

**LAGRANGE MIDDLE SCHOOL and UNION VALE MIDDLE SCHOOL  
GUIDANCE DEPARTMENT**

**7<sup>th</sup> Grade**

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

In the Arlington District, Level 1 of foreign language is delivered over 2 years. Therefore, all 7<sup>th</sup> and 8<sup>th</sup> grade students (*with the very limited exception of some in special education programs*) are to be enrolled in foreign language. Once your child chooses a language he/she will **not** be allowed to change according to the New York State Education Department. They will be scheduled in this course for 2 years.

Students entering the 7<sup>th</sup> grade are required to take the following courses: English, Social Studies, Life Science, Mathematics, Art, Foreign Language, Physical Education, Home & Careers, Technology and Music. The educational needs of students with academic intervention classes or special education plans take priority.  
*Some electives may not fit into their schedules.*

**\*\*FOREIGN LANGUAGE IS A TWO YEAR COMMITMENT\*\*  
NO EXCEPTIONS**

<p>Please indicate your Foreign Language Choice (Example 1,2,3). _____ FRENCH _____ ITALIAN _____ SPANISH</p> <p><b>*Every effort will be made to honor your 1<sup>st</sup> choice, but students are placed on a 1<sup>st</sup> come, 1<sup>st</sup> served basis. We cannot guarantee it.</b></p>	<p>Please indicate below if you are now in one of the following performing music groups and wish to continue. All who are not in a performing music will be assigned General Music.</p> <p>_____ CHORUS      _____ ORCHESTRA _____ BAND      _____ GENERAL MUSIC</p>
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**PERMANENT RECORD INFORMATION – PLEASE DO NOT DETACH**

PARENT/GUARDIAN 1: \_\_\_\_\_ PARENT/GUARDIAN 1 CELL #: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ EMPLOYER WORK #: \_\_\_\_\_

PARENT/GUARDIAN 2: \_\_\_\_\_ PARENT/GUARDIAN 2 CELL #: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ EMPLOYER WORK#: \_\_\_\_\_

NAME OF PARENT/GUARDIAN 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 \_\_\_\_\_