Student ID#_____

# **Payne Junior High School**

## *8th Grade Course Selection Form 2024-25*

Student Last Name: _____ First: _____ Middle Initial: _____

## **ELECTIVES**

The 8th grade class schedule includes two electives. Please **rank** your top elective choices in order from 1-6. Your **first** choice should be indicated by the number "1," and your **last** choice by the number "6." Only six selections should be made and can be a combination of year-long and/or semester courses.

### **YEAR-LONG COURSES**

_____ BOYS Physical Education (PED700)
_____ GIRLS Physical Education (PED800)
_____ Percussion Ensemble (BND760)
_____ Cadet Band (BND710)
_____ Cadet String Orchestra (ORC700)
_____ Beginning Choir (CHR700)
_____ Show Choir/Intermediate Choir** (CHR710)
_____ Advanced Women's Choir** (CHR720)
_____ Spanish 1 Part 2 (must have completed Part 1) (SPA800)
_____ Yearbook* (FLM720)
**Audition required   *Application required

### **SEMESTER COURSES**

_____ Engineering - Modeling & Design (EGR720)
_____ Engineering - Automation/Robotic (EGR730)
_____ General Art (ART700)
_____ Ceramics (ART720)
_____ Technology 101 (CSC760)
_____ Computer Science (CSC720)
_____ Digital Media (FLM710)
_____ Family & Consumer Science (FAC700)
_____ Oral Expression (SPE700)
_____ Media Production (FLM700)
_____ Drama (DRA700)
_____ BOYS Physical Education (PED730)
_____ GIRLS Physical Education (PED740)

### **Core Classes**

All 8th grade students will be enrolled in Language Arts, Math, Science and Social Studies classes. AZM2 and 7th grade transcript will be reviewed for placement.

### **Circle the Core Classes you took in 7th grade**

| | | |
|---|---|---|
| ELA | Honors ELA | Gifted ELA |
| Math 7 | Pre-Algebra | Algebra 1 |

### **If your child is in any of the following programs, please indicate by checking below:**

____ Gifted/CATS

____ 504

____ IEP

____ ELD

____ No special programs applicable

### **Student Aide Interest**

____ I am interested in being a Student Aide          ____ I am interested in being a Peer Facilitator

By signing below, I approve the selected elective classes and I also understand that if this form is not turned in, the counselors will select elective classes based on availability.  I also understand no schedule changes will be made after the school year starts unless the school has made an error in core area placement.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____          Date: _____

Phone Number _____          Email Address _____