**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\*\***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Year Long Courses** |  |  | **Semester Courses (1/2 year)** |
|  | Band 1 |  |  | Health |
|  | Band 2 |  |  | PE (Semester Only – 1 time for the year) |
|  | Jazz Band (Teacher Approval) |  |  | Teacher Assistant (Ms. Ford & Admin Approval) |
|  | Orchestra 1 |  |  | Spanish Exploration |
|  | Orchestra 2 |  |  | Art 1 |
|  | Chorus 1 |  |  | Art 2 |
|  | Chorus 2 |  |  | FL Ecosystem 1 (Fishing 1) |
|  | Theatre 2 (Teacher Approval) |  |  | FL Ecosystem 2 (Fishing 2) |
|  | Exploration of Robotics Technology |  |  | Music Exploration |
|  | PE (Full Year) |  |  | Beginning Theatre |
|  | Spanish 1(High School Credit & Admin Approval) |  |  | Keyboarding (Computer) |
|  | AVID |  |  | Computer Applications |

**You May Choose**

**2 of the Year Long Courses**

**OR**

**1 of the Year Long Courses with 2 of the Semester Courses**

**OR**

**4 of the Semester Courses**

**Number your choices with the MOST IMPORTANT being #1**

**QR Code:**  **Link: https://forms.office.com/r/gpaBY6yJCD**

**Turn in to Mrs. Rousch or in Café at Lunch Time**

***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.

St. Cloud Middle School

Physical Education Waiver

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ request a PE waiver for my son/daughter,

 (Parent Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the 2024-25 school year.

 (Student Name & ID #)

I am requesting a PE waiver, because my child participates in the following physical activity(s) 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