

Name \_\_\_\_\_

Student # \_\_\_\_\_

Listed below are the elective courses that are offered at FCMS for 6th grade.

All 6th graders will take **Language Arts, Math, Science, Critical Thinking/Reading and Social Studies**. Students scoring Level 4 or above on the FCAT Reading SSS meet criteria to be placed in advanced language arts, reading, science, and social studies. Students scoring Level 4 or above on the FCAT Math SSS meet criteria to be placed in advanced math. Virtual Counselor will place students in academic courses based on the previously stated criteria. **Your student's academic placement may be adjusted by their core teachers or in accordance with the 2014 FCAT scores. If you are not in agreement with your child's placement for the 2014-2015 school year when virtual counselor scheduling is completed, it is your responsibility to meet with your child's guidance counselor to sign the academic waiver by May 30, 2014.**

Per state legislation, middle school students are required to take one semester of Physical Education each year in 6-8 grades. **If Physical Education (P.E.) is not your child's elective choice, then a parent/guardian must sign the waiver below.**

The P.E. requirement shall be considered waived if

1. The student is in a required remedial course.
2. The student participates in physical activity outside of school equal to or in excess of the requirement.
3. The parent requests an alternate elective from the list below.

I, \_\_\_\_\_ (parent/guardian signature) understand that I am waiving the state's physical education requirement.

**ELECTIVE CHOICES**-- Course descriptions are available for review at the online course directory located at [www.falconcove.net](http://www.falconcove.net)

Students may choose one full year elective or two half-year electives. Student must also select an alternate elective. Place a check mark next to either the full year elective or the two half-year electives desired.

**Half-Year Electives**

\_\_\_ 78150100 PE    \_\_\_ 01010100 ART    \_\_\_ 03000000 DANCE    \_\_\_ 07080000 BEG SPANISH    \_\_\_ 92603600 ROBOTICS

**Full Year Electives**

\_\_\_ 04000000    DRAMA 1  
\_\_\_ 13020000    BEGINNING BAND  
\_\_\_ 13021100    ROCK BAND

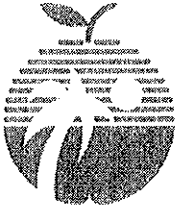
**ALTERNATIVE ELECTIVE**

Write in the alternate elective below. Select either a full year elective or two half-year electives.

**\*\*Every effort will be made to schedule students into their first choice of elective. However, a student's request for a specific elective is not guaranteed. Electives could be cancelled due to low demand for the courses.\*\***

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature



# THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

FALCON COVE MIDDLE SCHOOL  
 DR. MARK J. KAPLAN, Principal  
 4251 Bonaventure Blvd.  
 Weston, FL 33332  
 754-323-3200, Fax 754-323-3285  
[www.falconcove.net](http://www.falconcove.net)

## SCHOOL BOARD

*Chair* PATRICIA GOOD  
*Vice Chair* DONNA P. KORN

*Board Members* ROBIN BARTLEMAN  
 ABBY M. FREEDMAN  
 LAURIE RICH LEVINSON  
 ANN MURRAY  
 DR. ROSALIND OSGOOD  
 NORA RUPERT

Attention Parents of Students in Grade 5:

ROBERT W. RUNCIE  
*Superintendent of Schools*

Do you have a student enrolling in middle school next year? Congratulations! There is an important task you must complete to make sure your child is able to attend his/her new school. You must re-register your student. How do you do this? You need four documents.

First, you must have two documents, one from Column A and one from Column B listed in the table below:

Column A	Column B
a. Current home telephone or electric bill in the name of the person registering the child	g. Automobile insurance (showing name, address & date)
b. Current mortgage statement	h. Current Florida Driver's License/Florida Identification card
c. <i>Notarized</i> lease agreement with name, address and phone number of leaser	i. Current cellular telephone bill
d. Mortgage commitment	j. Current credit card statement
e. Home purchase contract including specified closing date, with copy of deed to be provided within 60 days of closing date	k. Current bank account statement
f. Homestead exemption <i>card</i> for current year	l. United States Postal Service confirmation of address change (this is mailed to your new address)
	m. Declaration of Domicile form from the County Records Department

**\*\*\*You must also complete the Registration Form and the Elective Choice Form, which can be found online at [www.falconcove.net](http://www.falconcove.net)**

**To review, you need to submit four documents to your child's teacher to complete the required registration process:**

1. A document from Column A
2. A document from Column B
3. Registration Form
4. Elective Choice Form

Questions about the registration process at Falcon Cove Middle School should be directed to Registrar, Barbara Ahmad at 754-323-3223 or by email at [barbara.ahmad@browardschools.com](mailto:barbara.ahmad@browardschools.com)



**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA  
STUDENT REGISTRATION FORM**

Only the parent/guardian (F.S. 1000.21(5)) who registers the student (i.e., completes this form), may withdraw the student from his/her current school, unless there is documentation of extenuating circumstances indicating otherwise. If the information below changes, it is the parent's/guardian's responsibility to notify the school within 10 school days.

Student (Legal Name)

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ Bldg. \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Parent email \_\_\_\_\_

F.S.I.

(Florida Student ID)

Sex Male   
Female

Current Grade Level

Student SSN

(Students' Social Security Numbers are not required for enrollment or graduation.

F.S. 1008.386 requires SBBC to use the S.S.N. for its management information system.)

**Ethnicity:** Is the student of Hispanic, Latino or Spanish origin?  
Yes  No

**Race**

White  Native American/   
Native Alaskan

Black  Native Hawaiian/   
Pacific Islander

Asian

**Birth Date** \_\_\_\_\_ **Birthplace City** \_\_\_\_\_

**State or Country** \_\_\_\_\_

**Student lives with:**

Both Parents   
Father   
Mother   
Other (specify relationship to student) \_\_\_\_\_

**Parents' Marital Status (optional)**

Married   
Divorced   
Separated   
Widow(er)   
Other

**Parent Information:**

Name of registering parent: \_\_\_\_\_ Male  Female

Name of other parent: \_\_\_\_\_ Male  Female

Address of other parent: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone of other parent \_\_\_\_\_ Cell phone of other parent \_\_\_\_\_

**PREVIOUS SCHOOL EXPERIENCE:**

**Has the student previously attended a:**

**Broward Public School?** Yes  No

*If yes, indicate name of school.*

**Florida Private School?** Yes  No

*If yes, indicate name of school.*

**Florida Public School?** Yes  No

*If yes, indicate name of school.*

**US School Outside of Florida?** Yes  No

*If yes, indicate name of school.*

County  Public  Private

**School Outside of The US?** Yes  No

*If yes, indicate name of school.*

Country  Public  Private

**Has the student previously been:**

**retained (repeated the same grade?)** Yes  No

**in a Home Education Program?** Yes  No

**in Exceptional Student Education (ESE)?** Yes  No

**in a Magnet Program?** Yes  No

**expelled from school?** Yes  No

**on a 504 plan?** Yes  No

**in an ESOL program?** Yes  No

**convicted of a felony?** Yes  No

**living outside of the USA?** Yes  No

**If your child previously lived outside of the United States, state the date your child first entered school in the USA:**

\_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES OF THIS FORM!**

Student Name \_\_\_\_\_ School \_\_\_\_\_ FSI \_\_\_\_\_

The following survey questions are designed to provide each student high quality educational and/or supplemental services:

1

Is a language other than English used in the home?  
Yes  No  If yes, language used \_\_\_\_\_

Does the student have a first language other than English?  
Yes  No

Does the student most frequently speak a language other than English?  
Yes  No  If yes, language used \_\_\_\_\_

2

Do you currently live: (check one)

<input type="checkbox"/> In a shelter?	<input type="checkbox"/> With more than one family in a house or apartment?
<input type="checkbox"/> In a motel, hotel or campsite?	<input type="checkbox"/> In a vehicle or outdoors?
<input type="checkbox"/> With friends or family members?	<input type="checkbox"/> None of the above.

3

Have you, or has anyone you know worked in the farming/agricultural industry in the past three years? Yes  No

4

Do you reside in low rent housing (such as Section 8 subsidized housing)? Yes  No

Do you live or work on federal property/facility, Indian lands? Yes  No

Is either parent a member of the uniformed services of the United States? Yes  No

If yes, please indicate which division:

Air force  Army  Coast Guard  National Guard  Navy  Marines

The above information is correct and complete to the best of my knowledge. In the event of a change of name, address, or phone, I will notify the school office within ten (10) days. I understand that students whose parents are found, after appropriate investigation, to have submitted fraudulent information in an effort to enroll a student in a school to which the student is not assigned shall be immediately withdrawn by the school and the parent must enroll the student in the appropriate boundaried school or follow the reassignment procedures. I have read and understand the Providing Proof of Residence: Important Information for Parents (SBP.5.1) and understand that if I have submitted fraudulent or false information, I may be referred to law enforcement for prosecution.

Print Parent Name \_\_\_\_\_  
Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Non-traditional  
Course Disclaimers

I understand that high school credits earned through non-traditional methods, including, but not limited to, abbreviated course recovery models, or other models outside of the regular classroom and/or school day, or transfer credits from non-accredited high schools, might not be accepted by certain post-secondary institutions or organizations.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only

FORMS:

Immunizations (Form 680)  Health Exam

Medical Exemptions:  Religious  Medical  Temporary (date) \_\_\_\_\_

Proof of Residency 1 \_\_\_\_\_ Proof of Residency 2 \_\_\_\_\_

Provisional Domicile or Bona Fide Form (if checked, next review date) \_\_\_\_\_

Temporary Custody  Reassignment (Code) \_\_\_\_\_

Proof of birth date \_\_\_\_\_ (specify document)

PROGRAMS

<input type="checkbox"/>	ELL
<input type="checkbox"/>	ESE Program _____
<input type="checkbox"/>	504

SURVEYS: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_