

ACS Middle School Elective Selection Form

Name _____

Current Grade Level _____

Students will choose a total of two full year courses **OR** one full year course and two semester courses. Language and Band levels need a teacher signature. Students who need ESL or resource support will be assigned by teachers.

<u>One Semester</u>	<u>Full Year</u>	<u>Teacher Initial</u>
_____ Concert Choir	_____ Arabic MSA* (Level __)	_____
_____ Computers	_____ Arabic AFL* (Level __)	_____
_____ Art	_____ French (level A,B,C)* _____	_____
_____ Drama	_____ Spanish (level A,B,C)* _____	_____
_____ Digital Media	_____ Symphonic Band*	_____
_____ Healthy Lifestyles	_____ Concert Band	
	_____ Art	
	_____ Academic Support	
	_____ ESL	
	_____ Concert choir	

*A teacher signature is required for language and band levels. No signature is required for beginning level language.

Please see the ACS website (www.acsamman.edu.jo) for detailed course descriptions.

Parent Signature _____

Date _____

Student Signature _____

Date _____

Advisor Signature _____

Date _____

If you are not returning to ACS next year, please complete the section below and return this sheet to the office.

I will **not** be returning to ACS, I will be attending: _____

Parent Signature _____

Date _____