

Shepard IB Middle School

International Baccalaureate
Middle Years Programme

Rising MYP III (8th Grade) Course Selection Form 2018-2019

Student Name (Print) _____

Current School Attending _____

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

Language (Language Arts)

_____ 8th grade Language Arts

_____ **AIG 8th grade Language Arts

Mathematics

_____ 8th grade Math

_____ **8th grade Advanced Math

*** Students have to meet DPS qualifications for Advanced Math (EOG scores and grades).

REQUIRED COURSES: X Science X Humanities

Discovery Class Choices (Semester): Place an X by your choices

_____ Band (year-long course)
(Student **MUST** have an instrument)

_____ Law & Forensics

_____ Art

_____ Introduction to Office Productivity

_____ Chorus

_____ TED (Technology, Engineering & Design)

 X Health & P.E. (REQUIRED)

Chose one (1) foreign language

_____ Exploratory Spanish

_____ Exploratory Chinese

_____ Spanish for Native Speakers

Note: Students who are native Spanish speakers will automatically be placed in Chinese.

Parent's Signature _____ Date _____

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 _____.