

Arthur Day Middle School
Grade 7 Registration Form for Returning Students
2020-2021

Student Last Name: _____

Student First Name: _____ Middle Name: _____

Address: _____ Postal Code: _____

Legal Name of Parent/Guardian: _____

CUSTODY Are there any legal restrictions to this child? <input type="checkbox"/> NO <input type="checkbox"/> YES
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HEALTH CARE INFORMATION Have there been any changes in the health status of your child? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, please explain: _____ _____
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REQUIRED COURSES: <table><tr><td>English Language Arts</td><td>Social Studies</td><td>Applied Arts</td></tr><tr><td>Mathematics</td><td>Physical Education</td><td>Health</td></tr><tr><td>Science</td><td>French</td><td></td></tr></table>	English Language Arts	Social Studies	Applied Arts	Mathematics	Physical Education	Health	Science	French	
English Language Arts	Social Studies	Applied Arts							
Mathematics	Physical Education	Health							
Science	French								

OPTION COURSES: <i>(all students must select one Option course)</i> Check one: <input type="checkbox"/> Art <input type="checkbox"/> Band ** <p style="text-align: center;">Note: Band may only be selected if taken last year or special arrangements have been made with the Band teacher.</p>

NOTE: If any of the above information changes during the year, please send a note or telephone the school.

Signature of Parent/Guardian

Signature of Student

Date

Please return to your child's homeroom teacher by Monday, March 2, 2020
