



COURSE SELECTION FORM



Welcome to North Mountain Middle School! We are dedicated to ensuring that all students graduate college and career ready.

Section 1: Personal Information

Student ID#: _____ First Name: _____ Last Name: _____ Female: Male: Date of Birth: ___/___/___

Parent/Guardian: _____ Home Phone: _____ Cell Phone: _____

Special Programs: ELD IEP (RSP or SDC) 504 Plan Case Carrier: _____

World Language Fluency: Do you speak Spanish fluently? Yes No Do you read and write Spanish fluently? Yes No

Section 2: Course Selection

Directions:

1. Talk with your **parents/guardians** about your course selection. Approval is required on the bottom of the form.
2. Consider your **academic record** so far. Challenge yourself to take a rigorous course load.
3. Choose your courses carefully. **Schedule Changes will not be made.**
4. Select a **course in each subject area.**
5. Students who need extra support academically or English Fluency may affect their elective class.
6. **A school counselor will meet with you to review your course selection** _____.

ACADEMIC PATHWAY

All 7th grade students will complete a total of six courses each semester.

Subject Area	Academic Pathway
Course 1: English	<input type="checkbox"/> ELA 7 <input type="checkbox"/> Read 180 (Reading Intervention) <input type="checkbox"/> Reading Intervention ELD (3D) <input type="checkbox"/> ELA 7 Honors
Course 2: Mathematics	<input type="checkbox"/> Math 7 <input type="checkbox"/> Math 7 Honors
Course 3: Physical Education	<input type="checkbox"/> P.E.
Course 4: Science	<input type="checkbox"/> Science 7
Course 5: Social Studies	<input type="checkbox"/> Social Studies 7
Course 6: Elective	<input type="checkbox"/> Art <input type="checkbox"/> Computer Science <input type="checkbox"/> AVID 7 (interview required) <input type="checkbox"/> Intro to Music <input type="checkbox"/> Beginning Band <input type="checkbox"/> Int Band (audition required) <input type="checkbox"/> Advanced Band (audition required) <input type="checkbox"/> Creative Writing <input type="checkbox"/> Cross Age Tutoring (3.5 GPA minimum) <input type="checkbox"/> ASB (interview required) <input type="checkbox"/> AVID Excel 7 (interview required)

Section 3: Agreement

Your signature below indicates that you understand the selections made above and that you consent to the selections. In addition, the courses above are for the entire year. Furthermore, I understand that changes are not permitted. Courses will only be changed based on administrator approval or course balancing.

Parent Guardian Signature: _____ Parent/Guardian E-mail: _____ Date: _____

Student Signature: _____ Student E-mail: _____ Date: _____

Case Carrier Signature (if applicable): _____ Date: _____

Please note: Students are enrolled in courses for an entire year. Schedule changes will take place only for students that are misplaced in an academic level or to balance a class.

