LAGRANGE MIDDLE SCHOOL and UNION VALE MIDDLE SCHOOL
GUIDANCE DEPARTMENT

6th Grade

LAST NAME:_________________________________________ FIRST NAME:_____________________________

MIDDLE NAME:______________________________________ SEX:  FEMALE___________ MALE___________

Students entering the 6th grade are required to take the following courses: English Language Arts Block, Social Studies, Science, Mathematics, Art, Physical Education, Computers, Home & Careers Skills and Music. Students who receive special education and remedial classes will not have room in their schedule for all elective courses. Students’ special education and remedial needs take first priority in the schedule.

Students entering Middle School are required to participate in the music program in 6th and 7th grade. Students must enroll in one (1) of the music courses listed below. Only students that are currently participating in Band or Orchestra in 5th grade may enroll in Band or Orchestra in 6th grade. Students who do not play an instrument may choose either Chorus or General Music. Students choosing Chorus will be required to attend all musical performances as well as complete written course work and test evaluations. Students choosing General Music will be required to complete written course work and test evaluations. Students may only take one music course, so please check one music selection below.

Thank you.

***PLEASE MAKE ONE SELECTION BELOW***

_____ CHORUS         _____GENERAL MUSIC       _____BAND      _____ORCHESTRA

PLEASE COMPLETE THE FORM BELOW - PLEASE DO NOT DETACH

DATE OF BIRTH:_______________________ ELEMENTARY SCHOOL:______________________________________

PARENT/GUARDIAN 1: _______________________________________ PARENT/GUARDIAN 1 CELL #:_________________

EMPLOYER:__________________________________________ EMPLOYER WORK #:_____________________________

PARENT/GUARDIAN 2: _______________________________________ PARENT/GUARDIAN 2 CELL #:_________________

EMPLOYER: _________________________________________ EMPLOYER WORK#: _____________________________

NAME OF ADULT(S) CHILD LIVES WITH_________________________________________________________________

RELATIONSHIP TO CHILD_____________________________________________________________ _______________

PUPIL’S ADDRESS: ____________________________________________________________________________________

CITY/TOWN_____________________________ZIP CODE___________________ HOME PHONE#____________________

MOTHER’S EMAIL: ______________________________ FATHER’S EMAIL: ___________________________________

PUPIL’S MAILING ADDRESS (IF DIFFERENT): PO BOX__________________________________________________

CITY/TOWN_________________________________________________ZIP CODE_________________________________

PARENT/GUARDIAN SIGNATURE________________________________________ _DATE_______________________