



FRANK C. MARTIN INTERNATIONAL K- 8 CENTER  
MYP Year 1 Subject Selection Form  
2018-2019

6/6G

_____ Last Name, First Name	_____ Student I.D. Number	_____ School
_____ Address	_____ Telephone #	_____ Parent's E-mail Address
_____ Date of Birth	Language Program: _____ French	_____ Spanish

Your subject selection is not final until this form is signed and received by FCM K-8 Center. **If this form is incomplete, selections will be made for you.** Please choose your courses carefully before signing below.

**REQUIRED CLASSES**

XX Students will be automatically placed

- \_\_\_\_\_ A10 IB MYP Lang. & Lit.1, Regular (FSA Levels 1 & 2 Only)
- \_\_\_\_\_ A11 IB MYP Lang. & Lit.1, Advanced
- \_\_\_\_\_ A12 IB MYP Lang. & Lit.1, Advanced Gifted\*
- XX B10 IB MYP Math 1, Advanced
- XX C10 IB MYP Comp. Science 2, Advanced
- XX D10 IB MYP US History, Advanced
- XX K10 3-Dimensional Art 1 (Semester)
- XX P10 Physical Education 1 (Annual)
- \_\_\_\_\_ R10 Intensive Reading (FSA Levels 1 & 2 Only)
- XX T10 Design Technology 1 (Semester)

\*Current Gifted EP Required

**FOREIGN LANGUAGE PROGRAM** (Check one)

- \_\_\_\_\_ F10 French – Beginners
- \_\_\_\_\_ F11 French – Intermediate\*\*
- \_\_\_\_\_ S10 Spanish – Beginners
- \_\_\_\_\_ S11 Spanish – Intermediate\*\*

\*\* FL Teacher's Initials

\_\_\_\_\_

Students who have selected Intermediate Language will be assessed by school staff prior to the start of the 2018-2019 school year

\_\_\_\_\_ Parent's Signature

\_\_\_\_\_ Parent's Signature

**Statement of Understanding**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, am aware that my child must maintain a minimum of a "C" academic average and appropriate conduct must be maintained throughout the school community to remain in the IB Middle Years Programme. By my signature, I indicate that I accept these conditions.

\_\_\_\_\_ Parent's/Guardian's Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Student's Signature