



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
TEACHING AND LEARNING

# New and Returning Student Registration

OFFICE USE ONLY

Student Number	School Number	Transportation	Grade	EN CD	FLEID	Entry Date	SIS Entry	Birth Verification	Address Verification
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Complete ALL AREAS on this form. Do not leave any area unanswered. Correct any preprinted information. A registration must be completed for each student each school year.

Student First Name	MI	Last Name	Suffix	Student Preferred Name/Nickname
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Student Address	City	State	Zip Code
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Social Security # (optional)	Student Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Country of Birth	Place of Birth
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**Student Resident Status**  
 In county resident   
 Out of county resident   
 Out of state resident   
 Foreign exchange student

<b>Student Ethnic Origin</b> (must check Yes or No) <input type="checkbox"/> Yes, Hispanic or Latino <input type="checkbox"/> No, not Hispanic or Latino	Date Entered USA School
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**Student Race** (must check at least one, and check all that apply)

American Indian or Alaskan Native   
 Asian   
 Black or African American  
 Native Hawaiian or Other Pacific Islander   
 White

**Student lives with:**

Parent   
 Guardian   
 Other   
 Foster Parent   
 Group Home

Parent/guardian is an active member of the military.  Yes  No

Student resides with a parent/guardian on active duty or an accredited foreign government official and military officer.  Yes  No

Student resides with a parent/guardian who lives or works on federal military installations or NASA property.  Yes  No

Student resides on federally owned Indian lands.  Yes  No

Is student in physical custody of parent/guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the student who is enrolling a single parent? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "No", student telephone: _____	Does student have sibling(s) enrolled in Palm Beach County schools? <input type="checkbox"/> Yes <input type="checkbox"/> No
In the past three years, have any of the parents/guardians worked in any agriculture or fishing within the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Provide the names and birth dates of student's sibling(s).

Indicate where the student lives (check only if applies)

Hotel/Motel   
 Shelter   
 Shared Housing Hardship   
 Space Not Designed for Human Habitation

**QUESTIONS A-D BELOW MUST BE ANSWERED**

A. Is there a court order barring either parent from removing the student from school?  Yes  No

B. Do parents have shared (or joint) parental rights and responsibility?  Yes  No

C. Does one parent have final decision making authority regarding educational decisions for the student?  Yes  No

D. Is there a Temporary Restraining Order, Permanent Restraining Order, Order of No Contact, or other court order that restricts or impacts access to the student by anyone, including the other parent?  Yes  No

**Provide the school with a copy of any applicable court orders.**

**HOME LANGUAGE SURVEY** (if the answer is "yes" to any of these questions, the student will be screened/tested for English proficiency)

Is a language other than English used in the home?  Yes  No    Parent primary language? \_\_\_\_\_

Did the student have a first language other than English?  Yes  No    Student primary language? \_\_\_\_\_

Does the student most frequently speak a language other than English?  Yes  No    Parent preferred verbal language? \_\_\_\_\_

Parent preferred written language? \_\_\_\_\_

<b>The School District of Palm Beach County New and Returning Student Registration</b>	Student Legal Name (first, middle initial, last)	Student ID #
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**CONTACT PICKUP INFORMATION**

Parent or Guardian	E-mail address (optional)
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Address if not the same as student (house #, street name, apartment no., city, state, zip code)

Home Telephone	Cell Telephone	Accept automated non-emergency school, District and community related messages : <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Both <input type="checkbox"/> None
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Parent or Guardian	E-mail address (optional)
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Address if not the same as student (house #, street name, apartment no., city, state, zip code)

Home Telephone	Cell Telephone	Accept automated non-emergency school, District and community related messages : <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Both <input type="checkbox"/> None
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Provide a password that will be used when picking up the student.

Provide additional persons allowed to pick up (first, middle initial, last)	Relationship to student	Daytime Telephone
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**PREVIOUS EDUCATION INFORMATION**

Last School Attended (including preschool)	City	County	State	Country
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Telephone	Type (check one only) <input type="checkbox"/> Public / Charter <input type="checkbox"/> Private <input type="checkbox"/> Home Education	Educational Plan - Provide a copy. <input type="checkbox"/> Individual Education Plan (IEP) <input type="checkbox"/> 504
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Grade Level Last Year	Grade Level This Year	Last Date Attended	Did student attend public school in Palm Beach County before? <input type="checkbox"/> Yes <input type="checkbox"/> No
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The student has been arrested or prosecuted for a violation of a criminal statute resulting in a charge.     Yes     No

The student has been expelled from school.     Yes     No

The student has a referral for mental health services associated with a school expulsion, arrest resulting in a charge, or juvenile justice action?     Yes     No

**For Students Entering Kindergarten Only - Preschool Enrollment Information (check all program(s) attended)**

<input type="checkbox"/> School District VPK	<input type="checkbox"/> School District ESE Pre-K	<input type="checkbox"/> Private Child Care Center
<input type="checkbox"/> Head Start	<input type="checkbox"/> Did not attend preschool	<input type="checkbox"/> Other

**HEALTH INFORMATION**

Students will receive non-invasive health screenings for vision, hearing, scoliosis, and height/weight (BMI) pursuant to Florida Statute 3.81.0056(6)(e), unless the parent or guardian opts out in writing by checking "no" below:\*

Vision  No    Hearing  No    Scoliosis  No    HT/WT/BMI  No    Dental  No

\*Permission is valid until revoked by parent. See District Student and Family Handbook for more information.

**Sodium Fluoride Program:** This program is offered at schools without fluoride in the local water supply. I give permission for my child to participate in the sodium fluoride program to prevent tooth decay.     Yes (permission is valid through grade 5)     No

Student health insurance (check all that apply):     Medicaid     Healthy Kids/Kid Care     Private     None

Student has life threatening allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	Allergy	Physician Name	Telephone
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**Consent for Health Care Services and/or Emergency Care:** Schools may provide care and treatment for illness and injury and/or emergency care for students. I give permission for my child to receive care.     Yes     No

List medical concerns.	Student takes medication? <input type="checkbox"/> Yes <input type="checkbox"/> No    List all medications.
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<b>The School District of Palm Beach County New and Returning Student Registration</b>	Student Legal Name (first, middle initial, last)	Student ID #
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**Read the following carefully. Check available appropriate boxes below statements and sign below.**

**Notice of Technology Acceptable Use Policy For Students:** Your child may have access at school for many school-related activities to certain District technology resources, including the Internet and the District's Intranet. Your child's school's access to the Internet is filtered to comply with the Children's Internet Protection Act and School Board Policy 8.125. Your child will be required to follow the acceptable use standards and guidelines that are stated in Policy 8.123, the referenced Manual, and the Notice of Conditions for Student Use of District Technology and be bound by their terms. There is only a limited expectation of privacy to the extent required by law related to a student's use of these technology resources. Before your child uses these District resources, he/she will read, be read to, and/or explained these documents and will electronically acknowledge that he/she understands, and agrees to follow, them.

You are invited to read this Policy, Manual and Notice. If you need assistance reading the documents, you may ask the school for assistance. The policy is available at: <https://www.boarddocs.com/fl/palmbeach/Board.nsf/Public>, click Policies, under chapter 8 --Policy 8.123.

**Notice of medical records disclosure:** Your child's medical records or medical information that have been provided to the school are student records which are subject to the requirements of FERPA, 20 U.S.C.A. 1232g. Accordingly, that information can be disclosed without the written consent of the parent/guardian as allowed by FERPA, including if used by a teacher or other school official, who has a legitimate educational interest, or if disclosure is to an appropriate party and is necessary to protect the health or safety of the student or other individuals.

**Parental consent for release of student photograph and information:** I hereby give permission for the school or District to use my child's photograph, video image, writing, voice recording, name, grade level, school name, participation in officially recognized activities and sport, weight and height of members of athletic teams, dates of attendance, diplomas and awards received, date and place of birth, and most recent previous school attended, in annual yearbooks, graduation programs, playbills, school productions, web sites, social media sites, etc. and/or similar school or District sponsored publications or in school or District approved news media interviews, releases, articles, and photographs. I also provide permission for the release by the school or District to the media and governmental entities of my child's name, grade, school name and honors my child has received for public announcement of recognition of my student's accomplishments. I understand that without checking the permission box my child's name and photograph cannot and will not be included in any publications or presentation, including a school yearbook.

I give permission

I do not give permission

**ESE STUDENT ONLY:** In accordance with FERPA, at 34 CFR §99.30 and IDEA requirements, I authorize the School District of Palm Beach County, Florida, to release and exchange my child's confidential student information to agencies of the State of Florida which would allow Palm Beach County Public Schools to receive Medicaid reimbursement for health related exceptional student services it provides to my child while at school. I understand my consent is voluntary and may be revoked at any time. My child will continue to receive services as per his/her IEP whether or not I give consent. In addition, I understand that I am not required to enroll in any public benefits or insurance program and that no out of pocket expense will be incurred for services provided as a part of FAPE, and that there is no impact to my Medicaid benefits as a result of the school district's reimbursement for services.

I authorize release

I do not authorize release

**HIGH SCHOOL STUDENT ONLY - Opt-out for the release of information to military:** The NCLB Act of 2001 requires that school districts provide military recruiters access to the names, addresses and phone numbers of high school students. Parents have a right to OPT-OUT from sending this information. If you do **not** want your child's information released to the military without prior written parental consent, check below. Although we will accept the opt-out any time during the year, sending it the first 10 days of the school year will ensure that no information is sent this school year.

I do not authorize release of my child's information to the military

By signing below, I understand and agree it is my responsibility to contact my child's school immediately to inform them of any changes to my contact information including name, address, home or cell phone numbers or e-mail address. If I agreed to accept text messages on my cell phone, I understand standard messaging rates with my cellular phone provider may apply. If I opted out of informational messages, I will continue to receive emergency phone messages from or on behalf of the School District of Palm Beach County at the telephone number(s) provided on page 2, including a wireless number if applicable. If you received non-emergency messages without consenting and/or would like to opt out of future calls, contact (855) 502-7867.

**Under penalties of perjury, I declare** that I have read the foregoing form and that the facts stated in it are true and accurate. Florida Statutes Sec. 92.525 (3) provides that whoever knowingly makes a false declaration under penalties of perjury is guilty of a felony of the third degree.

**REGISTRATION IS NOT VALID WITHOUT SIGNATURE AND DATE.**



\_\_\_\_\_  
Parent/Guardian Signature (unless student is emancipated)      Date

# REGISTRATION PAPERWORK REQUIREMENTS FOR SCHOOL YEAR 2024-2025

**STUDENTS WHO HAVE NEVER BEEN IN A PALM BEACH COUNTY SCHOOL WILL NEED THE FOLLOWING PAPERWORK TURNED IN WITH THEIR REGISTRATION:**

- BIRTH CERTIFICATE,
  - STATE OF FLORIDA PHYSICAL FORM, **FILLED OUT COMPLETELY ON BOTH SIDES, AND FLORIDA SHOT FORM DH680.**
  - LAST REPORT CARD
  - 2 PROOFS OF ADDRESS IN THE PARENTS NAMES THAT SHOW YOU RESIDE IN THE WOODLANDS BOUNDARIES. (MUST BE UTILITY BILLS, CABLE, WATER, ELECTRIC, MORTGAGE PAPERS)
- 

**STUDENTS WHO HAVE BEEN IN A PALM BEACH COUNTY SCHOOL WILL NEED THE FOLLOWING:**

- 2 PROOFS OF ADDRESS IN THE PARENTS NAMES THAT SHOW YOU RESIDE IN THE WOODLANDS BOUNDARIES. (MUST BE UTILITY BILLS, CABLE, WATER, ELECTRIC, MORTGAGE PAPERS)
  - IF RETURNING FROM (ANOTHER COUNTY, PRIVATE SCHOOL, HOME SCHOOL), AFTER HAVING BEEN IN A PALM BEACH COUNTY SCHOOL WE WILL NEED A CURRENT REPORT CARD, AND CURRENT FLORIDA PHYSICAL FORM AND FLORIDA SHOT FORM DH680.
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**IF PROVIDING A LEASE, WE WILL NEED CANCELLED CHECKS OR RECEIPT OF PAYMENT FOR AT LEAST 2 PAYMENTS, WE WILL STILL NEED 2 PROOFS OF UTILITIES TO ACCOMPANY THE LEASE. ALL REGISTRATION PACKETS MUST BE COMPLETE BEFORE A STUDENT CAN START SCHOOL.**



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
EQUITY AND WELLNESS

# Parent/Guardian Consent for School Health Services

This is to be completed by the parent/guardian and returned to the school to consent for the student identified below to receive any of the school health services listed below. All items must be completed.

Student #	Student First Name	M.I.	Last Name	Gender	Birth Date
Parent/Guardian First Name		Last Name		Phone Number	Relationship to Student

As required by F.S. 1014.06(1), parent or legal guardian must authorize healthcare services to be provided for their student by a healthcare practitioner or their delegate, as defined in F.S. 456.001 and 1006.062, should the need arise for such treatment, while their student is under the supervision of the school.

**When necessary, emergency health services such as first aid, cardiopulmonary resuscitation (CPR) or use of an automated external defibrillator (AED) will be performed until emergency medical services arrive on campus.**

**For each service choose Yes or No:**

Health care services including care and treatment for illness and injury:  Yes  No

**Yes** - response will authorize such treatments including, but not limited to, major or minor injury or illness reported or observed while the student is at school. Failure to respond will result in an indication of "no" for healthcare treatment.

**No** - response will result in calls to the parent or guardian for the student to be picked up for all medical concerns. This will be for all instances where students are feeling ill, have a headache or injuries such as cuts, scrapes, bumps, or bruises. EMS will be called for any situation deemed serious.

Hearing screening:  Yes  No

Scoliosis screening:  Yes  No

Growth and development screening (body mass index):  Yes  No

Vision screening:  Yes  No

*Note: This form, in addition to a physician's authorization, will be required for the school clinic staff or school staff to administer daily or as-needed prescribed or over-the-counter medications, conduct medical procedures or provide medical treatment.*

I understand that this consent will remain in effect until the above named student transfers to another school district, graduates or I indicate in writing that I wish to rescind this consent for school health services.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
SAFE SCHOOLS  
**Student Housing Questionnaire**

**SIS DATA ENTRY**  
H/CAUSE/JNAC Data Entry  
Completed (Print Clearly)  
Date: \_\_\_\_\_  
By: \_\_\_\_\_  
Phone #: \_\_\_\_\_

This form is used to determine if your child(ren) are eligible for additional educational services and support.

School Personnel: Forward this form to your data processor for SIS coding. Fax or email form to Safe Schools. **FAX: (561) 432-6351**  
Email: [MVPHomeless@palmbeachschools.org](mailto:MVPHomeless@palmbeachschools.org). If you have any questions, contact MVP at (561) 350-0778.

Student ID #	First Name	Last Name	Birth Date	School	Grade

**Check Yes or No to statements 1-5 below:**

	YES*	NO	CODE
1. My family lives in an emergency or transitional shelter or FEMA housing.			A
2. My family is sharing the housing of others due to loss of housing, economic hardship, or a similar reason, we are doubling up.			B
3. My family is living in a car, temporary RV park or campground due to lack of alternative accommodations; a public space, abandoned building; substandard housing, bus or train station, public or private space not designed for human beings or a similar setting.			D
4. My family lives in a hotel or motel.			E
5. The student is an unaccompanied youth (not in the physical custody of a parent or guardian).			Y/N

**\*\*\*IF YOU ANSWERED "NO" TO ALL OF THE STATEMENTS ABOVE\*\*\*  
STOP HERE**

**\*If you checked "YES" to any statement above, print clearly, complete the rest of the form, sign and return to the school staff assisting you.**

Parent/Guardian Name (first, last)	Parent Phone	Emergency Phone	Unaccompanied Youth Phone
Current Address (include an address, even if it's not permanent)	City	State	Zip

**List all children living with you from preschool through high school. If needed, use an additional sheet.**

Student ID #	First Name	Last Name	Birthdate	School Name	Grade

**I would like referral assistance with the following (check if applicable):**

- Information Packet   
  Counseling   
  School Transportation   
  School Support   
  Other: \_\_\_\_\_  
 Medical/Dental   
  School Supplies   
  School Uniforms   
  Senator Lewis Homeless Resource Center  
 Birth Certificate   
  School Shots   
  School Physical

**Additional support and educational services may be available for students under the McKinney-Vento Act.** For more information about the McKinney-Vento Act and the McKinney-Vento Program (MVP), visit our website at: <http://l.sdpbc.net/c8u3e>

**Release of Information for Additional Community Resources**

Local homeless resources, including housing assistance, provided by community agencies not governed by the School District of Palm Beach County may be available to qualified families. Check 'yes' and sign below if you allow information to be released to community agencies, including being entered into Palm Beach County's Client Management Information System (CMIS), and allow community agencies to contact you about potential assistance. Information to be released includes student name, address, DOB, race, ethnicity, gender, housing status, grade, and school name as well as parent's name, DOB, race, ethnicity, and gender.

Yes (If "yes" is chosen, complete the following parent information) Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Gender \_\_\_\_\_  
 Ethnicity  Yes, Hispanic or Latino  No, Not Hispanic or Latino

No

I declare under penalty of perjury under the laws of this state, that the information provided here is true and correct.

\_\_\_\_\_  
Signature of Parent/Guardian or Unaccompanied Youth      Date

(Please only use this form and checkout a device if the student does not have access to a personal device at home)



THE SCHOOL DISTRICT OF  
PALM BEACH COUNTY

### Transfer of Property

2020 Palm Beach County School District Student Chromebook Checkout

**\*\*Please note Chromebooks require internet access\*\***

School Name: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

Classroom #: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

Request to check out the following equipment:

Equipment Description (must be completed)

Dell Chromebook including charging cord (Schools - Please record this information in Destiny)

Model Number: \_\_\_\_\_

Serial #: \_\_\_\_\_

I will assume full responsibility for replacing the equipment if it is lost, stolen, or damaged beyond repair. I will assume full responsibility for repairing the equipment if it is not returned in working order. I understand that this computer is to be used by my son or daughter only and only for their assigned courses for this school year. I take responsibility for the internet content my son or daughter accesses with this device and understand the device should be returned the first day that classes resume.

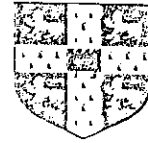
Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand and agree to the above conditions regarding my responsibility for this device and the internet content.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Woodlands Middle School



A Cambridge International School

Jenifer Kuras Principal

Assistant Principals:

Sharese Gillard

Dawn Hartman

Justin Sallenbach



"Mustang PRIDE"

## REQUEST FOR RECORDS

5200 Lycns Road  
Lake Worth, FL 33467-6199  
Telephone: (561) 357-0300  
Fax: (561) 439-9735

Date: \_\_\_\_\_  
Name of Former School: \_\_\_\_\_  
Phone # of Former School: \_\_\_\_\_  
Address: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
DOB: \_\_\_\_\_ Grade Level: \_\_\_\_\_

The student above has enrolled at Woodlands Middle School. Please send the following records to the school as soon as possible.

If a Palm Beach County School : Send Cum Folder  
If not a Palm Beach School :- Send COPIES ONLY, not originals

Please include:

1. Current report card showing all grading periods, partial grades for current grading period, date of enrollment and withdrawal form from your school. (Please indicate grades by grading periods and give your grade key, in case it is different from the School District of Palm Beach County).
2. Standardized Test Scores (FSA, FCAT, CTBS, IOWA, CAT, SAT, etc.)
3. Physical exam with TB test, Immunization records with dates. (MUST BE FILLED OUT BY HRS 680 FORM)
4. All Psychological records, if in a special program (latest EIP psychological report, eligibility)

FOR FLORIDA SCHOOLSONLY: Please send ESOL folder, also.

Thank you for your cooperation.

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



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
**Student Emergency Health and Safety Information**

		1. SCHOOL:		2. GRADE:	
3. NAME: Last First		4. BIRTHDATE:		5. SEX: <input type="checkbox"/> M <input type="checkbox"/> F	
		6. HOME ADDRESS		7. HOME TELEPHONE:	
8. MOTHER'S NAME:			11. FATHER'S NAME:		
9. EMPLOYED AT:		10. TELEPHONE:	12. EMPLOYED AT:		13. TELEPHONE:
14. CHILD WILL BE TRANSPORTED TO/FROM SCHOOL BY: If By Day Care Center, Give It's Name:					
List below name(s) and relationship of person(s) you authorize to confer with or remove your child from school. If you want someone not listed to confer with/remove your child from school, you must notify the school staff in person, by phone, or by notarized or witnessed letter signed by you. If by phone or letter, you must include your password, which is shown at right.					15. -PASSWORD-
16. AUTHORIZED TO CONFER WITH CHILD AT SCHOOL:			17. AUTHORIZED TO REMOVE CHILD FROM SCHOOL:		
18. NAME: In case of illness/accident, list a relative/neighbor we may call if you cannot be reached:					
					19. TELEPHONE:
-Over Please-					

PBSD 0910 (REV. 4/96)

20. HEALTH PROBLEMS (INCLUDE ALLERGIC REACTIONS):	
21. CHILD'S DOCTOR OR CLINIC:	22. TELEPHONE:
23. WARNING SIGNS WHEN CHILD IS BECOMING ILL:	24. MEDICATION(S) TAKEN BY STUDENT AT HOME/SCHOOL:  (PBSD 0257 is required for Medication at School)
25. Check Activity Level If Limited (Doctor's Letter Required): <input type="checkbox"/> No Physical Ed <input type="checkbox"/> Limited Physical Ed <input type="checkbox"/> Activity Limited Only During Illness	
I have been informed that in the event of serious illness or accident, if the school is unable to contact the parent/guardian or person designated, arrangements for immediate transportation and treatment will be made. Payment of fees will be the responsibility of the parent/guardian.	
26. SIGNATURE (MOTHER/GUARDIAN):	27. SIGNATURE (FATHER/GUARDIAN):
DATE:	DATE:
<b>THIS SECTION FOR NURSE USE ONLY</b>	
28. NURSING INTERVENTION/MANAGEMENT PLAN (SIGN AND DATE EACH ENTRY):	

**Woodlands Middle 2024-2025 Course Registration**

**GRADE 6**

NAME: \_\_\_\_\_

STUDENT #: \_\_\_\_\_

(Last)

(First)

**REQUIRED COURSES:** Language Arts, Math, Science, U.S. History, two electives chosen below

**READING:** Required for students based on 5<sup>th</sup> Grade Fast Test

One semester of physical education is required each school year. To **waive** the physical education requirement for your student, mark one of the criteria below (check only one):

\_\_\_ My child is enrolled or required to enroll in a remedial reading/math class.

\_\_\_ I request that my child enroll in another course offered.

\_\_\_ My child is participating in physical activities outside the school day which are equal to or in excess of the mandated requirement.

Please sign and date: \_\_\_\_\_

Signature of Parent/Guardian

Date

**STUDENTS TAKE TWO ELECTIVE COURSES:** (Write 1 by first choice, 2 by second choice, 3 by 3<sup>rd</sup> choice, 4 by 4<sup>th</sup> choice)

\*Chorus, Band, Drama: Fundraising, uniforms, afterschool practices and evening performances are required.

\*\* Please note that we try to schedule your request; however, availability is limited.

\_\_\_ Band

\_\_\_ Chorus

\_\_\_ Drama

\_\_\_ Journalism

\_\_\_ Yearbook

\*\*Medical Culinary and IT choice students will only have one elective in addition to their choice elective

\_\_\_ Art

\_\_\_ Physical Education

\_\_\_ AVID

\_\_\_ TV Production

\_\_\_ Technology (non academy)

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

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