ROBINSON SECONDARY SCHOOL

7th GRADE COURSE SELECTIONS

2016-2017

Student Last Name (print) First Middle Gender – Circle One

Parent/Guardian Name (print)

Student Signature

Parent E-mail Address

Parent/Guardian

Date

Home Phone

Father’s Work Phone

Mother’s Work Phone

Student Last Name (print)

REQUIRED COURSES:

Robinson students will participate in a seven-period block schedule. Seventh grade students must take English, math, physical education, science and history. The remaining two (2) periods will be filled with a combination of full year or semester electives.

FULL YEAR ELECTIVES:

Students will have 2 elective periods that may be comprised of 2 full-year courses, 1 full-year and 2 semester courses, or 4 semester courses.

SEMI-TERM ELECTIVES:

Students must rank all semester electives 1-15 in order of your preference. 1 = your first choice, 15 = your last choice.

High School Credit Course *Course Requires: Audition or Teacher Recommendation

PARENT/GUARDIAN: While every effort will be made to provide students with their most desired elective choices, placement will also depend on staffing, enrollment, and the possibility of scheduling conflicts. Please consult with your child’s case manager and/or school counselor to assist you in selecting courses that are best suited for your son/daughter’s learning needs. Additionally, an intervention support class may replace 1 half-year elective if a student is not demonstrating consistent mastery of grade level skills. Students who fail an SOL test maybe required to take an elective academic preparation class.

I understand that the school reserves the right to change a student’s schedule based on scheduling needs, course availability and/or conflicts. Your signature below indicates approval of this course selection sheet.

Any changes to this course selection sheet must be made prior to June 1, 2016.

Student Signature ___________________________ Date ___________________________

Parent/Guardian ___________________________ Date ___________________________

School Counselor ___________________________ Date ___________________________