student’s Full Name: ____________________________________________________________

Student’s Date of Birth: ________________________________________________________

The State of North Carolina requires that we document and obtain records from ALL schools attended by each student from Kindergarten through the current grade. Your assistance in filling out the following information will be most helpful and is greatly appreciated.

<table>
<thead>
<tr>
<th>YEAR</th>
<th>GRADE</th>
<th>SCHOOL</th>
<th>CITY / STATE</th>
<th>NC PUBLIC SCHOOL?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>K</td>
<td></td>
<td></td>
<td>NC Public School?</td>
</tr>
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<td></td>
<td>1</td>
<td></td>
<td></td>
<td>Y N</td>
</tr>
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<td></td>
<td>2</td>
<td></td>
<td></td>
<td>NC Public School?</td>
</tr>
<tr>
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<td>3</td>
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<td></td>
<td>4</td>
<td></td>
<td></td>
<td>NC Public School?</td>
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<td>5</td>
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<td>6</td>
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<td>NC Public School?</td>
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<td>NC Public School?</td>
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<td>10</td>
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<td>NC Public School?</td>
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<td>11</td>
<td></td>
<td></td>
<td>Y N</td>
</tr>
<tr>
<td></td>
<td>12</td>
<td></td>
<td></td>
<td>NC Public School?</td>
</tr>
</tbody>
</table>
Date ______________ School __________________________ Grade ______________
Has the student ever attended a U.S. school before? Yes No
If yes, Date of Entry ______________

Student's Name __________________________ Date of Birth ______________
        First Name   Middle Initial Last name  M/D/Y

Address ____________________________________________________________
        Street     City     State               Zip Code

Phone Number _______________________________________________________
        Phone No. (Home) (Work)

Parent or Guardian's Name ____________________________________________
        Parent Guardian First Name   Middle Initial  Last Name

Parent or Guardian's Native Language __________________________________

Do you need free translation services to understand school records and/or free interpretation services at conferences in your native language? Yes No

What is the student’s country of origin and ethnicity? __________ / __________

Country  Ethnicity

1. Is the student's first-learned or home language anything other than English?
   Yes (Please continue the survey) No (Stop here and sign below)

2. Which language did your son/daughter learn when he/she first began to talk?
   __________________________

3. What language does your son/daughter speak most often? __________________________

4. What language is most often spoken in your home? __________________________

5. Other than foreign languages studied in school, what Language(s) does your
   son/daughter speak? __________________________

*If the answer to questions 2-5 is a language other than English, the student may be assessed with the State-designated English language proficiency test to ensure appropriate placement and English language assistance if needed.

Parent/Guardian Signature __________________________ Date ______________

Phone 704-289-5460  Fax 704-296-3107  Revised 1/2017
Transportation Department
NEW BUS RIDER INFORMATION FORM

School Year: ____________________________ Date: ____________________________
School: _______________________________ Grade: ____________________________
Student Name: _________________________ Power School #: _______________________
Telephone Number: _____________________
Parent Name: __________________________

Residence Street Address: _____________________________________________________________
(NO PO BOX "S")

Transportation Needs: AM only _____ PM only _______ Both ______

Daily Bus Rider _________ Occasional Bus Rider _________

Growing Possibilities.
Request for Special Provisions for Children with Acute or Chronic Illness

Date:____________________

Student’s Name:_________________________________________ Grade:____

Parent/Guardian:__________________________________________

Address:__________________________________________________

Home Phone:_________ Work Phone_________ Cell Phone:__________

Emergency Contact name (Other than Parent) __________________________

Daytime Phone Number of Emergency Contact:___________________

Reason for Request (including medical condition)

_________________________________________________________________

_________________________________________________________________

Treating Physician:___________________________________________

Phone #:____________________________________________________

Hospital Preference:__________________________________________

Comments (significant history, signs and symptoms, medications, desired actions
by school personnel):

_________________________________________________________________

_________________________________________________________________

Parent/Guardian Signature:____________________________________
MARVIN RIDGE MIDDLE SCHOOL
2831 CRANE ROAD
WAXHAW, NC 28173
704-290-1510 (OFFICE)
704-243-0153 (FAX)
rebecca.mcbride@ucps.k12.nc.us

REQUEST FOR TRANSCRIPT

Name of Previous School ____________________________________________

Address of Previous School _________________________________________

IF ENTERING 6TH GRADE, Middle School Assignment if you were not
transferring: ______________________________________________________

School Phone Number _____________________________________________

School Fax Number _______________________________________________

Name of Student _________________________________________________

Date of Birth _____________________________________________________

The above named student has enrolled in our school in the ______ grade and has informed us that
your school is the one he/she last attended. Please send the following information so that this student
can be placed in the proper classes.

Transcript of the student’s school record
Grades at the date of withdrawal from your school
Report Cards and Attendance record for all previous years
Standardized test results
Immunization Records
Gifted records and/or Exceptional Children records
Any proper pertinent information you feel would help us in proper
Placement of this student

Signature of Parental Approval:
____________________________________

Date:
____________________________________
SPECIAL EDUCATION PLACEMENT
OR
OTHER FORMAL EDUCATION PLANS

NOTE: PARENT SIGNATURE IS REQUIRED ON THIS FORM REGARDLESS
OF YOUR ANSWERS TO THE QUESTIONS BELOW

____ YES  ____ NO  Student has received Special Education (Exceptional Children) services
in the past. Currently has an IEP (Individualized Education Plan) OR has had an IEP in
the past

____ YES  ____ NO  Student has a Section 504 Plan

____ YES  ____ NO  Student has received ESL (English as Second Language) services

Student__________________________ Date of Birth____________
Last  First   Middle

Address__________________________
Street                      City     State     Zip

Parent/Guardian Name__________________________

Phone__________________________
Home     Cell     Work

IF YES TO ANY OF THE ABOVE, PLEASE FILL OUT THE INFORMATION BELOW:

School Last Attended__________________________

Address__________________________
Street                      City     State     Zip

Contact Person__________________________ Phone__________________________

Email__________________________ Fax__________________________

PLEASE SIGN THIS FORM EVEN IF NO SERVICES ARE NEEDED OR WERE USED IN THE PAST.

Parent Signature__________________________ Date____________

OFFICE USE ONLY – Copy this form to:

____ EC  ____ 504 Coord.  ____ ESL
# NORTH CAROLINA HEALTH ASSESSMENT TRANSMITTAL FORM

This form and the information on this form will be maintained on file in the school attended by the student named herein and is confidential and not a public record.

(Approved by North Carolina Department of Public Instruction and Department of Health and Human Services)

## PARENT to COMPLETE THIS SECTION

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>☐ M ☐ F</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Last)</td>
<td>(First)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Birthdate (M/D/YYYY):</th>
<th>School Name:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Hispanic of Latino Origin: ☐ 1 Yes ☐ 2 No</th>
<th>Race: ☐ 1 Other Non-White ☐ 2 White ☐ 3 Black ☐ 4 American Indian ☐ 5 Chinese ☐ 6 Japanese ☐ 7 Hawaiian ☐ 8 Filipino ☐ 9 Other Asian ☐ 10 Unknown</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Address:</th>
<th>City:</th>
<th>State:</th>
<th>County:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parent Information: Name of Parent, Guardian, or person standing in loco parentis:</th>
<th>Telephone(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Home:</td>
</tr>
<tr>
<td></td>
<td>Work:</td>
</tr>
<tr>
<td></td>
<td>Cell Phone:</td>
</tr>
</tbody>
</table>

Health Concerns to be shared with authorized persons (school administrators, teachers, and other school personnel who require such information to perform their assigned duties):

## HEALTH CARE PROVIDER to COMPLETE THIS SECTION

Medications prescribed for student:

Student’s allergies, type, and response required:

Special diet instructions:

Health-related recommendations to enhance the student’s school performance:

Vision screening information:
Passed vision screenings: ☐ Yes ☐ No
Concerns related to student’s vision:
**Hearing screening information:**
Passed hearing screening: ☐ Yes ☐ No
Concerns related to student's hearing:

**Recommendations, concerns, or needs related to student's health and required school follow-up:**

**School follow-up needed:** ☐ Yes ☐ No

**Medical Provider Comments:**

**Please attach other applicable school health forms:**
- Immunization record attached: ☐
- School medication authorization form attached: ☐
- Diabetes care plan attached: ☐
- Asthma action plan attached: ☐
- Health care plans for other conditions attached: ☐

**Health Care Professional's Certification**
I certify that I performed, on the student named above, a health assessment in accordance with G.S. 130A-440(b) that included a medical history and physical examination with screening for vision and hearing, and if appropriate, testing for anemia and tuberculosis. I certify that the information on this form is accurate and complete to the best of my knowledge.

**Name:**

**Title:**

**Signature:** ____________________________  **Date (m/d/yyyy):**

**Practice/Clinic Name:**

**Practice/Clinic Address:**

**Practice/Clinic City:**  **State:**  **Zip:**  **Phone:**  **Fax:**

Provider Stamp Here:
Union County Public Schools
North Carolina Immunization/Health Assessment Law Information

Every parent, guardian and person or agency, whether governmental or private, with legal custody of a child shall have the responsibility to ensure that the child has received the required immunizations at the age required by law. It shall be the responsibility of the parent to provide a complete immunization record of each school age child to the school not later than 30 calendar days after the child enters school or the child will be suspended from school until such time as a valid complete immunization record can be provided to the school. Please review your child’s record to assure that it meets N.C. Immunization Law requirements.

General Statute 130A-152 through 130A-157 states in part that each child's immunization record must have the dates of each immunization and the specific immunizations. The following is a description of the requirements:

If a child enrolled in kindergarten or 1st grade for the first time after 7/1/94, but before 7/1/99:
- 5 DTap/DPT/Td last dose on or after 4th birthday
- 4 Polio 3 doses if last dose on or after 4th birthday
- 3 Hib at least 1 Hib on or after 1st birthday (not given after age 5)
- 2 MMR 1st dose on or after 1st birthday

If child enrolled in kindergarten for the 1st time after 7/1/99, but before 7/1/2015:
- 5 DTap/DPT/Td 4 doses if last dose on or after 4th birthday
- 4 Polio 3 doses if last dose on or after 4th birthday
- 3 Hib at least 1 Hib on or after 1st birthday (not given after age 5)
- 2 MMR 1st dose on or after 1st birthday
- 3 Hepatitis B last dose not before 24 weeks of age
- 1 Varicella before school entry

If child enrolled in kindergarten for the first time after 7/1/15:
- 5 DTap/DPT/Td last dose required on or after 4th birthday. 4 doses if 4th is after 4th birthday.
- 4 Polio last dose required on or after 4th birthday. 3 doses if 3rd is after 4th birthday
- 3 Hib at least 1 Hib on or after 1st birthday and before 5 years of age
- 2 MMR 1st dose on or after 1st birthday
- 3 Hepatitis B last dose not before 24 weeks of age
- 2 Varicella before school entry (history of chickenpox disease must be documented by a provider)

Additional requirements beginning 7/1/2016:
- Td 1 before entry into 7th grade (this booster dose is required if no Tdap given since age 10)
- 2 Haemophilus 1st dose before entry into 7th grade (1st dose is required if no MCV given since age 10) 2nd dose before entry into 12th grade.

Any medical exemption must be in writing from a physician per G.S. 130A-156.

North Carolina Health Assessment Law G.S. 130A-440 states that every child in the State entering N.C. public schools for the first time shall receive a health assessment. The health assessment shall be made no more than 12 months prior to the day of school entry. The parent, guardian, or responsible person shall have 30 calendar days from the first day of school to present the required health assessment form for the child.

Please feel free to call the School Health Office @ 704-296-0845 to speak with a school nurse if you have questions about the North Carolina Immunization Law or Health Assessment Law.

I am aware that my child's complete immunization record/Health Assessment is due within 30 days of my child's first day of school or he/she will not be allowed to continue in school until such time as a valid immunization record and Health Assessment can be provided to the school. I realize that this responsibility is that of the parent/guardian, not that of the former school. A health assessment form is required for my child if he/she is entering NC public school for the first time.

_________________________  ________________  ________________
Student's Name                      Date of Birth                  Enrollment Date

_________________________
Parent/Guardian Signature

_________________________
Date

Original in File: copy to parent

This will be the only notification of health requirements.

revised 1-2020 cs

117
2020-2021
Related Arts Registration Form
6th Grade

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
</table>

In an effort to register students for the 2020-2021 school year, please complete the following, sign and return along with the completed registration packet.

<table>
<thead>
<tr>
<th>Section I. CHOOSE ONE Year Long Course</th>
<th>OR</th>
<th>Section II. CHOOSE THE 6 WEEK RELATED ARTS ROTATION. Student will receive a random selection of 6 of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Band</td>
<td></td>
<td>Art</td>
</tr>
<tr>
<td>Brass</td>
<td></td>
<td>Careers and Technology</td>
</tr>
<tr>
<td>Woodwinds</td>
<td></td>
<td>Chinese</td>
</tr>
<tr>
<td>No midyear transfers out of band classes). Instrument</td>
<td></td>
<td>Drama</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Music</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Spanish</td>
</tr>
</tbody>
</table>

_________ Student Signature ____________  ____________ Parent Signature
Marvin Ridge Middle School Class Registration for 2020-2021

Welcome to rising 7th Grade Related Arts registration! Every 7th grade student should complete this form.

7TH GRADE BAND STUDENTS ONLY
7th Grade band students should select Band. You must currently be in 6th grade band to register for this course.

5287Y0 ____________

Physical Education/Health Rotation

All students should select this required PE/Health Class

99359Y07PE ____________

7th Grade Semester Related Arts Electives
Students who did not select Band should select 2 semester long courses. All choices are considered, but not guaranteed.

Chinese 11202Y0A7 ____________
Chorus 52672Y0 ____________
Creative Dramatics 53072Y0 ____________
Exploring Robotics Grade 7 TP012Y0AR7 ____________
General Music 52072Y0 ____________
Spanish 11402Y07 ____________
Visual Arts 54072Y0 ____________

***7th grade Spanish or Chinese is a prerequisite for 8th Grade Spanish I or Chinese I (high school course)

7th Grade ALTERNATE Semester Related Arts Electives
All Students who did not select Band should complete alternate selections, too. Please select 2 alternate choices for Related Arts. These selections will be used if 1 or more of your first choice classes are full. DO NOT PICK THE SAME CLASSES THAT YOU SELECTED IN THE PREVIOUS SECTION. If you do so, your selection will be invalid.

Chinese 11202Y0A7 ____________
Chorus 52672Y0 ____________
Creative Dramatics 53072Y0 ____________
Exploring Robotics Grade 7 TP012Y0AR7 ____________
General Music 52072Y0 ____________
Spanish 11402Y07 ____________
Visual Arts 54072Y0 ____________

***7th grade Spanish or Chinese is a prerequisite for 8th Grade Spanish I or Chinese I (high school course)

STUDENT'S NAME ____________________________________________

PARENT'S SIGNATURE _________________________________________
Welcome to rising 8th Grade Related Arts registration! Every 8th grade student should complete this form.

**8TH GRADE BAND STUDENTS ONLY**

8th Grade band students should select Band. You must currently be in 7th grade band to register for this course.

52882Y0

**Physical Education/Health Rotation**

All students should select one of the gender-based Physical Education classes.

Physical Education Grade 8 Females 60282Y0FY
Physical Education Grade 8 Males 60282Y0MY

**8th Grade Semester Related Arts Elective**

Students who did not select Band should select 2 semester long courses. All choices are considered, but not guaranteed.

Chinese 11202Y0A8
Chorus 52682Y0
Creative Dramatics 53082Y0
PLTW Design and Modeling TP012Y0DM8
General Music 52082Y0
Visual Arts 54082Y0
Yearbook 99359Y0Y

**8th Grade ALTERNATE Semester Related Arts Electives**

All students who did not select Band should complete alternate selections. Please select 2 alternate choices for related arts. These selections will be used if 1 or more of your first choice classes are full. **DO NOT PICK THE SAME CLASSES AS YOU SELECTED IN THE PREVIOUS SECTION.** If you do, your selection will be invalid.

Chinese 11202Y0A8
Chorus 52682Y0
Creative Dramatics 53082Y0
PLTW Design and Modeling TP012Y0DM8
General Music 52082Y0
Visual Arts 54082Y0
Yearbook 99359Y0Y

*** I have taken 7th grade Spanish and I am interested in Spanish for High School Credit: YES__ NO__

*** I have taken 7th grade Chinese and I am interested in Chinese for High School Credit: YES__ NO__

STUDENT'S NAME ____________________________

PARENT'S SIGNATURE ____________________________