

## STUDENT REGISTRATION FORM INSTRUCTIONS

Please fill out ALL portions of the registration form. If a section should not pertain or apply to your child, then put N/A so we are aware of the circumstances. We must have at least TWO phone numbers to contact you regarding your child- should you move or change numbers, it is your responsibility to inform us of these changes. Being able to contact our parents is extremely important to the success of our students and their safety. Please include your child's social security number on registration. We need this to generate transcripts and apply for scholarships for your child.

## STUDENT REGISTRATION FORM

**STUDENT INFORMATION**

**DATE OF ENTRY** \_\_\_\_\_

LAST NAME		FIRST NAME		MIDDLE NAME	GRADE LEVEL
HOME ADDRESS		APT #	CITY	STATE	ZIP CODE
HOME PHONE	RACE	SEX	DATE OF BIRTH	SOCIAL SECURITY #	

LAST SCHOOLS ATTENDED? \_\_\_\_\_

LAST GRADE ATTENDED? \_\_\_\_\_

GRADE (S) REPEATED? \_\_\_\_\_

TRANSCRIPT OF LAST SCHOOL ATTENDED? YES \_\_\_\_\_ NO \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

LAST NAME	FIRST NAME	EMPLOYER	RELATION	HOME #
				WORK #
				CELLULAR #
LAST NAME	FIRST NAME	EMPLOYER	RELATION	HOME #
				WORK #
				CELLULAR #

**OTHER CONTACT INFORMATION**

LAST NAME	FIRST NAME	RELATION	HOME #	
			WORK #	
			CELLULAR #	
HOME ADDRESS	APT#	CITY/STATE	ZIP CODE	ABLE TO PICK UP STUDENT?
LAST NAME	FIRST NAME	RELATION	HOME #	
			WORK #	
			CELLULAR #	
HOME ADDRESS	APT#	CITY/STATE	RELATION	ABLE TO PICK UP STUDENT?

IS EMERGENCY TREATMENT AUTHORIZED? YES \_\_\_\_\_ NO \_\_\_\_\_

FAMILY PHYSICIAN'S NAME AND PHONE \_\_\_\_\_

FLORIDA CERTIFICATE OF IMMUNIZATION SUBMITTED? YES \_\_\_\_\_ NO \_\_\_\_\_

IS STUDENT PRESENTLY UNDER SUSPENSION/EXPULSION FROM ANOTHER SCHOOL?

IF SO, PLEASE EXPLAIN \_\_\_\_\_

HAS STUDENT EVER BEEN ARRESTED? YES \_\_\_\_\_ NO \_\_\_\_\_

CHARGE(S), PLEASE EXPLAIN \_\_\_\_\_

IF ON PROBATION, PLEASE LIST PROBATION OFFICER NAME AND PHONE \_\_\_\_\_

This is to certify that all information on this Registration Form is true to the best of my knowledge and belief. I understand that inadequate information may result in termination from this program.

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

\_\_\_\_\_  
Date

## MEDICAL RELEASE FORM

Student's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Any known Allergies: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Policy #: \_\_\_\_\_

I hereby authorize Brevard Private Academy to transport my child to the nearest medical facility and to treat my child when such actions, such as any school function or school sponsored activity is deemed medically necessary.

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

\_\_\_\_\_  
Date

This form MUST be signed and notarized before the student will be allowed to attend Brevard Private Academy.

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned authority, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

Personally appeared \_\_\_\_\_ to me well known to be the person described in and who signed the foregoing, and acknowledged to me that he executed the same freely and voluntarily for the uses and purposes therein expressed.

WITNESS my hand and official seal the date aforesaid.

NOTARY PUBLIC

My Commission Expires:

## **MEDICATION PERMISSION FORM**

(This permission form must be accompanied by written orders from the attending physicians.)

Please complete the following information and enclose with each medication you send to school to be taken during school hours.

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_ HOMEROOM \_\_\_\_\_

NAME OF MEDICATION(S) \_\_\_\_\_

PRESCRIBED BY PHYSICIAN: YES \_\_\_\_\_ NO \_\_\_\_\_

NAME OF PHYSICIAN \_\_\_\_\_

**\*INCLUDE THE DOCTOR'S WRITTEN ORDERS WITH YOUR PERMISSION FORM.**

PRESCRIPTION NUMBER \_\_\_\_\_ NAME OF PHARMACY \_\_\_\_\_

Dosage \_\_\_\_\_ at \_\_\_\_\_ times for \_\_\_\_\_ days.

LIST ALL CURRENT MEDICATION TAKEN BY STUDENT (home or school):

\_\_\_\_\_  
\_\_\_\_\_

**I will take full responsibility for the prescribed medication, which is to be given during school hours.**

\_\_\_\_\_  
Parent/Guardian Signature

Date \_\_\_\_\_ Phone Number (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

**The medicine container must be properly labeled with the student's name, homeroom, name of the medication, and the time and dosage to be given.**

**Medications that do not comply with these guidelines will not be given by school personnel and will be returned to the parent or guardian.**

## **OVER-THE-COUNTER MEDICINE RELEASE FORM**

I hereby authorize Brevard Private Academy, Inc. to administrate any over the counter medicine to my child during school hours such as, Ibuprofen, Acetaminophen, Antacid, Aspirin, Cough Drops or any other over-the-counter medication. I (parent/guardian) will take full responsibility for any reaction that may occur to my child, if this drug is administered by Brevard Home School Academy, Inc. Dosage will be given according to the direction of the medication.

Please indicate below if your child is allergic to any over-the-counter medicine. BREVARD PRIVATE ACADEMY, INC. WILL NOT BE RESPONSIBLE FOR ANY MEDICAL REACTION DUE TO THE ADMINISTRATION OF COVER OF OVER-THE-COUNTER MEDICATION.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Medicine that my child is allergic to is the following: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

**This form MUST be notarized before your child will be allowed to take any over-the-counter medicine.**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned authority, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

Personally appeared \_\_\_\_\_ to me well known to be the person described in and who signed the foregoing, and acknowledged to me that he executed the same freely and voluntarily for the uses and purposes therein expressed.

WITNESS my hand and official seal the date aforesaid.

NOTARY PUBLIC

My Commission Expires:

## **PEER AND HEALTH CLASS FORM**

I grant/deny (circle one) permission for my child \_\_\_\_\_ to participate in the Peer and Health Class that will cover the following areas:

- A) Drug Education
- B) Sex Education
- C) Health and Body
- D) Teen Issues

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## DRESS CODE

Upper Garments: The cut off sleeveless garments must not expose undergarments otherwise immodest. Strapless and thinly strapped garments are prohibited. No tank tops, tube tops, halter tops, midriffs or bare backed clothing. Under garments shall not be visible. Low cut necklines are prohibited. Upper garments must adequately cover the waistline and must not expose midriff.

Lower Garments: No shorts more than six inches above the knee. Pants shall have no holes or rips showing any undergarment of any kind. No undergarments will be hanging out or visible.

Accessories: Clothing, jewelry, and accessories shall not convey messages that are crude, vulgar, profane, violence, death oriented, gang-related, sexually related, sexually suggestive or promoting alcohol, drugs, or tobacco. Trench Coats, chains, and bandanas are prohibited.

\* If the student is reprimanded for the first time, he/she will be forced to wear a more conservative article of clothing provided by Brevard Private Academy or the parent will be allowed to bring him/her a change of clothes. If the student does not abide by the Dress Code up to three times, it will be MANDATORY he/she wear a uniform at the parent's cost for the rest of the school year.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**STUDENT PERMISSION TO DRIVE FORM**

I, \_\_\_\_\_, GRANT/ DENY (circle one) my permission for  
(Parent's Name)  
\_\_\_\_\_ to drive to and from school, as well to drive to lunch  
(Student's Name)  
off the premises of Brevard Private Academy.

I, \_\_\_\_\_, GRANT/DENY (circle one) my child permission to have any passengers  
(Parent's Name)  
in his/her vehicle.

As the parent/guardian of the above-mentioned student I accept full responsibility for his/her actions during this commute.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

This form MUST be signed and notarized before the student will be allowed to attend Brevard Private Academy.

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned authority, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
Personally appeared \_\_\_\_\_ to me well known to be the person described in and who  
signed the foregoing, and acknowledged to me that he executed the same freely and voluntarily  
for the uses and purposes therein expressed.



WITNESS my hand and official seal the date aforesaid.

NOTARY PUBLIC

My Commission Expires:

**STUDENT PERMISSION TO LEAVE FOR LUNCH**

I, \_\_\_\_\_, GRANT/DENY (circle one) my permission for  
(Parent's Name)

\_\_\_\_\_ (Student's Name) to leave the school premises for lunch. My  
~~child may/may not (circle one) be a passenger with any other Brevard Private Academy students~~  
that have been given permission to drive to lunch. Parent/Guardian will accept full responsibility  
for the above - mentioned student's actions during this commute. Brevard Private Academy will  
not be liable for any actions taken by the students while he/she are off campus during lunch.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

This form MUST be signed and notarized before the student will be allowed to attend Brevard Private Academy.

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned authority, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
Personally appeared \_\_\_\_\_ to me well known to be the person described in and who  
signed the foregoing, and acknowledged to me that he executed the same freely and voluntarily  
for the uses and purposes therein expressed.

WITNESS my hand and official seal the date aforesaid.

NOTARY PUBLIC

My Commission Expires:

### DISCIPLINARY POLICY

Brevard Private Academy follows the three - strike system:

**First Strike** – Student will be retained in separate room so he/she will be unable to deter other students from learning. Copy of Incident Report will be submitted to student for his/her signature.

**Second Strike**- Starts with strike one action. Conference with parental guardian and student follows first action. Conference will regard student’s behavioral misconduct and warning of final strike will be made.

**Third Strike** – Starts with strike one action until parental guardian is informed and is able to pick up student from the school. At this point student will be expelled from Brevard Home School Academy.

**Automatic Expulsion Rules:**

1. Any student in possession of or being under the influence of alcoholic beverages, and or hallucinogenic drugs of any kind will be expelled from Brevard Private Academy and will be unable to readmit to the school at any point in time.
2. Any student caught smoking cigarettes or any other tobacco related substance will be expelled.
3. All forms of plagiarism or knowingly furnishing false information to Brevard Private Academy.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

This form MUST be signed and notarized before the student will be allowed to attend Brevard Private Academy.

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned authority, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

Personally appeared \_\_\_\_\_ to me well known to be the person described in and who signed the foregoing, and acknowledged to me that he executed the same freely and voluntarily for the uses and purposes therein expressed.

WITNESS my hand and official seal the date aforesaid.

NOTARY PUBLIC

My Commission Expires:

**FIELD TRIP/SCHOOL SPONSORED ACTIVITIES**  
**PARENT/GUARDIAN PERMISSION RELEASE FORM**

Your son/daughter is eligible to participate in a school -sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of employees from Brevard Private Academy, Inc.

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility, which may result from any personal actions taken by the named student.

I hereby grant/deny (circle one) the participation by my child, \_\_\_\_\_, in the event described above. I understand that this event will take place away from school grounds and that my child will be under the supervision of the designated school.

In consideration of the agreement above, I allow my child to participate in any outing. Employees, agents, successors will not be responsible against any loss from any and all claims, demands, and actions at law or equity that may hereafter at any time be brought by my child, or anyone acting on his/her behalf, for the purpose of enforcing a claim for damages because of any injury to my child or any cause of action of any kind or natures as a result of, or in any way related to his/her participation in any outing, or his/her transit thereto.

I / We agree that in case of injury to my/our child, I will apply our hospitalization and/or accident insurance toward payment of the expenses incurred and will not look to Brevard Private Academy, Inc. or any of their officers, employees, agents, or successors for the payment of any medical costs or injury related costs.

IN WITNESS WHEREOF, I/WE EXECUTE THIS Hold Harmless and Indemnification Agreement this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_  
Parent/Guardian Signature

This form MUST be signed and notarized before the student will be allowed to attend Brevard Private Academy.

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned authority, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

Personally appeared \_\_\_\_\_ to me well known to be the person described in and who signed the foregoing, and acknowledged to me that he executed the same freely and voluntarily for the uses and purposes therein expressed.

WITNESS my hand and official seal the date aforesaid.

NOTARY PUBLIC

My Commission Expires:

## **PHOTO CONSENT FORM**

I, \_\_\_\_\_, GRANT/DENY (circle one) my child \_\_\_\_\_  
(Parent's Name) (Student's Name)

to be filmed or photographed by Brevard Private Academy individually or as a group in school or at school sponsored activities and further consent the use of said photographs/films in any media related activities.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## **GRADING PROCEDURE**

### **Grading Scale**

90 – 100	A
80 – 89	B
70 – 79	C
60 – 69	D
50 – 59	F

Interim Reports will be issued every four weeks. At this time the teacher will evaluate your child's progress and report any areas your child may be suffering in.

Report Cards will be issued every nine weeks, which equals one semester. We have a total of four periods per school year. All report cards **MUST** be signed by parent/guardian and returned.

### **Grading Procedure**

Promoted to the next grade shall be measured by a student's progress and achievement in mastering the subject matter based on quality of work completed.

PLEASE note, even if your child has all passing grades on his/her report card, **DOES NOT** mean he/she will be promoted to the next grade without having the scheduled work, tests, quizzes, and finals completed in each subject.

The letter grade I (incomplete) will be given if student does not finish a subject or grade level. Students will then have two weeks to finish his/her work necessary to retrieve a letter grade. In

any case if the student is unable to finish, the letter I will then be changed to the letter F and the subject will be repeated.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## **CELLULAR PHONE AGREEMENT**

Students **MUST** have his/her cellular phones turned off during the school day; cell phones shall cause no disruptions.

During the expressed time (on break, or lunch) when cell phones are allowed to be on and in use, students are encouraged to keep his/her phone on a silent mode.

Cell phones will not be visible for any reason during the school day.

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**Should a student be observed using a cellular phone or a cellular phone rings during the school day, discipline action will include a dean's referral and confiscation of the phone. Additionally, students abusing this policy will result in the student losing all privileges to carry a cell phone permanently, or for a period of time as determined by an administrator.**

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- Student behavior concerning cell phones must be consistent with the School Board Policy 5200.
- Student cell phone ringing in class will result in confiscation of the phone and disciplinary actions.
- Should confiscation occur, phone can only be retrieved by a parent/guardian.

**During times of testing and other student evaluations, teachers may request that students remove his/her cell phone from his/her possession.**

**Fire drills, assemblies, or any other school evacuations are considered to be cell phone blackouts. During such contingencies, there will be absolute ZERO TOLERANCE on cell phone use.**

**\*STUDENTS MUST HAVE A STUDENT/PARENT CONTRACT ON FILE TO CARRY A CELL PHONE ON SCHOOL GROUNDS. WITHOUT THE CONTRACT, THE STUDENT WILL NOT RECEIVE A WARNING SHOULD HE/SHE BREACH THIS POLICY- BUT WILL BE SUBJECT TO OTHER DISCIPLINARY ACTION.**

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\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

### **TEXTBOOKS**

Students are required to return **ALL** textbooks checked out to them. If any book assigned to a student is not returned, the student will be responsible for reimbursement. Reimbursement for any book is \$10.00 - \$50.00 depending on the book. At the beginning of each school year students will be assigned a specific book number and will sign the book checkout form in agreement to the policy.

Students will return all books in the same condition they were received in. If any book is lost, stolen, or damaged, it is the student's responsibility to replace the book. In order to receive student's transcript and diploma they must return all books.

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Student Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## LOCKER AGREEMENT

Lockers will be assigned as registrations are completed on a first-come-first serve basis.

### **INSTRUCTIONS:**

- Parents and Students Please Read and Sign the Agreement Below.
- Each ninth grade student will have an individual locker
- Seventh and eighth grade students share lockers with a partner in the same grade.
- If you know who you want as a locker partner, each of you must sign below. Each one must also have their parents sign.
- Partners need only turn in one sheet. It is highly recommended that you choose a partner.
- Return the signed form with the Registration Packet.
- There is a \$5.00 fee to change locker assignments or change combinations.
- The administration reserves the right to assign partners as enrollment numbers require.

1. Lockers are owned and issued by the school. Lockers are to be shared by one other student.
2. Valuable items (money, planners, watches, jewelry etc..) should not be kept in lockers. Brevard Private Academy and faculty are not responsible for any items lost or stolen from lockers.
3. Lockers are to be maintained in a neat and clean fashion both inside and out. The following items are not to be in lockers: tape and other sticky materials, objects or pictures depicting alcohol or tobacco substances, or pornographic literature.
4. If lockers are damaged, students will be required to pay for damages.
5. Students are not to give combinations to other students, leave on the last number or leave open.
6. Students have no right or expectation of privacy in the locker insofar as a right or expectation of privacy pertains to the school. School authorities have the right to search any locker with reasonable suspicion at any time without the student present and with or without student permission.
7. Students are to remain in the locker that they are assigned unless otherwise directed by an



8. administrator. Administrator's reserve the right to relocate students to another locker or revoke their locker privilege as the need arises.
9. A student may lose the right to use a school locker if any of the above rules are violated.
10. Lockers will not be issued without a form and parent(s) or guardian signatures.

I have read and agreed to the above rules and regulations. All students using a locker must acknowledge by signing this agreement that they understand and are willing to comply with the terms of this agreement.

Student #1

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Student Name-Print Clearly	Grade	Male/Female	Parent Signature
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Student #2

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Student Name-Print Clearly	Grade	Male/Female	Parent Signature
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## TERMS AND CONDITIONS FOR PAYMENT TO BREVARD PRIVATE ACADEMY

THIS AGREEMENT is made \_\_\_\_\_ day of \_\_\_\_\_, 2013 - 2014, by and between \_\_\_\_\_ (hereafter "CLIENT") and Brevard Private Academy, INC. (hereafter "ACADEMY"), for private educational services rendered on behalf of CLIENT'S child, \_\_\_\_\_ . CLIENT agrees to pay the registration fee of **\$400.00** upon enrollment for each child attending BREVARD PRIVATE ACADEMY every year. CLIENT agrees to pay the monthly tuition of **\$550.00** on the first day of every month. A late charge of **15% shall be added to each payment made more than five days late. REGISTRATION and TUITION are NON-REFUNDABLE and NO PARTIAL PAYMENTS ACCEPTED. Shall client not pay tuition in a timely fashion (within 5 days), student will NOT be able to return back to school until payment plus late fee is paid.**

Brevard Private Academy shall have the absolute and unconditional right to terminate services for failure to make payments as required by this Agreement and any outstanding balance which remains unpaid beyond thirty (30) days WILL result in termination of services and banishment of CLIENT'S child from the Brevard Private Academy unless other arrangements are agreed to in writing. In the event CLIENT defaults under this Agreement and services are terminated as a result of non-payment, Brevard Private Academy shall have the right to withhold the release of any transcripts or credits of the CLIENT'S child until the outstanding balance is PAID IN FULL.

Brevard Private Academy shall be entitled to recover reasonable attorney's fees and costs incurred in connection with the enforcement of this Agreement. This Agreement represents the entire agreement of the parties, and shall supersede any previous communications or discussions, and may not be changed or modified unless in writing and signed by both parties. By signing below, you are acknowledging that YOU have read this Agreement, fully understanding its meaning and effect, and agree to be BOUND by its terms and conditions.

DATED: \_\_\_\_\_  
BREVARD PRIVATE ACADEMY

CLIENT \_\_\_\_\_

This form MUST be signed and notarized before the student will be allowed to attend Brevard Private Academy.

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned authority, on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,

Personally appeared \_\_\_\_\_ to me well known to be the person described in and who signed the foregoing, and acknowledged to me that he executed the same freely and voluntarily for the uses and purposes therein expressed.

WITNESS my hand and official seal the date aforesaid.

NOTARY PUBLIC

### **HANDBOOK AGREEMENT**

By signing this page, the student and parent acknowledge they have read, understood, and agree to comply with the policies and procedures presented in this handbook.

Parent Name (Print):

\_\_\_\_\_

Parent Signature:

\_\_\_\_\_

Student Name (Print):

\_\_\_\_\_

Student Signature:

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### ELECTIVES

Students must rate each elective from 1 to 12, **1** being their **most** favorable choice down to **12** being their **least** favorable choice. This will give students the opportunity to be placed in the courses of their choice; however, this is not a guarantee.

Electives	Course Description	Rating
Art	This course is designed to give students a basic understanding and appreciation for art as it will be encountered on the high school level and beyond. This course may be mandatory to provide student with a full performing fine arts credit.	
Business-Finance and Entrepreneurship	This course includes the organization of the financial system, examination of financial markets and institutions, commercial banks, international finance and interest rates, decision-making in business finance, examination of capital budgeting, cost of capital, management of fixed and circulating capital, internal financing and dividend policy.	
Film Studies	This course serves as an introduction to concepts of film styles and topic in film studies.	
	The Forensic Science class is designed around the idea that in the real world all learning is interrelated and interdependent. This class blends all of the sciences with the core subject areas. Students will be asked to read, research, hypothesize, interview, compute and use deductive reasoning to propose crime solutions. With an ever increasing use of technology, the	

Forensic Science	students will record data, draw conclusions, and formulate the best method for communicating results.	
Law Studies	This course focuses on the legal, judicial, law enforcement, legal procedures and corrections systems of the United States. Examined are relevant examples of civil and criminal laws, law-enforcement methods, court procedures, and efforts toward corrective justice. Students also examine problems within the legal and justice systems.	
Psychology	This course promotes an understanding of the way people develop an identity as individuals and as members of their societies and cultures. In Psychology, the story and growth of psychology as a science are studied. Basic theories of learning, personality development, patterns of human behavior, heredity and environment, and mental health are analyzed.	
<b>Science for 12<sup>th</sup> grade class- MANDATORY ELECTIVE</b>	<del>Integrated Science is designed to challenge you with a wide</del> spectrum of practical and theoretical knowledge of the physical and biological sciences and current technological advances. Above all, the class is meant to be a foundation that will equip you with the knowledge and analytical line of thinking that you will find valuable in your future science classes. This class will, hopefully instill in you both a sense of wonder for the world around you.	
Sea Life	This course will introduce students to the "sea life" offering useful skills to prepare them for marine base fields, focusing on skills such as tying off on cleats, boat navigation, and geographic study.	
Speech/Debate	In this introductory course students have an opportunity to gain skill, confidence, and fluency in public speaking. Students develop an understanding of both basic communication principles and public speaking strategies through their application of these principles to a variety of speaking assignments.	
Sociology	Sociology gives students a general background of the major aspects of sociology. Students study the basic forces of social relationships as they influence the values, behavior, and knowledge of man. Based on in-depth discussions and readings, this course will challenge the student to imagine the world from different points of view. The examination of race, ethnicity, religion, socio-economic status and equality between genders will be focal points for each section.	

Study Hall/Reading Comprehension	This course is designed to give students one-on-one tutoring and a chance to make-up course work in which caused them to be below grade level. It also gives students the opportunity to improve Reading skills.	
Weight Training	This course is designed for the novice weight training student. It involves introductory techniques of weight training and cardiovascular conditioning, safety precautions and injury prevention, and other methods of weight management. The major focuses are general muscle toning and achieving total fitness. The development of a personal fitness program is a part of this course. <b>There is a \$20/Semester lab fee.</b>	
Yearbook Club	The introductory yearbook course offers the student total involvement in the production of the school yearbook. Activities include advertising, layout planning, photography, copy writing, and proofing. Students will be required to attend ALL school related functions.	

