

**DEPARTMENT OF DEFENSE  
DEPENDENTS SCHOOLS**



Netzaberg Middle School  
Unit 28130  
APO AE 09114-8130  
Phone within Germany: 09641-83-9523  
DSN within Germany: 475-9523  
Phone from U.S.: 011-49-9641-83-9523  
DSN from U.S.: 314-475-9523

**REQUEST FOR STUDENT RECORDS**

\_\_\_\_\_  
NAME OF PREVIOUS SCHOOL

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIPCODE

\_\_\_\_\_  
PHONE/FAX NUMBER WITH AREA CODE

**NETZABERG MIDDLE SCHOOL REQUESTS RECORDS FOR:**

\_\_\_\_\_  
STUDENT NAME

\_\_\_\_\_  
DATES AND GRADES ATTENDED

\_\_\_\_\_  
BIRTHDATE (MMDDYYYY)

\_\_\_\_\_  
PARENT/GUARDIAN NAME

**PLEASE INCLUDE:**

- ❖ WITHDRAWAL GRADES
- ❖ SOCIAL WORK AND PSYCHOLOGICAL TEST RESULTS
- ❖ COUNSELOR FILES
- ❖ TESTING RECORDS
- ❖ SPECIAL EDUCATION OR PLACEMENT FILES
- ❖ AN EXPLANATION OF YOUR GRADING SYSTEM AND NAME OF YOUR ACCREDITING AGENCY

IF ANY OF THIS INFORMATION IS AVAILABLE FROM ANOTHER DEPARTMENT SUCH AS A CENTRAL/DISTRICT OFFICE OR PSYCHOLOGICAL/PLACEMENT SERVICES PLEASE FORWARD THIS REQUEST TO SUCH DEPARTMENT.

MAIL OFFICIAL RECORDS TO:  
NETZABERG MIDDLE SCHOOL  
ATTN: REGISTRAR/COUNSELOR  
UNIT 28130  
APO AE 09114-8130

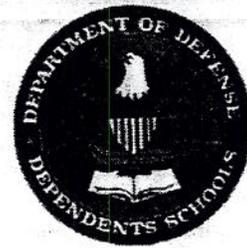
In accordance with the provisions of the Family Education Rights and Privacy Act of 1974 and, for DoDDS Schools, DS Manual 1100.3, written authorization is provided for release of records and files to Grafenwöhr Middle School for the above named student. The parent or guardian signature below authorizes the release of records and any reports of social work, psychological evaluations, confidential files, guidance counselor files, placement files, and/or special education files for the above named student to Grafenwöhr Middle School.

Record release approved by: \_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Registrar Signature



DEPARTMENT OF DEFENSE  
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Unit 28130  
APO AE 09114



**SUPPORT SERVICES FORM**

<b>STUDENT'S NAME</b>	<b>FOR SCHOOL YEAR 2008/2009</b>
	<b>GRADE:</b>

In order to provide the best possible education program for your child, please assist us by completing this form as part of the registration process. Please check and complete the statement that best applies to your child.

No, my child has never received any gifted, remedial, or special education services.

Yes, my child is presently on an Individualized Education Plan (IEP) and receives special education services in the following areas:

Service	Year(s) of Enrollment
<input type="checkbox"/> Speech Therapy/Language Development	_____
<input type="checkbox"/> Learning Disability or Learning Impairment (Resource, Inclusion or Collaborative Services)	_____
<input type="checkbox"/> Emotional Impairment or Behavioral Impairment	_____
<input type="checkbox"/> Mentally or Intellectually Impaired	_____
<input type="checkbox"/> Visual/Hearing/Physical Impairment	_____
<input type="checkbox"/> Occupational/Physical Therapy	_____

Yes, my child received remedial assistance/instruction in the following areas:

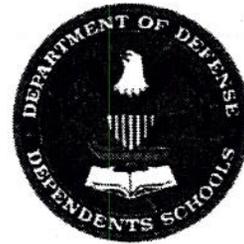
<input type="checkbox"/> Gifted Education	_____
<input type="checkbox"/> Counseling/Behavior Management Service	_____
<input type="checkbox"/> Language Arts/Reading Assistance (LARS)/Literacy Coach	_____
<input type="checkbox"/> Math Assistance	_____
<input type="checkbox"/> Read 180	_____
<input type="checkbox"/> English as a Second Language (ESL)	_____
<input type="checkbox"/> Reading/Writing Lab	_____
<input type="checkbox"/> Other	_____

SIGNATURE OF PARENT OR GUARDIAN

DATE



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ALTERNATE DESTINATION/DELTA INFORMATION FORM

STUDENT'S NAME	FOR SCHOOL YEAR 2008/2009
	GRADE:

PLEASE COMPLETE EVERY BLANK. WRITE N/A FOR NON-APPLICABLE IF NECESSARY.

After school my student's regular schedule is to:

Walk Home     Ride Bus#      Go to YS     Other: \_\_\_\_\_

Sponsor Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Sponsor's Home Phone No.: \_\_\_\_\_ Sponsor's Duty Phone No.: \_\_\_\_\_

Sponsor's Cell Phone No.: \_\_\_\_\_ Sponsor's Alternate Duty Phone No.: \_\_\_\_\_

Spouse's Cell Phone No.: \_\_\_\_\_ Spouse's Work Phone No.: \_\_\_\_\_

**If the sponsor or spouse can NOT be reached, the Emergency Contact(s) listed below will be contacted.**

I authorize emergency contact(s) to pick-up my child.  I do NOT authorize emergency contact(s) to pick up my child.

Emergency Contact #1:

Name: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_

Cell Phone No.: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_

Emergency Contact #2:

Name: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_

Cell Phone No.: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_

It is also necessary that we have instructions from you for a course of action for your child, if we go to Force Protection Delta at any time while students are in school. Please put an **X** by your choice:

Please put my child on the bus/let them walk home as usual.

Please keep my child at school until sponsor, spouse, or emergency contact picks my child up from school. No one other than the parents or emergency contacts listed above will be allowed to pick up my child from school.

I have discussed this matter with my child and he/she understands what to do in the event school is dismissed early and no one is at home.

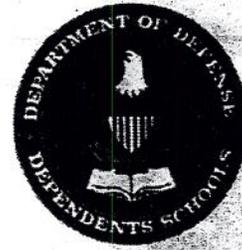


\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE



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**ZERO TOLERANCE FOR WEAPONS (ZTW) FORM**

<b>STUDENT'S NAME</b>	<b>FOR SCHOOL YEAR 2008/2009</b>
	<b>GRADE:</b>

Although there has never been a significant problem with weapons at Netzaberg Middle School, this form is intended to ensure that all parents and students, especially those new to the school, have a thorough understanding of school and community policy regarding weapons.

Students occasionally bring to school items, which they might not think of as weapons, but which could possibly be used as a weapon. Both DoDDS-Europe and the USAG Grafenwöhr have zero tolerance policies on weapons. Students who bring weapons to school will receive notice of proposed expulsion from school, and the incident and proposed disciplinary action will be deliberated by the school Disciplinary Committee. Any incidence of weapons in the school is also reported immediately to the military police and the USAG Grafenwöhr.

According to DoDEA Regulation 2051.1, August 16, 1996, Disciplinary Rules and Procedures, "Weapons are items carried, presented, or used in the presence of other persons in a manner likely to make reasonable persons fear for their safety. They include, but are not limited to, guns, look-alike (replica) guns, knives, razors, razor blades, box or carpet cutters, slingshots, nunchucks, any flailing instrument such as a fighting chain or heavy studded or chain belt, objects designed to project a missile, explosives, mace, pepper spray, or any other similar propellant, or any other object concealed, displayed, brandished in a manner that reasonable provokes fear." Weapons could include items not designed as weapons, such as locks, rocks, bats, or even nail files, if they are used or intended to be used to hurt others. Weapons can be any items used to hurt someone.

Any student having knowledge of a weapon or unsafe situation is responsible to report it to an adult. The student should report any alleged weapon or unsafe situation, whether the student knows it to be a fact or not. Not reporting a weapon, an unsafe situation, or withholding information that could keep the school safe will result in disciplinary action.

Below are some frequently asked questions and answers regarding Zero Tolerance for Weapons:

- Q: What is meant by Zero Tolerance?**  
A: Zero Tolerance means that weapons or replicas are not allowed in school. Precise steps will quickly be taken to rectify the problem. Severe corrective action and punitive actions will be taken. No leniency will be shown towards violators.
- Q: Are school busses considered school property?**  
A: Yes, weapons are not allowed on school busses, nor at any school functions or activities.
- Q: Can students get into trouble if they know about or assist someone who has a weapon?**  
A: Yes, knowing about a weapon without reporting it to a school official is considered a policy infraction.
- Q: Can student get into trouble for bringing a knife to school for a scout meeting after school, even if they keep it in their backpack?**  
A: Yes, bringing a weapon or replica to school or possessing such an item is a violation of the policy.
- Q: Is threatening someone with an object not normally considered a weapon an infraction?**  
A: Yes, items not designed as weapons, but used as weapons to harm, frighten, or threaten someone are considered weapons.
- Q: Can students be expelled or suspended from school for bringing in items that look like weapons?**  
A: Yes, items that resemble weapons will be considered as a weapon replica and are not allowed at school. Even toys that look like weapons.

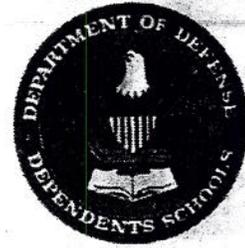
I understand the above school policy.

**SIGNATURE OF PARENT OR GUARDIAN**

**DATE**



DEPARTMENT OF DEFENSE  
 DEPENDENTS SCHOOLS  
 Netzaberg Middle School  
 Unit 28130  
 APO AE 09114



**AUTHORIZED SIGNATURE(S) FORM**

<b>STUDENT'S NAME</b>	<b>FOR SCHOOL YEAR 2008/2009</b>
	<b>GRADE:</b>

The purpose of this form is to establish the authorized signature(s) that will be accepted on your child's absent or tardy letters. If both parents will be signing the letters, then both signatures must be included.

The student's letter will be cross-referenced with these signatures to establish authenticity. **NO OTHER SIGNATURES WILL BE ACCEPTED.** We cannot be held responsible for forged letters if you do not provide us with this information.

\_\_\_\_\_  
**FATHER/STEPFATHER'S NAME**

\_\_\_\_\_  
**FATHER/STEPFATHER'S SIGNATURE**

\_\_\_\_\_  
**MOTHER/STEPMOTHER'S NAME**

\_\_\_\_\_  
**MOTHER/STEPMOTHER'S SIGNATURE**

\_\_\_\_\_  
**OTHER NAME (STATE RELATIONSHIP)**

\_\_\_\_\_  
**SIGNATURE**



## 2008-2009 MEDICAL POWER OF ATTORNEY

In the event that my dependent (NAME) \_\_\_\_\_, is injured or becomes ill, necessitating immediate medical examination or care, while under the supervision of or while participating in any activities sponsored by Grafenwoehr/Vilseck Complex Schools, I authorize and release to any agent or employee of Grafenwoehr/Vilseck Complex Schools to take my dependent to any U.S. military facility or any civilian hospital if deemed necessary by the above referenced individual.

I understand that the above named personnel of Grafenwoehr/Vilseck Complex Schools will use all diligent and reasonable efforts to contact my spouse or me. If personnel of Grafenwoehr/Vilseck Complex Schools or the U.S. treatment facility can contact neither my spouse nor me after reasonable attempts, I authorize and release any physician or other qualified medical personnel to examine my child. I authorize any and all emergency care necessary for treating injuries or illness involving immediate danger to life or limb of my dependent. I further authorize non-emergency care and necessary treatment such as suturing superficial lacerations; treating colds, minor allergies, and minor gastro-intestinal upsets; splinting sprains; casting uncomplicated fractures; or other similar treatments.

**MEDICAL INFORMATION ABOUT THE ABOVE NAMED DEPENDENT** (to be completed by parent/guardian) for the purpose of sharing information with teachers and health care personnel on a need- to-know basis. My dependent has the following **medical problems** (such as diabetes, seizures, asthma, heart and kidney disease): \_\_\_\_\_

My dependent is **allergic** to the following: \_\_\_\_\_

My dependent takes the following **medications** on a regular and/or "as needed" basis (list name, amount, and purpose of each medication): \_\_\_\_\_

Date of last tetanus booster: \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION** (to be completed by parent)

Sponsor's economy address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Sponsor's name: \_\_\_\_\_ Rank: \_\_\_\_\_

Sponsor's unit: \_\_\_\_\_ Work phone #: \_\_\_\_\_

Spouse's name: \_\_\_\_\_ Work phone #: \_\_\_\_\_

Cell phone #1: \_\_\_\_\_ Cell phone #2: \_\_\_\_\_

Other names and phone numbers to use in case of emergency if parents/guardians are unavailable: \_\_\_\_\_

Parent email: \_\_\_\_\_

**\*I AGREE TO NOTIFY THE SCHOOL IMMEDIATELY OF ANY CHANGES IN THE ABOVE INFORMATION\***

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Sponsor's Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Civilian "Pay Patient"? \_\_\_\_ Yes \_\_\_\_ No

**PRIVACY ACT NOTICE:** AUTHORITY: Title V, Sec. 301. PRINCIPAL PURPOSE: To refer to emergency medical facilities in parents'/guardians' absence. ROUTINE USES: (a) To obtain emergency medical care when parents cannot be reached; (b) To provide emergency contact names; (c) To supply health and medical information about student. This form is used by DoDEA employees and trained medical personnel in emergency. Social Security number of sponsor is required by military medical facilities in case of emergency referral. MANDATORY/VOLUNTARY DISCLOSURE/EFFECT OF NONDISCLOSURE: Mandatory. School personnel will not be able to provide emergency care and health services in parents' absence.



## DoDDS-E Transportation Division Registration Form

### PRIVACY ACT STATEMENT

**AUTHORITY:** 5 USC 301

**PRINCIPLE USE(S):** Used by the DoDDS-E Transportation Division to establish routes as required.

**ROUTINE USE(S):** Used by Community Commander to establish bus roster and bus passes as required.

**DISCLOSURE** Voluntary. Disclosure of the Social Security Number will expedite the registration process.

### SECTION I - STUDENT INFORMATION

Student Name (Last, First, Middle)	Date of Birth	Student SSN:	Grade:
1.			
2.			
3.			
4.			

### SECTION II - SPONSOR /EMERGENCY CONTACT INFORMATION

Sponsor's Name (Last, First, Middle Initial)	Sponsor SSN	Pay/Civ Grade	Title/Rank
Organization	Location of Unit	Duty Phone	Rotation/ETS date
Spouse's Name (Last, First, Middle Initial)	Spouse's Employer		Spouse's Duty Ph.
Mailing Address (APO)	Local Address		
Cell Phone/Home Phone #	E-mail address		
Emergency Contact Name (Not Sponsor or Spouse)	Contact Duty Phone	Contact Home Phone	

### SECTION III - CONSENT

#### STATEMENT OF ACKNOWLEDGEMENT:

I have read and understand the school bus standards of behavior (back of form) and also understand this action constitutes as my initial warning. I will discuss these with my child(ren). Furthermore, I understand that any misconduct on the school bus could result in the suspension of riding privileges.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### SECTION IV - SBO USE ONLY

BUS ROUTE # \_\_\_\_\_

BUS PASS ISSUED: \_\_\_\_\_

# YOU CAN MAKE A DIFFERENCE AT NMS!

We Need YOU!

## VOLUNTEERS

"PARENT ACADEMY"

Seminar Classroom Parents

SAC

PTSA

SILT

We invite you to become an honorary NMS volunteer! Even 1 hour a week makes a difference! If you are interested in participating in any of the activities listed below, please complete the lower portion and return it to school. We will try to contact you as soon as possible. Your support of our school is so important to us!

Thank you and we look forward to seeing you.

Parent Academy \_\_\_\_\_ SAC \_\_\_\_\_ Seminar Parent \_\_\_\_\_ PTSA \_\_\_\_\_ SILT \_\_\_\_\_ Photography \_\_\_\_\_  
Guest Reader \_\_\_\_\_ Bulletin Boards \_\_\_\_\_ Dance Chaperone \_\_\_\_\_ Admin. Volunteer \_\_\_\_\_ Substitute \_\_\_\_\_  
Guest Speaker \_\_\_\_\_ Field Trip Chaperone \_\_\_\_\_ Assemblies \_\_\_\_\_ Tutoring \_\_\_\_\_ Video Support \_\_\_\_\_  
Classroom Volunteer \_\_\_\_\_ Music Support \_\_\_\_\_ Technology Volunteer \_\_\_\_\_  
Mentoring \_\_\_\_\_ Library Volunteer \_\_\_\_\_ Other (please list) \_\_\_\_\_

Student Name \_\_\_\_\_ Student Grade \_\_\_\_\_

Sponsor Name \_\_\_\_\_ Sponsor Unit \_\_\_\_\_

CMR Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell/Handy #: \_\_\_\_\_ DEROS \_\_\_\_\_

Email Address: \_\_\_\_\_

## Netzaberg Middle School Online Safety Pledge

I understand that there are certain rules about what I can do when I use technology resources at school. I agree to follow these rules. I understand that this form is a supplement to DoDEA Form 6600.1-F2, which my parents signed when they registered me for school. This form is written in a way that students can better understand the basic rules and expectations:

1. I will use technology resources responsibly, such as computers, school email, and Internet access, in support of education and learning. I won't change settings on computers without direction to do so. Resources were purchased for this purpose. I will respect and follow the rules and all directions given by the school staff.
2. I will not give my name, address, telephone number, school, or my teachers'/parents' names, addresses, or telephone numbers to anyone on the Internet without permission. I will not send a picture of myself or others over the Internet without my teacher's/parent's permission.
3. I will not give out my email password to anyone (even my best friends) other than my teachers/parents. Anything done using my login is MY responsibility. I will notify an adult if I need my password changed. I will log off a computer when finished.
4. I will not fill out any information online that asks me about my school, family, or myself without first asking for permission from my teacher/parent. I won't join online communities or sign up for sites without the direction of a teacher/parent. I will not agree to meet with someone that I communicate with online unless a teacher or parent is involved (for example, if my class has email pals from another school and we get together with teacher supervision).
5. I will tell my teacher/parent if I see any bad language or pictures on the Internet, or if anyone makes me feel nervous or uncomfortable online.
6. I will not listen to music or watch streaming video without educational reasons AND permission from a teacher. I understand it slows down the entire network.
7. I will not use any articles, stories, pictures or other works I find online and pretend they are my own. I will site resources.
8. I will not use bad language online. I will be polite and respectful in all electronic communications. I will be a good online citizen and not participate in any activity that hurts others, is against the law, or my school's policy.
9. I will practice safe computing and check for viruses when appropriate (attachments, etc.)
10. I will not forward chain letters or participate in the use of SPAM. I understand that anything I do on a computer at school is available to the staff. My work and email is not private to staff members. Technology tools are for available to help me learn.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

## Parent Waiver - Email

I, \_\_\_\_\_ understand that my child has been given an email account by Netzaberg Middle School. This account is provided to the student by Gaggle.Net, and supports the Children's Online Privacy Protection Act(COPPA) and the Children's Internet Protection Act (CIPA). I understand that the district has determined what features my child has access to, which may include email, message boards, chat rooms, blogs, or digital storage lockers. I understand that all email messages and postings will be automatically filtered for inappropriate words and images, and that any messages determined to be questionable will be diverted to my student's email administrator for review. Consequences for misuse of email will be determined by the school or district, and may include restrictions, loss of privileges, or other disciplinary action. I further understand that my student's administrator can view my student's email account and digital locker at any time. While Gaggle and the district use a variety of measures to protect its users, no system will stop 100% of inappropriate content. Gaggle and the district accept no responsibility for harm caused directly or indirectly by its use.

By signing this agreement, I and my son/daughter agree to use the provided email account in an appropriate manner and abide by the district's policies for use.

Student Name (**PRINT**):

\_\_\_\_\_ Date: \_\_\_\_\_

Student Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

**Netzaberg Middle School – Course Selection Form – 6<sup>TH</sup> GRADE**  
**SY 2008-2009 PLEASE RETURN THIS FORM EVEN IF YOU DO NOT RETURN**

\_\_\_ YES, I WILL ATTEND NMS IN SY 08-09      \_\_\_ NO, I WILL NOT ATTEND NMS IN SY 08-09

**- CORE CLASSES (REQUIRED) -**

COURSE CODE	COURSE NAME
MAMF01	Mathematics 6
LARF01	Int Lang Arts-Read 6 (uses 2 blocks)
SCGF02	Integrated Science I
SSEF01	Social Studies 6
AAHF02	Seminar 6

**- ELECTIVES -**

(Students will have 2 elective blocks.)

Sixth grade students will participate in two wheels. Each wheel consists of four (4) quarter-length classes. *If a student participates in special electives that require teacher or counselor recommendations, he/she may not be able to take some or all of the classes in the wheels.*

**Wheel – Required (A) (Period \_\_\_ or \_\_\_)**

All students are required to take this wheel during Period \_\_\_ or Period \_\_\_.

COURSE CODE	COURSE NAME
FLZF02E	Exploring Foreign Language
PTZ101	Family Consumer Science
AAIF01E	Group Interactive Skills
PTI105	Keyboarding

Students may opt to take the following courses  
for year-long *in place of Wheel Optional (B)*:

**Wheel – Optional (B) (Period \_\_\_)**

COURSE CODE	COURSE NAME
PEGF01	Physical Education
ARAF01	Art 6
MUG101	Music 6
AAS101	Study Skills

- OR -

SELECT ONE	COURSE CODE	COURSE NAME
_____	PEGF04	Physical Education (year long)
_____	MUI101	Beginning Band (year long)
_____	MUV101	Chorus (year long)

**-ELECTIVES REQUIRING A TEACHER RECOMMENDATION -**

(Be sure to acquire a teacher or counselor's signature.)

COURSE CODE	COURSE NAME	TEACHER/COUNSELOR SIGNATURE
REDF05	Reading Lab 6 (year long)	
LAEF01	Language Arts 6 (year long) (Students in REDF05 take this instead of LARF01.)	
AA C131	Learning Strategy M (year long)	IEP

*\*Additional IEP electives are available in the database.*

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

PRINT STUDENT'S NAME: \_\_\_\_\_

Notes \_\_\_\_\_

**Netzaberg Middle School – Course Selection Form - 7<sup>TH</sup> GRADE**  
**SY 2008-2009 RETURN THIS FORM EVEN IF YOU DO NOT RETURN.**

YES, I WILL ATTEND NMS IN SY 08-09       NO, I WILL NOT ATTEND NMS IN SY 08-09

**- CORE CLASSES (REQUIRED) -**

COURSE CODE	COURSE NAME	TEACHER/COUNSELOR SIGNATURE IF NEEDED
LAE101	Language Arts 7	
MAM101 or MAM201	Mathematics 7  Mathematics 8 (Advanced)	Needed:
SCG102	Integrated Science 7	
SSC101	World Geography 7	
AAH102	Seminar 7	
PED101E    AND  PTZ102 Or            (Select Preference) PTW101	Outdoor Education A (9 weeks)  Family Consumer Science (9 weeks)  Pathways to Careers (9 weeks)	<b>REQUIRED COURSE</b>

**- ELECTIVES -**

You may not get all of your choices, depending on the course sections available in 2008-2009. It **may not** be possible to offer all of these electives, but the school will make an effort to offer as many as possible. You will have 2.5 blocks of electives, which total two (2) year long sessions and a semester session.)

***ELECTIVES NOT NEEDING A TEACHER RECOMMENDATION***

Select 2.5 Blocks	COURSE CODE	COURSE NAME
	PEG104	Physical Ed (year long)
	MUI101	Beginning Band (year long)
	MUI102	Intermediate Band (year long)
	MUI103	Advanced Band (year long)
	MUV103	Show Choir M (year long)
	MUV101	Chorus (year long)
	MASE01	Math Support (year long)
	RED105	Reading Lab 7 (year long)
	PTI108	Tech Leader Communication M (year long)
	FLG101C	German I for HS Credit
	FLG201C	German II C for HS Credit
	FLS101C	Spanish I for HS Credit
	FLS201C	Spanish II C for HS Credit
	LACE03E	Creative Writing (semester)
	HLM103	Health Ed 7 (semester)
	PTI103	Computer Apps AB (semester)
	PTV103	Video Production (semester)
	ARA103	Art 7-8 AB (semester)
	INS143	Research Project AB (semester)
	DRA103	Drama (semester)

***ELECTIVES REQUIRING A TEACHER RECOMMENDATION***

*(Be sure to acquire a teacher or counselor's signature here.)*

COURSE CODE	COURSE NAME	TEACHER/COUNSELOR SIGNATURE
AAC131	Learning Strategy M (year long)	IEP
LAV101	AVID M (year long)	

\*Additional IEP electives are available in the database.

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

PRINT STUDENT'S NAME \_\_\_\_\_

Notes \_\_\_\_\_

**Netzaberg Middle School – Course Selection Form - 8<sup>TH</sup> GRADE  
SY 2008-2009 RETURN THIS FORM EVEN IF YOU DO NOT RETURN !**

YES, I WILL ATTEND NMS IN SY 08-09       NO, I WILL NOT ATTEND NMS IN SY 08-09

**- CORE CLASSES (REQUIRED) -**

COURSE CODE	COURSE NAME	TEACHER/COUNSELOR SIGNATURE IF NEEDED
LAE201	Language Arts 8	
MAM201 or MAA201C	Mathematics 8  Algebra 1 C	Needed:
SCG202	Integrated Science 8	
SSU201	US History 8	
AAH202	Seminar 8	

**- ELECTIVES -**

It **may not** be possible to offer all of these electives, but the school will make an effort to offer as many as possible. You will have three (3) blocks of electives, which total three (3) year long sessions. If you choose one semester class, choose another semester class to go with the first. You may not get all of your choices, depending on the course sections available in 2008-2009.

*ELECTIVES NOT NEEDING A TEACHER RECOMMENDATION*

Select 3.0 Blocks	COURSE CODE	COURSE NAME
	PEG204	Physical Ed 8 (year long)
	MUI101	Beginning Band (year long)
	MUI102	Intermediate Band (year long)
	MUI103	Advanced Band (year long)
	MUV103	Show Choir M (year long)
	MUV101	Chorus (year long)
	MASE01	Math Support (year long)
	RED205	Reading Lab 8 (year long)
	PTI108	Tech Leader Communication M (year long)
	FLG101C	German I for HS Credit
	FLG201C	German II C for HS Credit
	FLG301C	German III for HS Credit
	FLS101C	Spanish I for HS Credit
	FLS201C	Spanish II C for HS Credit
	FLS301C	Spanish III C for HS Credit
	MAG201C	Geometry C-1 for HS Credit
	LACE03E	Creative Writing (semester)
	HLM203	Health Ed 8 (semester)
	PTI103	Computer Apps AB (semester)
	PTV103	Video Production (semester)
	ARA103	Art 7-8 AB (semester)
	INS143	Research Project AB (semester)
	DRA103	Drama (Semester)

**ELECTIVES REQUIRING A TEACHER RECOMMENDATION**

(Be sure to acquire a teacher or counselor's signature here.)

COURSE CODE	COURSE NAME	TEACHER/COUNSELOR SIGNATURE
AA C131	Learning Strategy M (year long)	IEP
LAV101	AVID M (year long)	

\*Additional IEP electives are available in the database.

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

PRINT STUDENT'S NAME \_\_\_\_\_

Notes \_\_\_\_\_