



## 6<sup>th</sup> Grade Electives Track Designation Form

Student Name: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

**Instructions:**

- Prioritize the five classes listed below beginning with your first choice as #1.
- Return this form to your homeroom teacher by April 30.

| Course      | Priority |
|-------------|----------|
| Band        |          |
| Dance       |          |
| Drama       |          |
| Visual Arts |          |
| Chorus      |          |

**\*\*\*All class selections are subject to availability\*\*\***

**Note:** If we do not receive a completed form, we will designate an elective for the student.

Parent Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_