

Goldenview Middle School  
15800 Golden View Drive  
Anchorage, Alaska 99516

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

\_\_\_\_\_  
Name of Elementary School

\_\_\_\_\_  
Student Number

**GOLDENVIEW**  
**7<sup>th</sup> Grade Registration (2009-10)**

Your school day will consist of 7 periods/classes. Five will be required subjects of science, math, social studies, language arts, and physical education. You will choose the remaining two classes from the choices below.

**Directions:** Choose 10 electives from the selections below. Place a **1** in front of your **1<sup>st</sup>** choice, a **2** in front of your **2<sup>nd</sup>** choice, ETC. **all the way through 10.** **Please do not mark less than 10.** Due to class size limitations and scheduling conflicts, students may not always get their first and/or second choices. **Also, some electives may not be offered due to possible changes in staffing.**

**ELECTIVE CHOICES**

**YEAR LONG**

- \_\_\_ Intermediate Band
- \_\_\_ Intermediate Orchestra
- \_\_\_ Intermediate Choir
- \_\_\_ Advanced Choir\*\*\*
- \_\_\_ French IA\*\*
- \_\_\_ Spanish IA\*\*

**SEMESTER**

- \_\_\_ Applied Tech\*
- \_\_\_ Remedial Reading\*
- \_\_\_ Fam. Cons.Sci.\*
- \_\_\_ Youth Court\*
- \_\_\_ Computers\*
- \_\_\_ Video Production\*
- \_\_\_ Live Announcements\*
- \_\_\_ Drama\*
- \_\_\_ Sch.Bus. Part. /Suns Café\*
- \_\_\_ Expanded Art

**QUARTER**

- \_\_\_ Book Club
- \_\_\_ Stock Market
- \_\_\_ Team Strategies
- \_\_\_ Forensics
- \_\_\_ Science Projects
- \_\_\_ Media Tech
- \_\_\_ Drivers ED
- \_\_\_ Creative Writing
- \_\_\_ Wilderness Safety
- \_\_\_ Math Art
- \_\_\_ Math Support

**\*\* If this class is full, would you be willing to take another language? Circle one: Yes or No.**  
**You may only start a foreign language in 7<sup>th</sup> grade**

**\* These electives require application**

**\*\*\*Need to Audition with Mr. Struempler-742-8210**

**Other special concerns:** If your child has medical or learning problems of which counselors and teachers should be aware, please indicate below.

Is your child currently receiving any of the following accommodations?

- 504                       IEP                       Gifted                       ESL

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

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

\_\_\_\_\_  
Ms. Work Phone

\_\_\_\_\_  
Mr. Work Phone

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Ms. Cell Number

\_\_\_\_\_  
Mr. Cell Number

**PLEASE RETURN BY February 20th**