



## 2020-2021 COURSE REQUEST FORM

Student's Last Name: \_\_\_\_\_ Student's First Name: \_\_\_\_\_ M.I. \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Elementary School: \_\_\_\_\_  
 Student's Primary Address: \_\_\_\_\_  
 Mother/Guardian #1 Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Father/Guardian #2 Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Required Teacher Recommendations – (School Use Only)

All final academic placements will be determined after FSA scores are calculated. Please refer to the back of this form for more information about placements in required and elective courses and the statute required Physical Education.

**TEACHER(S):** Initial next to the course level you recommend for this student in each of the core academic areas based on their FSA achievement level and performance in your class.

Language Arts	Math	Science	World History
____ General	____ General	____ General	____ General
____ Advanced	____ Advanced	____ Advanced	____ Advanced

Does this student have an IEP?	____ Yes	____ No
Does this student have a 504 plan?	____ Yes	____ No

Elementary Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

**STUDENT ELECTIVE CHOICES:** Select your top three choices from the elective courses shown below. Use the numbers 1, 2, and 3 to rank your choices on the line to the left of each course code. Students will be placed in your top two choices and the third choice will only be used if there is a scheduling conflict.

**RANK PREFERENCE 1-3: WRITE THE NUMBER ON THE LINE – #1 IS YOUR FIRST CHOICE**

<b>Foreign Language/Fine Arts Wheel #1 (Semester Courses)</b> _____ 0708100 1300080	<b>Coding/IT Careers Wheel #2 (Semester Courses)</b> _____ 90092000 90093500	<b>Art I (Full Year)</b> _____ 01010100
<b>Physical Education (Full Year)</b> _____ 15080000 15080600	<b>Info. Tech. 1 (Full Year)</b> _____ 90091100	<b>Critical Thinking (WGMS – Full Year; Application)</b> _____ 17001000

### SIGNATURE AND CONFIRMATION

The master schedule of Griffin Middle School is based upon the courses you were assigned or selected on this document. Changes to schedules will not be made once the scheduling process is complete without a JUSTIFIABLE REASON for making the change. **A change in mind regarding an elective choice, classroom peers or locations are not JUSTIFIABLE REASONS.** Parents and students must sign each part of this request as documentation that you viewed both sides of this document carefully in regards to your options and choices and return it by April 17, 2020.

Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Name \_\_\_\_\_ Student Signature \_\_\_\_\_ Date \_\_\_\_\_

*The Leon County School District does not discriminate against any person on the basis of race, color, ethnicity, national origin, religion, age, sex (including transgender, gender nonconforming, and gender identity), marital status, disability, pregnancy, sexual orientation, or genetic information."*

**REQUIRED COURSES:** Each student is required to take Language Arts, Mathematics, Science, and Social Studies. Placement in academic classes will be based on 2019-2020 FSA and EOC scores and academic grades. A learning strategies course may also be assigned based on a student's IEP eligibility and enrollment in the Exceptional Student Education program.

**ELECTIVE COURSES:** Intensive courses may replace elective courses. All students that earn a Level 1 on the recent FSA Reading and/or a Level 2 on the FSA Mathematics test will be scheduled for Intensive Reading and/or Intensive Mathematics in lieu of selected elective course(s). All elective classes are yearlong classes.

**PHYSICAL EDUCATION REQUIREMENT:** Per *Florida Statute 1003.455 Physical education; assessment*, the equivalent of one class period per day of physical education for one semester of each year is required for grades 6-8. The requirement will be waived for the following reasons: if a student is required to enroll in a remedial class; if a parent indicates (THROUGH SELECTION OF OTHER ELECTIVE COURSES) that the student will be enrolled in another course; if the parent puts in writing that the student is participating in physical activity outside the school day which is equivalent to or in excess of the mandated requirement of one period. When a parent chooses electives other than physical education, the physical education requirement is to be waived. **Your signature on the course request form acknowledges that you have read the statement above and that you understand the options available for non-participation in the school's physical education program. By selecting two electives other than PE, this form is considered as your PE waiver.**