8th

Rubén Darío Middle School

MEDICAL HEALTH SCIENCES MAGNET

2025-2026 Subject Selection Form

FSA 2024-2025 Levels	
Reading	Mathematics

Select Program(s) (Check if Applicable):	
	Medical Health Sciences Magnet
	Special Education (SPED/ESE)
	Gifted
	ESOL (Level:___)

Student Name: _____ Student ID #: _____

Current School: _____

Students will be scheduled in a Language Arts, Math, Science and Social Studies class based on teacher recommendations. Each student will select 4 electives classes; however, students with a Level 1 or 2 on the FAST Reading will be scheduled in an Intensive Reading class. Additionally, students with a Level 1 or 2 on FAST Mathematics, may be scheduled in an Intensive Math class. Students must discuss selections with parents and teachers. **If student does not return this selection form, they will be administratively scheduled.**

Required Courses *(Teacher, please place your initials in the T.I. columns for selection.)*

T.I.	Language Arts	T.I.	Mathematics
	A08 Language Arts 3		B08 Mathematics 3
	G18 Language Arts 3, Advanced/Gifted		R28 Intensive Math
	E18/E28 Language Arts 3 through ESOL (Levels 1 & 2)		H20 Algebra I Honors **(FAST 3-5) ¥**
	E38/E48 Language Arts 3 through ESOL (Levels 3 & 4)		H30 Geometry Honors **(Pass Alg I EOC) ¥**
T.I.	**Science**	**T.I.**	**Social Studies**
	C08 Comprehensive Science 3		D08 World History
	H10 Physical Science Honors **(FAST 3-5) ¥**		G49 World History, Advanced/Gifted
	H40 Biology I Honors **(FAST 3-5) ¥ (pass H10)**		
			RDMS Office Use ONLY
			Z08 Homeroom
			Z18 Magnet Homeroom
T.I.	**Reading/ESOL (Required for all ESOL students)**		T18 Tech Team Homeroom
	R38 Intensive Reading		
	E01 Developmental ESOL Level 1 @	β	Program Application Required
	E02 Developmental ESOL Level 2 @	©	Additional Fees Incurred
	E03 Developmental ESOL Level 3 @	¥	High School Credit Course
	E04 Developmental ESOL Level 4 @	@	Required for all ESOL Students

This subject selection form indicates course choices for the entire 2025-2026 school year.
Parents, please sign form and have your child return it to their Homeroom teacher.

Parent Signature: _____ Student Signature: _____

Parent Contact Number: _____ Parent Email: _____

#	Elective Choices (Select 4 Courses in order of Preference #1, #2, #3, #4)
	S11 Spanish for Spanish Speakers 1 ¥
	S12 Spanish for Spanish Speakers 2 ¥
	S38/S48 Technology and Robotics ©
	P18/P28 Physical Education (Waiver Information below) ©
	P40 Beginning Band ©
	P41 Symphonic Band (*Teacher Recommendation Required)* ©
	P42 Jazz Band (*Teacher Recommendation Required)* ©
	S01 Journalism (Yearbook: Grades 6-8)
	S02 Multimedia (Journalism 2 Grades 7-8) (*Teacher Recommendation Required)*
	S26 Chorus (Grades 6-8)
	L03/L13 Law Studies/Criminal Justice Occupations
	M08 Immersive Media (VILS Lab: Smart Solutions)
	S08 Magnet Elective: Orientation to Medical Career Clusters β
	N01 Theater 1
	N02 Theater 2 (*Teacher Recommendation Required)*
	R01 Research
	C01 Chess (Grades 6-8)

Physical Education Waiver Information

All students in grades 6-8 are required, by law, to enroll in a minimum of one semester of Physical Education. The requirement shall be waived for students that are required to enroll in a remedial/intensive course or whose parent/guardian indicates in writing, another course among the offered options.

Please select One of the Options Below: (favor de seleccionar una de estas opciones:)

_____ The signature below indicates my option to **dismiss** my child _____, student number _____from enrolling in Physical Education for **2025-2026 school year.**

_____ La firma de abajo indica que autorizo a mi hijo/a _____, con numero de estudiante _____, a que **NO** tome classes de Educacion Fisica **durante el curso escolar 2025-2026**.

_____ The signature below indicates my option to enroll my child _____, student number _____ in Physical Education for **2025-2026 school year**.

_____ La firma de abajo indica que autorizo a mi hijo/a _____, con numero de estudiante _____, a que **SI** tome classes de Educacion Fisica **durante el curso escolar 2025-2026.**

Parent Signature: _____

Please return your completed form to your Homeroom teacher or email a copy to Ms. Torrens, Curriculum Assistant Principal, at atorrens@dadeschools.net

Por favor devuelva su formulario completo a su maestro de Aula o envíe una copia por correo electrónico a la Sra. Torrens, Subdirectora del Currículo, a atorrens@dadeschools.net