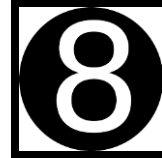


**DUE DATE: Monday, February 20th, 2017** to your  
RISE Teacher

This completed and signed form is required to  
register for classes on Thursday, Feb. 23<sup>rd</sup>.



Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Female:  Male:

\*\*\*See our **Course Guide** at <http://foxridge.cherrycreekschools.org/Academics/Pages/Course-Guide.aspx>

All students have 5 Core classes, including Language Arts, Science, Social Studies, Math and RISE/FLEX. 2 Elective classes and Lunch.  
More information about core class placement will be sent out in the Spring. (Core class is determined by a body of evidence.)

❖ I've never been in AVID (Advancement Via Individual Determination) but am interested in applying this year?  Yes  No

Choose **ONE OPTION** below for electives by putting a checkmark in the appropriate box provided to the left of each option.

Option  
1

**OPTION 1) Two Full Year Electives Step 1: Choose 2 full year electives by numbering your top two choices #1 & #2, then go to Step 2.**

\_\_\_ Choir 8 \_\_\_ PE (Fall & Spring) \_\_\_ Spanish AB

\_\_\_ \* Band III \_\_\_ \*Orchestra III \*Prior year(s) experience and Teacher signature required: \_\_\_\_\_

\_\_\_ \*AVID (continuing) \*Teacher signature required to continue this course: \_\_\_\_\_

\_\_\_ \*Spanish B (Successfully completed Spanish A & Teacher Signature required)

\_\_\_ \*Spanish 2 (Successfully completed Spanish B & Teacher Signature required) \*Spanish Teacher Signature \_\_\_\_\_

**Step 2: Please provide your alternate choices by numbering these classes starting at #3 and continue until at least #9.**

\_\_\_ Art 8

\_\_\_ Engineering Technology 8

\_\_\_ PE (One Semester: Fall or Spring)

\_\_\_ Photography

\_\_\_ Robotics 8

\_\_\_ Studio Art 8 \*new

\_\_\_ Tech Video Production

\_\_\_ Theatre Arts 8

\_\_\_ Video Game Design

\_\_\_ \*\*\* Unified PE 8 \*\*\*Ms. Monica Anderson's signature required: \_\_\_\_\_

\_\_\_ \*\*\*GT Exploratory \*\*\*GT Coordinator's Signature required: \_\_\_\_\_

Option  
2

**OPTION 2) Four Semester Electives**

Number ALL of the following elective courses. Label your top choice #1 and continue numbering until at least #9.

\_\_\_ Art 8

\_\_\_ Engineering Technology 8

\_\_\_ PE (One Semester: Fall or Spring)

\_\_\_ Photography

\_\_\_ Robotics 8

\_\_\_ Studio Art 8 \*new

\_\_\_ Tech Video Production

\_\_\_ Theatre Arts 8

\_\_\_ Video Game Design

\_\_\_ \*\*\* Unified PE 8 \*\*\*Ms. Monica Anderson's signature required: \_\_\_\_\_

\_\_\_ \*\*\*GT Exploratory \*\*\*GT Coordinator's Signature required: \_\_\_\_\_

Option  
3

**OPTION 3) One Full Year Elective and Two Semester Electives. Choose 2 full year electives by numbering your top two choices #1 & #2, then go to Step 2.**

\_\_\_ Choir 8 \_\_\_ PE (Fall & Spring) \_\_\_ Spanish AB

\_\_\_ \* Band III \_\_\_ \*Orchestra III \*Prior year(s) experience and Teacher signature required: \_\_\_\_\_

\_\_\_ \*AVID (continuing) \*Teacher signature required to continue this course: \_\_\_\_\_

\_\_\_ \*Spanish B (Successfully completed Spanish A & Teacher Signature required)

\_\_\_ \*Spanish 2 (Successfully completed Spanish B & Teacher Signature required) \*Spanish Teacher Signature \_\_\_\_\_

**Step 2: Choose two semester electives. Number ALL Of the following classes starting with #2 and continue until at least #9.**

\_\_\_ Art 8

\_\_\_ Engineering Technology 8

\_\_\_ PE (One Semester: Fall or Spring)

\_\_\_ Photography

\_\_\_ Robotics 8

\_\_\_ Studio Art 8 \*new

\_\_\_ Tech Video Production

\_\_\_ Theatre Arts 8

\_\_\_ Video Game Design

\_\_\_ \*\*\* Unified PE 8 \*\*\*Ms. Monica Anderson's signature required: \_\_\_\_\_

\_\_\_ \*\*\*GT Exploratory \*\*\*GT Coordinator's Signature required: \_\_\_\_\_

I have reviewed & approve my child's selections. I am aware that all student choices are considered but that choices cannot be guaranteed. I am also aware that, if my child gets elective courses that are within their **top 6 choices**, their elective classes will **not be changed**.

*Class offerings may change based on student enrollment.*

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

Office Use Only: Received on \_\_\_\_\_ by \_\_\_\_\_ Initial: \_\_\_\_\_

FRMS – white copy

Parent/Guardian – yellow copy