

2022-2023 Subject Selection

Student Last Name _____ Student First Name _____ ID# _____

Students will take one course from each core area listed below and two additional electives. I understand that the administration will attempt to assign the electives chosen, but that they are not guaranteed. The administration has the right to make changes in student's schedule and holds the final decision in the courses assigned. Students will take a required reading class in place of an elective based on the results of the Florida Standards Assessment (FSA). **Return completed form to your homeroom teacher by January 24, 2022.**

Language Arts X On the appropriate line

X	Seq.	Course Title
<input type="checkbox"/>	A11	Language Arts 2
<input type="checkbox"/>	A12	Language Arts 2 – Advanced
<input type="checkbox"/>	A13	Language Arts 2 - Gifted
<input type="checkbox"/>	A14	Language Arts 2+
<input type="checkbox"/>	A16	Language Arts 2 –Through ESOL

Mathematics X On the appropriate line

X	Seq.	Course Title
<input type="checkbox"/>	B11	Mathematics 2
<input type="checkbox"/>	B13	Mathematics 2 - Gifted
<input type="checkbox"/>	B14	Mathematics 2+
<input type="checkbox"/>	M12	Mathematics 2 iPrep
<input type="checkbox"/>	B17	Algebra 1
<input type="checkbox"/>	B23	Algebra 1 Gifted

Science X On the appropriate line

X	Seq.	Course Title
<input type="checkbox"/>	C11	Science 2
<input type="checkbox"/>	C12	Science 2 – Advanced
<input type="checkbox"/>	C13	Science 2 - Gifted
<input type="checkbox"/>	C14	Science 2+
<input type="checkbox"/>	C17	Physical Science
<input type="checkbox"/>	C23	Physical Science Gifted

Social Studies X On the appropriate line

X	Seq.	Course Title
<input type="checkbox"/>	D11	Civics
<input type="checkbox"/>	D12	Civics - Advanced
<input type="checkbox"/>	D13	Civics - Gifted
<input type="checkbox"/>	D14	Civics+

Intensive X School completes this section

X	Seq.	Course Title
<input type="checkbox"/>	R11	Intensive Reading

ESOL X School completes this section

X	Seq.	Course Title
<input type="checkbox"/>	F31	Reading ESOL Level 1
<input type="checkbox"/>	F32	Reading ESOL Level 2
<input type="checkbox"/>	F33	Reading ESOL Level 3
<input type="checkbox"/>	F34	Reading ESOL Level 4

Magnet Student Electives**MIX** (Only MIX Magnet Students)

Mark X On the appropriate line (Choose one or both electives)

X	Seq.	Course Title
<input type="checkbox"/>	F06, 07	Studio Art
<input type="checkbox"/>	G07/G17	Digital Media/Game Development

STIR (Only STIR Magnet Students)

Mark an X on the appropriate line (Choose one or both electives)

X	Seq.	Course Title
<input type="checkbox"/>	R07/R17	Robotics/Coding
<input type="checkbox"/>	S07	STEM Life Science

Alternate Electives

X Mark an X on the appropriate lines (Choose 3 Courses)

X	Seq.	Course Title
<input type="checkbox"/>	E17/E27	Physical Education
<input type="checkbox"/>	F01, 02	Art
<input type="checkbox"/>	H01, 02	Dance
<input type="checkbox"/>	J01, 02	Theatre
<input type="checkbox"/>	K01	Chess
<input type="checkbox"/>	N02/N12	Data and Design Processing/Coding

Parent Signature _____