

**MADISON COUNTY SCHOOLS  
SIXTH GRADE COURSE SELECTION FORM  
2021-2022**

Student's Name \_\_\_\_\_  
Last
First
Middle

Madison County Schools operates middle school on an A/B Block Schedule. Sixth grade students are required to take Language Arts, Mathematics, Social Studies, Science, and Cyber Foundations I. In addition to the required courses, a student must select one elective class to meet the state mandated physical education (PE) requirement.

<b>6<sup>th</sup> Grade Required Courses</b>			
Students will be placed in advanced courses based on student achievement and individual student data.			
Course #	Course Name	X	Prerequisites
450837	6 <sup>th</sup> Grade World History	X	No prerequisite
409908	Integrated Science/Health *	X	No prerequisite
000274	Cyber Foundations I	X	No prerequisite
239901	Language Arts	X	No prerequisite
	Advanced Language Arts		Level 5 on the Mississippi Academic Assessment Program and 1 of the below listed criteria: <ul style="list-style-type: none"> <li>• 90 Average or higher in 5<sup>th</sup> grade Language Arts</li> <li>• 85<sup>th</sup> Percentile on Measure of Academic Progress Reading Assessment</li> </ul>
279901	Mathematics	X	No prerequisite
	Advanced Mathematics		Level 5 on the Mississippi Academic Assessment Program and 1 of the below listed criteria: <ul style="list-style-type: none"> <li>• 90 Average or higher in 5<sup>th</sup> grade Mathematics</li> <li>• 85<sup>th</sup> Percentile on Measure of Academic Progress Mathematics Assessment</li> </ul>

**6<sup>th</sup> Grade Electives (Choose 2 elective courses following the steps below.)**

Please place an "X" in the appropriate boxes below to indicate your course selections.  
 Please place an "A" in the appropriate boxes below for alternate course selection.

**Step 1. You MUST choose ONE of the elective courses listed below to meet the state mandated PE requirement.**

Course #	Course Name	X	Prerequisites
349902	Physical Education		No prerequisite – A variety of physical activities will be offered in a normal PE setting.
500903	Band		Requires a successful audition and the purchase or lease of an instrument chosen by the band director. Instrument assigned by band director is a _____.
500935	Choir		Requires a successful audition and a fee for uniforms.

**Step 2. Choose another elective course from the list above OR choose one of the courses listed below.**

Course #	Course Name	X	Prerequisites
500101	Art		No prerequisite
500901	General Music		No prerequisite
500510	Drama		No prerequisite
662001	Gifted		Must meet eligibility requirements including testing.
230181	Learning Strategies		Students will be enrolled based on student achievement and individual student data.
801002	Study Hall		No prerequisite

*\*Per state mandated requirements, Health is included in the Science Frameworks*

Parents – your signature indicates that you have reviewed and approved your child's course selection for the 2021-2022 school year.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_  
 Primary Contact Number \_\_\_\_\_ Email Address \_\_\_\_\_

**Student Information Form**

**(Please Print)**

Student Name			
SSN	<small>Last</small>	<small>First</small>	<small>Middle</small>
-	-	Date of Birth	Race
Student's Address		City	Sex
<small>Street or P.O. Box</small>		<small>City</small>	<small>Zip Code</small>
Name of Subdivision			
Student lives with (check all that apply) <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Other			
Bus Rider <input type="checkbox"/> Yes <input type="checkbox"/> No		Car Rider <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the student live one mile or less from the middle school he/she attends? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Mother/Stepmother			
Street Address	<small>Street or P.O. Box</small>	<small>City</small>	<small>Zip Code</small>
Home Phone	Work Phone	Cell Phone	Primary Phone
E-Mail Address			
Place of Employment		Occupation	

Father/Stepfather			
Street Address	<small>Street or P.O. Box</small>	<small>City</small>	<small>Zip Code</small>
Home Phone	Work Phone	Cell Phone	Primary Phone
E-Mail Address			
Place of Employment		Occupation	

Please note any medical concerns the student may have:

Please list all prescribed medications the student is currently taking:

Emergency Contacts and Individuals authorized to pick-up for child:		
Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone

Has the student ever been expelled from or denied admission or readmission to any school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when?	What school?

Has the student ever been referred to or is the student currently attending an Alternative School? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when?	What school?

Does the student have a special education ruling? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe.	