



Student Name \_\_\_\_\_ Date \_\_\_\_\_ ID Number \_\_\_\_\_

**GRADE 6 ELECTIVE COURSE SELECTIONS  
2023-2024**

**Course Selection:** *Language Arts, Reading, Mathematics, Social Studies, and Science are automatically assigned to students based on FAST Test Scores, NWEA Scores, and/or other student achievement data.*

**\*\*If you would like your student to be exempt from Physical Education, please fill out the PE waiver on the reverse side of this form\*\***

**6<sup>th</sup> Grade Elective Courses (Block classes are called Elective classes in middle school):**

Please place a **1** next to your first choice and a **2** next to your second choice and a **3** next to your third choice.

**PERFORMING ARTS** - Choose one area to study for 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> grade.

\_\_\_\_\_ Band      \_\_\_\_\_ Orchestra      \_\_\_\_\_ Chorus

\_\_\_\_\_ **TECHNOLOGY (STEM)** - Choosing this pathway will include the following courses for 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> grade

- Exploration of Technical Design Technology
- Exploration of Robotics Technology
- Exploration of Electronics Technology

\_\_\_\_\_ **ATHLETICS** – Choosing this pathway will include the following courses for 6<sup>th</sup> and/or 7<sup>th</sup> grade

- Health
- Physical Education (Gym) **\*\*1 Semester is required each school year, unless a waiver is on file\*\***

**OTHER:**

\_\_\_\_\_ AVID\* – Advancement Via Individual Determination (Application and acceptance required)

\_\_\_\_\_ Semester Courses Including (Please circle areas of interest):

Art / Exploring Spanish / Music Exploration / Beginning Theatre / Business Keyboarding / Fishing

*Although every effort will be made to accommodate students' requests, selecting a course does not guarantee placement.*

By signing below you are stating that these are the courses that you have requested.

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

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

\_\_\_\_\_  
Date

**Office Use Only:**

NWEA	Fall	Winter
Math	_____	_____
Reading	_____	_____

**Office Use Only:**

FSA	21/22	22/23
Math	_____	_____
Reading	_____	_____



St. Cloud Middle School  
Physical Education Waiver

I, \_\_\_\_\_ request a PE waiver for my son/daughter,  
(Parent Name)

\_\_\_\_\_ for the 2023-24 school year.  
(Student Name & ID #)

I am requesting a PE waiver, because my child participates in the following physical activity outside of school: \_\_\_\_\_

\_\_\_\_\_  
**(THIS IS A REQUIRED ENTRY TO BE ACCEPTED AS A WAIVER)**

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
Student ID #

\_\_\_\_\_  
Print Parent Name

\_\_\_\_\_  
Parent Phone Number

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

\_\_\_\_\_  
Date

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