

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



**2020-2021 Harmony Middle School  
Incoming 7<sup>th</sup> grade ELECTIVE COURSE SELECTIONS**

[https://hrms.osceolaschools.net/for\\_students](https://hrms.osceolaschools.net/for_students)

Students will have two periods of electives.

Please place a **1** next to your first choice, **2** next to your second choice and **3** for third choice. *Although every effort will be made to accommodate students' requests, selecting a course does not guarantee placement.*

\_\_\_\_\_ **15080200** PHYSICAL EDUCATION (Gym) \*one semester per grade level is required unless a PE waiver is filed, see backside.

\_\_\_\_\_ **08000400** HEALTH \*semester class, if selecting Culinary, Health is the paired class.

\_\_\_\_\_ **13020007** Band 1 (Beginner) \*yearlong class

\_\_\_\_\_ **13020107** Band 2 \*yearlong class

\_\_\_\_\_ **13020407** Orchestra 1 (Beginner) \*yearlong class

\_\_\_\_\_ **13020507** Orchestra 2 \*yearlong class

\_\_\_\_\_ **13030007** Chorus 1 (Beginner) \*yearlong class

\_\_\_\_\_ **13030107** Chorus 2 \*yearlong class

\_\_\_\_\_ **01011007** Visual Art 1 (Beginner) \*semester long class

\_\_\_\_\_ **01011107** Visual Art 2 \*semester long class

\_\_\_\_\_ **04000400** Acting 1 \*semester long class

\_\_\_\_\_ **04000450** Acting 2 \*semester long class

\_\_\_\_\_ **04000107** Theater 2 \*yearlong class (must have taken Acting 1 and 2)

\_\_\_\_\_ **86000700 and 86000720** PLTW/STEM Automation/Robotics \*yearlong class, must enter both course code numbers

\_\_\_\_\_ **82002100** BUSINESS TECHNOLOGY \*semester long class

\_\_\_\_\_ **88092000** CULINARY \* semester long class, paired with Health

\_\_\_\_\_ **81003100 and 80211000** AGRICULTURE \*yearlong class, must enter both course code numbers

\_\_\_\_\_ **07083400** High School SPANISH 1 \*yearlong class

\_\_\_\_\_ **17001207** AVID – Advancement Via Individual Determination (Application and acceptance required) \*yearlong class

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

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

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

\_\_\_\_\_  
Date



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**If you would like to have your child OPT OUT of the PE requirement, please complete the Physical Education Waiver below stating that your child is involved in physical activity outside of school.**

Harmony Middle School  
Physical Education Waiver

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

\_\_\_\_\_ for the 2020-21 school year.  
(Student Name & ID #)

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

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

\_\_\_\_\_  
Date

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