

Shepard IB Middle School
International Baccalaureate
Middle Years Programme

6th Grade Course Selection Form
2018-2019
PLEASE COMPLETE FORM

Student Name _____
Print Student's Full Name

Current School Attending _____

Required Courses: Place an X beside a choice for Language and Mathematics

Language (Language Arts)

Mathematics

_____ 6th grade language

_____ 6th grade math

_____ AIG Language***

_____ 6th grade Advanced Math***

*** Indicates that a fifth grade teacher recommendation is required to register for the course and Students have to score a level 5 or high level 4 on EOG test.

Science

Humanities (Social Studies)

6th grade science

6th grade humanities

SEMESTER CLASSES

Discovery Class Choices - Place an X by your choices

_____ Band (year-long course) **STUDENTS MUST HAVE AN INSTRUMENT****

_____ Chorus

_____ Art

_____ Computer (Office Productivity, Business and Entrepreneurship)

_____ TED (Technology, Engineering and Design)

_____ Introduction to Law & Forensics

Required Courses: Health & PE Spanish Chinese

Parent/Guardian Signature

Date

If you any questions about schedules please contact, Pamela Croom at (919) 560-3938 ext. 38229 or pamelacroom@dpsnc.net.

STUDENT INFORMATION FORM

(PLEASE PRINT)

Student Name _____
Last First Middle

Date of Birth _____ Race _____ Sex - Male Female

Student's Address _____
Street or P. O. Box City Zip Code

Student lives with (check all that apply): Mother Father Stepfather Stepmother Other

Bus Rider: _____ Car Rider: _____ Walker: _____

Mother/Stepmother Name _____

Street Address _____
City Zip Code

Mailing Address _____
Street or P. O. Box City Zip Code

Home Phone (____) _____ Work Phone (____) _____ Cell phone (____) _____

Primary Contact Phone (____) _____

Place of Employment _____ Occupation _____

Email address _____

Father/Stepfather Name _____

Street Address _____
City Zip Code

Mailing Address _____
Street or P. O. Box City Zip Code

Home Phone (____) _____ Work Phone (____) _____ Cell phone (____) _____

Primary Contact Phone (____) _____

Place of Employment _____ Occupation _____

Email address _____

Please notate any medical concerns that the student may have:

Please list all "prescribed" medications that the student is currently taking:

Emergency Contacts and Individuals authorized to pick-up your child:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Is your child a part of the Exceptional Children's Program Yes / No

If so, describe _____.