# **MIRAMONTE**



# **High School**

# **GRADE 9**

| Student Name         | 4    | ID Number | Current School |  |
|----------------------|------|-----------|----------------|--|
| (Please print) FIRST | LAST |           |                |  |

# **INSTRUCTIONS FOR COURSE REGISTRATION 2017-2018**

### **Guidelines for Selecting a Course**

Please review the information in the Course Catalog and the course descriptions prior to signing up for a particular course. Additionally, you are encouraged to consider the following course selection guidelines when planning an overall schedule.

- 1. **Graduation Requirements**. Carefully check the AUHSD graduation requirements. Graduation requirements have been updated and during this transition time vary between classes.
- 2. College Entrance Requirements. Look for courses required by many colleges and universities.
- 3. Your interests. Look for courses which might have relevance or interest to you.
- 4. Overall course schedule. Examine the overall rigor of selected classes.
- 5. Parent approval. Talk to your parents about your course choices.
- 6. Teacher recommendation. Talk to your teachers to determine appropriate course selection.

### **Instructions for Course Registration**

- 1. Print your name in the space provided above. This form is a worksheet to select courses BEFORE you enter them into PASS Portal.
- 2. You must sign up for at least six (6) courses, however you may request seven (7). Review the courses available for your grade level on the back.
- 3. List your requested courses in the spaces provided on the back of this form. In addition, you must list an alternate course in case your first choice is not available. Required courses will already be listed.

### **Online Registration**

- Click on: "PASS Portal" link found under the school's "Quick Links" website menu.
- 2. Use your "auhsdschools.org" email and password (provided in your registration folder).
- Once logged in, select "Student Info" then "Course Request Entry".
- 4. From "Filter Courses" select a Subject Area and your desired course.
- Confirm selection when prompted. You may cancel your selection at this time.
- 6. The course will be added to the left column and an "Add Alternate" option will now be available.
- 7. To make an alternate course selection, select "Add Alternate" and select the appropriate Subject Area.
- 8. Change the Subject Area to make additional course selections to complete your requested schedule.

Please return signed sheet to your Middle School Guidance Office by February 8, 2017

| Student Name     | to the second |      | _ID Number |  |
|------------------|---------------|------|------------|--|
| (Please print) F | IRST          | LAST |            |  |

| Course # | Course Title                    |           |
|----------|---------------------------------|-----------|
|          | REQUIRED                        |           |
| 1        | English 1                       |           |
| 2        | World History and Geography     |           |
| 3        | Living Earth (formerly Biology) |           |
| 4        | PE 9                            |           |
|          | SELECTED COURSE                 | Aiternate |
| 5        | (Math)                          |           |
| 6        |                                 |           |
| 7        |                                 |           |

| Student Signature | 100 0000 |
|-------------------|----------|
| 17-17-1           |          |
| Parent Signature  | - 1      |

# **Grade 9 Course Titles By Subject Area**

# \*For a full listing of courses at all grade levels, please see the 2017-2018 Course Catalog.

Career Technical Education Engineering Drawing

Foods 1

English 1 Journalism 1

English Language Development (ELD)

Math Algebra 1 Geometry Geometry Honors

\*For other math choices please see counselor for approval

**Physical Education** 

PE 9

Science

The Living Earth (Formerly Blology)

Social Science

World History/Geography

Special Education Learning Skills Life Skills **Visual and Performing Arts** 

Art 1

Photo/Digital Design Digital Arts/Web Design Video Production 1

Drama 1 Stagecraft

Choral Performance 1 (Mixed Chorus)
Choral Performance 2 (M/W Ensemble)

**Concert Band** 

Musical Theater Workshop

Jazz Ensemble Orchestra Symphonic Band Oral Interpretation

**World Language** 

French 2 Latin 1 Latin 2 Mandarin 1 Mandarin 2 Spanish 1 Spanish 2

Non-Departmental

Leadership (See MHS Selection Process)
Off Campus Period 1 (No Credit)
Off Campus Period 7 (No Credit)



(Area Code/No)

This form is to be completed for a NEW student enrolling in the Acalanes Union High School District.

Acalanes Campolindo Cntr. for Ind. Study Las Lomas Miramonte

|                            |                                  | STUDENT INFORM                |                           |                       |                |
|----------------------------|----------------------------------|-------------------------------|---------------------------|-----------------------|----------------|
| Student's<br>Legal Name: _ |                                  |                               |                           | Gender:               |                |
|                            | (Last)                           | (First)                       | (Middle)                  | Gender.               |                |
| Grade<br>Enrolling:        | Birthdate:                       | Birthplace:                   |                           |                       |                |
|                            |                                  | (City)                        | (State) U.S.,             | Mexico, Canada ONLY   | (Country)      |
| Residence Ado              | Iress:                           |                               |                           |                       |                |
| residence Ade              | (Street)                         | (City, State)                 | (Zip)                     |                       | •              |
|                            |                                  |                               |                           |                       |                |
| Mailing Addres             | (Street)                         | (City, State)                 | (Zip)                     | <del></del>           | •              |
|                            | •                                |                               |                           |                       |                |
| Primary Ph.: _             | (Area Code/No)                   | Stu. Cell Pt                  | (Area Code                | /No)                  | -              |
|                            | (                                |                               | ,                         | ,                     |                |
|                            |                                  | PARENT INFORM                 | IATION                    |                       |                |
|                            |                                  |                               |                           |                       |                |
| Parent/Guardia             | nn /1)•                          |                               | Relationship              | •                     |                |
| i alembobaldie             | (Last)                           | (First)                       | Kelationsinp              | •                     |                |
| Day Ph.:                   |                                  | Email:                        |                           |                       |                |
|                            | (Area Code/No)                   |                               |                           |                       |                |
| - 4- 11                    | 40)                              |                               |                           |                       |                |
| Parent/Guardia             | an (2);<br>(Last)                | (First)                       | Relationship              | :                     |                |
| D Db -                     |                                  | ,,                            |                           |                       |                |
| оау Рп.:                   | (Area Code/No)                   | Email:                        |                           |                       |                |
|                            |                                  |                               |                           |                       |                |
| If not the Par             | ent, are you the <u>Legal Gu</u> | ardian? ∐Y ∐N                 | If Yes, please a          | ttach Court Docur     | nents.         |
| Name of Adult              | student lives with:              |                               |                           | _ Relationship:       |                |
|                            |                                  | (Last)                        | (First)                   |                       |                |
| Sibling name(s             | s):                              |                               |                           | Age(s):               |                |
|                            |                                  |                               |                           |                       |                |
|                            | DL                               | JPLICATE MAILING II           | NFORMATION                |                       |                |
| This section a             | allows duplicate mailing informa | tion to be given to the other | parent in cases of divorc | e, separation, and/or | joint custody. |
|                            | · -                              | _                             | ·<br>elationship:         |                       | •              |
| Name:                      | (Last) (F                        | rst)                          | nationship:               |                       |                |
| Mailing Addres             | ss:                              |                               |                           |                       |                |
|                            | (Street)                         | (City, State)                 | (Zip)                     |                       |                |
| Day Ph •                   |                                  | Email:                        |                           |                       |                |

Records will be requested from your last school. Parents/Guardians have the right to obtain a copy. (Education Code 40968)

### **SCHOOL HISTORY INFORMATION**

| Last School Attended:     | (School Name)            |                                                 |       |      |
|---------------------------|--------------------------|-------------------------------------------------|-------|------|
|                           | (Street)                 | (City, State)                                   | (Z    | ip)  |
| Dates Attended:           |                          | A                                               |       |      |
|                           | (Start Date)             | (End Date)                                      |       |      |
| Was the student expelle   | d or suspended from s    | school this year?                               | □ Yes | □ No |
| Did the student leave the | e last school in good s  | standing?                                       | ☐ Yes | □ No |
| Did the student participa | ate in interscholastic s | sports at his/her last school?                  | ☐ Yes | □ No |
| Is the student going to p | articipate in interscho  | plastic sports at this school?                  | ☐ Yes | □ No |
| On the student's most re  | ecent grade report, did  | the student have a "C" average or better?       | ☐ Yes | □ No |
| Did the student's parent  | dlegal guardian move     | within the last 12 months?                      | □ Yes | □ No |
| Has the student ever red  | ceived Special Educati   | ion Services?                                   | ☐ Yes | □ No |
| Has the student ever ha   | d a 504 Plan?            |                                                 | ☐ Yes | □ No |
| Has the student ever ha   | d English Language S     | ervices?                                        | ☐ Yes | □No  |
|                           |                          | COURSES                                         |       |      |
|                           | Student is to w          | vork with registrar for course requests.        |       |      |
|                           |                          |                                                 |       |      |
| Му                        | r signature below indic  | cates the above information is true and correct | •     |      |
| Parent/Guardian           |                          | Signature                                       | Di    | ate  |

OFFICE USE



# **Acalanes Union High School District**

Ethnicity / Home Language / Testing
This form is to be completed for a NEW student enrolling in the Acalanes Union High School District.

| ☐ Acalanes ☐ Campolindo                                                                                                                   | Cntr. for Ind. Study                                                                    | Las Lomas                                                             | ☐ Miramonte                                |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|
| Student's<br>Legal Name:                                                                                                                  |                                                                                         |                                                                       | Grade<br>Enrolling:                        |
| (Last)                                                                                                                                    | (First)                                                                                 | (Middle)                                                              |                                            |
| Ethnicity / Race / Parent Education                                                                                                       | Home Language / 1                                                                       | l'esting                                                              |                                            |
| *This information is requested in compliance with federal guidelines.  *Ethnicity (Select ONE):  □Hispanic/Latino (Cuban, Mexican, Puerto | Please complete the fo  Language learned when  Language used most free                  | Ilowing using the chart<br>student began to talk:<br>quently at home: | on the back of this form.  Code / Language |
| Rican, South or Central America or other Spanish culture in origin, regardless of race)                                                   | List languages used mos                                                                 |                                                                       | <u>=</u>                                   |
| LINOT INSPANIOLATING                                                                                                                      | CELDT (for students who taken the following:                                            | ose home language is N                                                | OT English) Has student                    |
| *Race (Select ALL that apply, regardless of ethnicity):  □American Indian or Alaskan Native  □Asian (please specify):                     | California English Langu If YES: Year of mo                                             |                                                                       | □Yes □No                                   |
| □ Chinese □ Vietnamese □ Korean □ Laotian □ Asian Indian □ Hmong □ Cambodian □ Filipino                                                   | Level of proficienc □English Learner                                                    |                                                                       | cient                                      |
| □Japanese □Other Asian:                                                                                                                   | Check ALL that apply                                                                    | y regarding student:                                                  |                                            |
| □Native Hawaiian/Other Pacific Islander                                                                                                   | Understands English                                                                     |                                                                       | □Y □N                                      |
| (please specify):                                                                                                                         | Speaks English                                                                          |                                                                       |                                            |
| ☐Hawaiian ☐Guamanian<br>☐Samoan ☐Tahitian<br>☐Other Pacific Islander:                                                                     | Reads English Writes English Born in another country                                    |                                                                       |                                            |
| □Black or African American<br>□White                                                                                                      | If YES, which country Date entered the Uni Had instruction in a lan that is NOT English | /?<br>ted States:                                                     |                                            |
| Parent Education Level:                                                                                                                   | If YES, how long? Attended school in and If YES, how long?                              | ther country                                                          | rs/months  I'Y IN rs/months                |
| ☐ Not a High School Graduate ☐ High School Graduate                                                                                       | Attended school in the<br>If YES, date enrolled:<br>Attended school in Cal              | United States                                                         |                                            |
| <ul> <li>□ Some College (includes AA Degree)</li> <li>□ College Graduate</li> <li>□ Graduate School / Post Graduate Training</li> </ul>   | If YES, list                                                                            | School                                                                | Deta                                       |
| My signature below indi                                                                                                                   | cates the above informa                                                                 | ation is true and corn                                                | ect.                                       |
| Parent/Guardian                                                                                                                           | Signature                                                                               |                                                                       | Date                                       |

Revised: 10/2016

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide instruction for all students and to meet the needs of the California public school population. Please use the following list of languages and codes to answer questions on the front of this form.

| Code | Language             | Code | Language                                    |
|------|----------------------|------|---------------------------------------------|
| 00   | English              | 33   | Turkish                                     |
| 01   | Spanish              | 34   | Tongan                                      |
| 02   | Vietnamese           | 35   | Urdu                                        |
| 03   | Cantonese            | 36   | Cebuano (Visayan)                           |
| 04   | Korean               | 37   | American Sign Language                      |
| 05   | Philipino (Tagalog)  | 38   | Ukrainian                                   |
| 06   | Portuguese           | 39   | Chaozhou (Chaochow)                         |
| 07   | Mandarin (Putonghua) | 40   | Pashto                                      |
| 80   | Japanese             | 41   | Polish                                      |
| 09   | Khmer (Cambodian)    | 42   | Assyrian                                    |
| 10   | Lao                  | 43   | Gujarati                                    |
| 11   | Arabic               | 44   | Mien (Yao)                                  |
| 12   | Armenian             | 45   | Rumanian                                    |
| 13   | Burmese              | 46   | Taiwanese                                   |
| 15   | Dutch                | 47   | Lahu                                        |
| 16   | Farsi (Persian)      | 48   | Marshallese                                 |
| 17   | French               | 49   | Mixteco                                     |
| 18   | German               | 50   | Khmu                                        |
| 19   | Greek                | 51   | Kurdish (Kurdi, Kurmanji)                   |
| 20   | Chamorro (Guamanian) | 52   | Serbo-Croatian (Bosnian, Croatian, Servian) |
| 21   | Hebrew               | 53   | Toishanese                                  |
| 22   | Hindi                | 54   | Chaldean                                    |
| 23   | Hmong                | 56   | Albanian                                    |
| 24   | Hungarian            | 57   | Tigrinya                                    |
| 25   | llocano              | 60   | Somali                                      |
| 26   | Indonesian           | 61   | Bengali                                     |
| 27   | Italian              | 62   | Telugu                                      |
| 28   | Punjabi              | 63   | Tamil                                       |
| 29   | Russian              | 64   | Marathi                                     |
| 30   | Samoan               | 65   | Kannada                                     |
| 32   | Thai                 | _ 99 | Other, non-English                          |
|      |                      |      |                                             |

Revised: 10/2016



# Acalanes Union High School District Health Information

Please fill out this form upon your student's enrollment in the district OR if there are changes in his/her health status.

THE STUDENT MUST HAVE CURRENT IMMUNIZATION DATES ON FILE WITH THE SCHOOL NURSE. BE SURE IMMUNIZATION INFORMATION IS SUBMITTED TOGETHER WITH THIS FORM OR IS CURRENTLY ON FILE

In order to provide the best learning experience for the student, it is important that we have an understanding of the student's health status. Please complete this form and it will be given to the School Nurse. Please contact your School Nurse to discuss any health problem in more detail.

| Date: Student's Name: (Last)                                                                            | (First) (Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| School: Grade: Date of Bl                                                                               | PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS |
|                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Please check the a                                                                                      | ppropriate boxes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| ☐ Allergy, non-life threatening type:                                                                   | ☐ Growth disorder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| ☐ Allergy, life threatening (list type/medication* next page) ☐ Anxiety (list medication* on next page) | ☐ Gynecological problems (explain on next page) ☐ Headache-severe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| ☐ Auditory Processing Problem                                                                           | ☐ Hearing loss (which ear ☐ L ☐ R )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| ☐ Depression (list medication* on next page)                                                            | ☐ Hearing aid (which ear ☐ L ☐ R )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ☐ Arthritis                                                                                             | ☐ Heart Condition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| ☐ Asthma-mild                                                                                           | ☐ Immune system disorder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Asthma-severe (list medication* on next page)                                                           | ☐ Infectious disease (explain on next page)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| ☐ ADD (list medication* on next page)                                                                   | ☐ Kidney/urinary disorder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ☐ ADHD (list medication* on next page)                                                                  | ☐ Medication prescribed * (list on next page)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| ☐ Bee sting-medication required (list medication*on next p.)                                            | ☐ Medication required at school * (list on next page)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| ☐ Genetic disorder (explain on next page)                                                               | ☐ Menstrual problems - severe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| ☐ Blood disorder/Hemophilia                                                                             | ☐ Migraine (list medication* on next page)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| ☐ Blood/blood products (check if not to be given)                                                       | ☐ Nose bleeds – frequent/severe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| ☐ Cancer/Leukemia                                                                                       | ☐ Orthopedic/joint disorders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| ☐ Cerebral Palsy                                                                                        | ☐ Physical activity limitations **                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ☐ Concussion/head injury (give date/explain on next page)                                               | ☐ History of serious injury (explain on next page)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ☐ Cystic Fibrosis                                                                                       | ☐ Skin problem                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ☐ Diabetes type: (list medication* on next page)                                                        | ☐ Speech problem                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| ☐ Eating disorder                                                                                       | ☐ Surgery (date/explanation on next page)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ☐ Endocrine disorder                                                                                    | ☐ Tourette's syndrome (list medication* on next page)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| ☐ Epilepsy/seizure disorder (list medication* on next page)                                             | ☐ Vision impairment – color vision defect                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ☐ Immunization exemption                                                                                | ☐ Vision impairment – glasses/contact lenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| ☐ Fainting                                                                                              | ☐ Other (explain on next page)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ☐ Gastrointestinal disorder type:                                                                       | ☐ No known health problems                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| * REQUIRED: Medication Form available from District website a                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| ** Requires d                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Can the student participate in a full Physical Education program?                                       | YES NO (doctor's note required)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| The school nurse would usually like to share with the student's teacher                                 | er(s) health information about the student which may affect his/her.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| school work. Please initial here if you do NOT want information share                                   | d:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| PARENT AUTHORIZATION FOR EXCHANGE OF INFORMATION                                                        | ON WITH STUDENT'S PHYSICIAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| I hereby give my consent to the School Nurse to receive from or                                         | send any information to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Dr. Phone:                                                                                              | Email:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| concerning my child                                                                                     | OR to decline consent, initial here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Required Signature of Parent/Guardian who filled out this form:                                         | Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Printed Name of Parent or Guardian:                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

Please download and print any of the following care plans for these significant health conditions and take to your physician to fill out. Return the hardcopy to the School Nurse.

Allergy/anaphylaxis care plan at: http://www.acalanes.k12.ca.us/AnaphylaxisCarePlan

Asthma care plan at: http://www.acalanes.k12.ca.us/AsthmaCarePlan

Diabetes care plan at: http://www.acalanes.k12.ca.us/DiabeticCarePlan

Seizure care plan at: http://www.acalanes.k12.ca.us/SeizureCarePlan

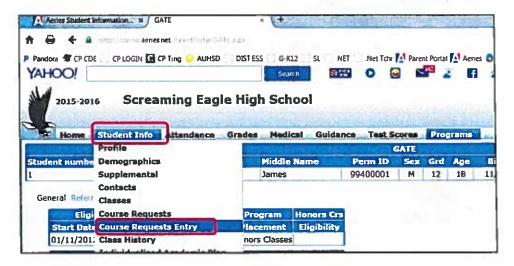
### INSTRUCTIONS FOR ONLINE COURSE REQUESTS

Below are instructions to select your courses for next year. Please note the screen shots are examples only and your actual screen will have some differences, such as course titles and course numbers.

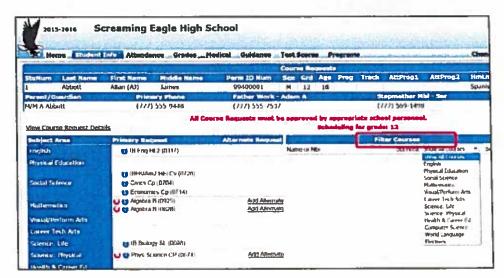
You may find standard courses have already been added to your schedule: for example, English 1 for 9<sup>th</sup> graders. There is no "Final Submit" or "Save" button; your selections are automatically saved. You may log back in during your course selection window to make as many elective changes as you like. You will not be allowed to make changes after the window has closed. Dates for selection window vary by grade.

If you are a current student, login to <u>Aeries Web</u> (also known as PASS) using your "auhsdschools.org " email and network password. (PASS is located on the homepage of the district's website.) Incoming freshmen login with their "auhsdschools.org" email and Verification Pass Code (VPC) also referred to as Password.

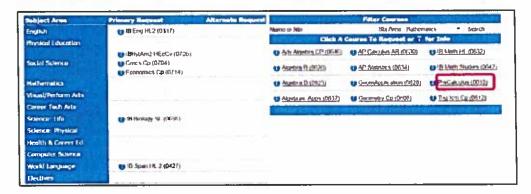
1. Select Student Info and select Course Requests Entry



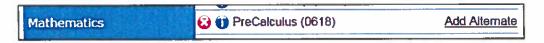
2. From Filter Courses, select a Subject Area.



3. Select your desired course and confirm selection when prompted or you may cancel this selection if you so choose.



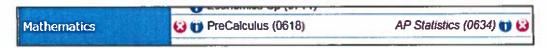
The course will be added to the left column and an "Add Alternate" option will now be available.



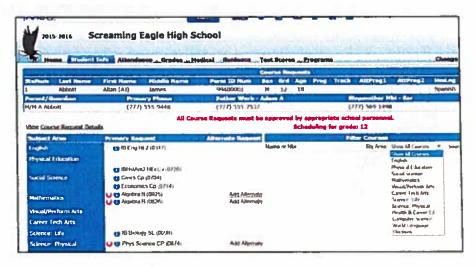
4. To make an alternate course selection, select "Add Alternate" and select the appropriate Subject Area. The box will now be highlighted in yellow and the alternate courses for that subject area will display. Make a selection and confirm selection.



5. You now have two math courses selected.



6. Change the subject area to make additional course selections to complete your requested schedule.



# MIRAMONTE HIGH SCHOOL

Home of the Matadors





Julie Parks Principal

Jan Carlson Associate Principal

Zach Pinkerton Associate Principal

Lois Halls Head Counselor

Acalanes Union High School District

John Nickerson Ed.D Superintendent January 28, 2017

Class of 2021,

It is my privilege and honor to welcome you to Miramonte High School, the Home of the Matadors. Miramonte has a long tradition of excellence; excellence that begins with our incoming freshmen class. As you prepare to take this very important step in your academic life, I would like to give you a few simple pieces of advice:

- 1. Be Involved. High school is a phenomenal opportunity to discover more about who you are and explore who you aspire to be. Enrich your experience by taking advantage of the many opportunities that Miramonte has to offer. Become involved in clubs, athletics, and academic organizations. These four years are the time to stretch and thrive.
- 2. **Be Kind.** In a few short months, you will be part of the Class of 2021. Within this group, you will find lifelong friends. Together, you will work hard in your classes, enjoy time engaging in extracurriculars, and grow into young adults. These relationships are special. Treat each other kindly and support each other through this exciting time.
- 3. **Be Proud.** In coming to Miramonte High School, you are entering a premier academic institution. Our graduates have gone on to do great things. Be proud to be a Matador. We are proud to have you as part of our community.

In this time of transition, I would like to assure you that we have a dedicated, professional counseling and administrative staff ready to assist you with all aspects of school life, including social issues, class scheduling, and college and career planning. They, and your teachers, will be valuable assets to you as you navigate high school.

As Principal, my primary responsibility is to ensure that you have everything that you need to be successful. I look forward to getting to know you over the next four years. Enjoy your high school years, as they will pass quickly.

Go Mats!

Ms. Julie Parks, Principal

Mail: 750 Moraga Way, Orinda CA 94563 Web: www.acalanes.k12.ca.us/miramonte Tel: (925) 280-3930 Fax: (925) 280-3931



### **REGISTRATION SCHEDULE - CLASS OF 2021**

#### IMPORTANT DATES - MARK YOUR CALENDAR

1/25/2017 At JM 2/2/2017 At OIS

<u>Counselor visits to Middle Schools</u> to distribute registration folders and to explain on-line course selection, graduation requirements and transition to high school. Students will be given a user ID and password to enter courses on-line. Username IDs and passwords can be found on the inside flap of the green folder. Alternates are required for all elective classes.

<u>Transfer students</u> will receive registration forms once the transfer has been granted by the Acalanes Union High School District

**2/2/2017** 6 - 8:30pm

Miramonte Open House and 8th Grade Parent Meeting

**Elective Fair** 

<u>Parent Information Meeting</u> for all incoming 9<sup>th</sup> greade parents in the MHS gym. Counselors will review the registration process, course selection, and transition to high school. **BRING YOUR FOLDER!** 

**2/8/2017** JM **2/16/2017** OIS

Online Course Selection Deadline

Students must complete online registration and return completed forms to middle

school office.

\*STUDENTS WHO DO NOT HAVE FORMS O THIS DAY MUST DROP THE FORMS

OFF AT THE MIRAMONTE COUNSELING OFFICE BY TUESDAY, 2/21

2/23 - 3/23

Individual Student & Parent Appointments with Miramonte Counselors

Students and their parents will meet with a Counselor to discuss course selection

and transition to high school.

CHECK THE COVER OF REGISTRATION FOLDER FOR APPOINTMENT DATE & TIME Some appointments will be during school hours. Please make every effort to keep your appointment, as alternate appointment times are limited. Please arrive 10 minutes early to make sure registration paperwork is complete.

Mid July

Letter sent home w/user name & password. Online registration begins.

**Early August** 

Residency Verification on Miramonte campus. Online registration continues. In early August, parents must verify residency on-site and complete on-line registration. A letter will be mailed home in July with instructions and password. PE Clothes, student body cards and other items may be purchased on-line at that

time as well.

8/15/2017

"MATS Day" & Freshman Orientation.

Students attend MATS Day registration to have their picture taken and to receive locker assignments and class schedules. Freshman and new student Orientation will be held and students will have the opportunity to hear about life at Miramonte from older students and take a tour of the campus to locate their classes.

8/21/2017

LATE REGISTRATION:

Students who do not attend MATS Day Registration must attend <u>Late</u>

<u>Registration on the first day of school at 7:00 a.m. in the cafeteria</u>. Schedules will not be handed out prior to students completing registration.

8/21/2017

First day of school

QUESTIONS? Please contact Drue Kendell, 280-3930, ext. 3301

# **AUHSD Graduation and College Admission Requirements**

Students are required to earn 240 credits for graduation. Ten credits are granted for successfully completing a course that meets each day

for a school year; five credits are granted for a semester course.

| Subject           | AUHSD                      | AUHSD                         | University of California (UC)/ |
|-------------------|----------------------------|-------------------------------|--------------------------------|
| Requirements      | Graduation Requirements    | Graduation Requirements       | Call State University (CSU)    |
|                   | Class of 2018 and 2019     | Class of 2020 and 2021.       |                                |
| English           | English (Course title must | English (Course title must be | College Prep English           |
|                   | include "Engli 🛅 )         | a grade level English course) | (40 Credits)                   |
|                   | (40 credits)               | (40 credits)                  |                                |
| Math              | Algebra 1 and              | Algebra 1 and                 | Through Algebra 2              |
|                   | 2 semester of math beyond  | 2 semester of math beyond     | (30 credits, 40 credits        |
|                   | Algebra 1                  | Algebra 1. Up to 10 credits   | recommended)                   |
|                   | (20 credits)               | may be obtained by            |                                |
|                   |                            | completing Computer           |                                |
|                   |                            | Science                       |                                |
|                   |                            | (30 credits)                  |                                |
| Science           | 1 year Physical and        | 1 year Physical and           | Lab Science: Physical and Life |
|                   | 1 year Life Science        | 1 year Life Science           | (20 credits, 30 credits        |
|                   | (20 Credits)               | (20 Credits)                  | recommended)                   |
| Social Studies    | World History/Geography    | World History/Geography       | World History                  |
|                   | US History                 | (10)                          | US History (or semester of     |
|                   | Government/Economics       | US History (10)               | US History and semester of     |
|                   | (30 credits)               | Government (5)/Economics      | Gov)                           |
|                   |                            | (5)                           | (20 credits)                   |
|                   |                            | (30 credits)                  |                                |
| Visual/Performing | Students must take         | 1 year of Visual or           | One yearlong course            |
| Arts              | one year in two of the     | Performing Art                | (10 credits)                   |
|                   | five areas (World          | (10 credits)                  |                                |
| World Language    | Language, American         | 2 years in any of the         | Two years in the same          |
|                   | Sign Language, Visual      | following areas: World        | language                       |
|                   | Arts, Performing Arts,     | Language, American Sign       | (20 credits, 30 credits        |
|                   | Career/Tech Ed)            | Language, or Career Tech Ed   | recommended)                   |
| Career Technical  | (20 credits)               | (20 credits)                  |                                |
| Ed                |                            |                               |                                |
| Physical          | PE 9/Health and PE 10      | PE9 and 10 additional credits | O credits required             |
| Education         | (20 Credits)               | (20 credits)                  |                                |
| Human and Social  | None                       | Human and Social              | O credits required             |
| Development       |                            | Development course            |                                |
| •                 | 6                          | (5 credits)                   |                                |
| Electives         | (90 Credits)               | (65 credits)                  | College prep electives         |
|                   | ,                          |                               | (10 credits)                   |
| TOTAL             | 240 Credits                | 240 Credits                   | NA                             |

# **AUHSD Graduation and College Admission Requirements**

# University of California

Students interested in attending one of nine University of California campuses must satisfy the following requirements:

Complete a minimum of 15 college-preparatory courses (a-g courses) with a C or better in each course

Earn a grade point average (GPA) or 3.0 or better in a-g courses with no grade lower than a C. Students who do not meet a 3.0 GPA requirement must submit SAT or ACT test scores to meet eligibility index requirements.

Students are encouraged to visit: http://admission.univeristyofcalifornia.edu for detailed information.

### **California State University**

Students interested in attending one of California State University campuses must satisfy the following requirements:

- Complete a minimum of 15 college-preparatory courses (a-g courses), with at least 11 finished prior to the beginning of 12<sup>th</sup> grade.
- Earn a grade point average (GPA) or 3.0 or better in a-g courses with no grade lower than a C
- Meet the examination requirements by taking the ACT plus Writing or the SAT by December of senior year. SAT Subject Tests are no longer required but may be recommended by certain campuses or programs.

Students are encouraged to visit: <u>csumentor.edu</u> for detailed information.

### **Private College Requirements**

Private colleges do not often publish a firm list of required courses. The list of courses required by the University of California provides a guideline for the high school courses that should be taken to qualify for admission to private colleges. Many students take advantage of Advanced Placement (AP) courses offered as these courses are viewed positively by the private colleges. Many students attend private colleges each year with campus choices ranging from large, well-known universities to smaller institutions with highly-focused curricular offerings.

### **Community College Requirements**

Community colleges provide quality, affordable educational options for students. There are 113 community colleges in the state of California and many students choose to begin their higher education at one of these institutions. At a community college, students can earn a two-bar a indialated egree, a certificate in a particular field, remediate their skills and improve upon their English skills among other things. First priority for student enrollment in the California Community College System is given to students who have either graduated from high school, did not complete high school by the date of their class graduation, or have reached the age of 18. Additionally, community college districts may enroll students for other reasons, such as a student being identified as highly-gifted or a limited the california record demon their graduated by the California Community College System to have a school administrator approve any request to enroll in a community college course. Community college courses are not accepted for original credit in lieu of course required for graduation by the Acalanes Union High School District.

# MIRAMONTE HIGH SCHOOL COUNSELING OFFICE 4 YEAR PLAN (Class of 2020 and following)

| Freshman year (9 <sup>th</sup> )                          |              | Sem. 1<br>credit | Sem. 2<br>credit | Sophomore Yea                                                                               | ır (10 <sup>th</sup> )                                                        | Sem. 1<br>credit             | E    |
|-----------------------------------------------------------|--------------|------------------|------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------|------|
| English 1                                                 |              | Crean            | Credit           | English 2                                                                                   |                                                                               | Credit                       | t    |
| World Hist/Geog                                           |              |                  |                  | Human & Soc.<br>Development/                                                                |                                                                               |                              | T    |
| PE 9                                                      |              |                  |                  | Math                                                                                        |                                                                               |                              | t    |
| Living Earth<br>(Biology)                                 |              |                  |                  | PE*/Elective                                                                                |                                                                               |                              | t    |
| Math                                                      |              |                  |                  | Physical Science                                                                            | ;                                                                             |                              | T    |
|                                                           |              |                  |                  |                                                                                             |                                                                               |                              | 1    |
|                                                           |              |                  |                  |                                                                                             |                                                                               | }                            | ı    |
| Summer plans:                                             | Total Credit |                  |                  | eligible for meeting                                                                        | Total credit  5 out of 6 fitness tes the PE req. through sport. See counselor | participatio                 | in i |
| ·                                                         | Total Credit | Sem. 1           | Sem. 2           | eligible for meeting<br>a CIF/NCS school                                                    | 5 out of 6 fitness tes<br>the PE req. through<br>sport. See counselor         | participation for details.   | Т    |
| Summer plans:  Junior year (11 <sup>th</sup> )  English 3 | Total Credit |                  | Sem. 2 credit    | eligible for meeting<br>a CIF/NCS school s<br>Summer Plans:                                 | 5 out of 6 fitness tes<br>the PE req. through<br>sport. See counselor         | participatio<br>for details. | Т    |
| Junior year (11 <sup>th</sup> )                           | Total Credit | Sem. 1           |                  | eligible for meeting<br>a CIF/NCS school s<br>Summer Plans:                                 | 5 out of 6 fitness tes<br>the PE req. through<br>sport. See counselor         | participation for details.   | T    |
| Junior year (11 <sup>th</sup> )  English 3  US History    | Total Credit | Sem. 1           |                  | eligible for meeting<br>a CIF/NCS school s<br>Summer Plans:<br>Senior Year (12<br>English 4 | 5 out of 6 fitness tes<br>the PE req. through<br>sport. See counselor         | participation for details.   | on i |
| Junior year (11 <sup>th</sup> ) English 3                 | Total Credit | Sem. 1           |                  | eligible for meeting<br>a CIF/NCS school s<br>Summer Plans:<br>Senior Year (12<br>English 4 | 5 out of 6 fitness tes<br>the PE req. through<br>sport. See counselor         | participation for details.   | T:   |
| Junior year (11 <sup>th</sup> )  English 3  US History    | Total Credit | Sem. 1           |                  | eligible for meeting<br>a CIF/NCS school s<br>Summer Plans:<br>Senior Year (12<br>English 4 | 5 out of 6 fitness tes<br>the PE req. through<br>sport. See counselor         | participation for details.   | 1:   |
| Junior year (11 <sup>th</sup> )  English 3  US History    | Total Credit | Sem. 1           |                  | eligible for meeting<br>a CIF/NCS school s<br>Summer Plans:<br>Senior Year (12<br>English 4 | 5 out of 6 fitness tes<br>the PE req. through<br>sport. See counselor         | participation for details.   | Т    |

\*\*May be taken any year in high school

World Lang. or Career Tech.

Additional Graduation Requirements\*\*:
Visual/Performing Arts 10 credits

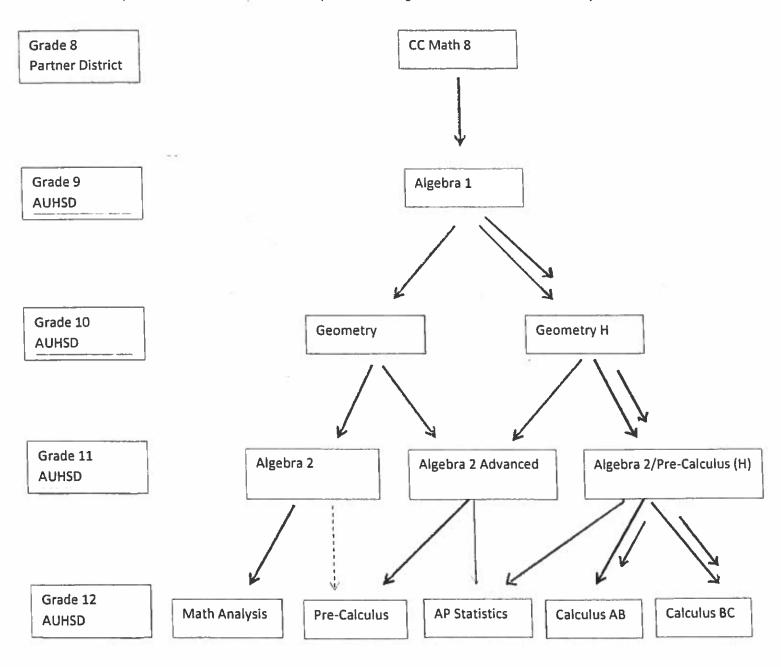
10 credits

| Credit for Graduation         | Credit |
|-------------------------------|--------|
| Freshman (9 <sup>th</sup> )   |        |
| Sophomore (10 <sup>th</sup> ) |        |
| Junior (11 <sup>th</sup> )    |        |
| Senior (12 <sup>th</sup> )    |        |
|                               |        |
| (240 Required) Total          |        |

### Math Pathways Grade 8 - 12;

## Mathematics Pathways (includes high school acceleration option)

- ---> Pathways marked in red represent the common (recommended) pathway
  - Pathways marked with a represent the High School Acceleration Pathway



### **Additional Mathematics Courses:**

- Introduction to Computer Science (S)
- Introduction to Computer Programming
- AP Computer Science A
- AP Computer Science Principles

\*AP Statistics is commonly taken concurrently with AP Calculus BC or AP Calculus AB



# SPORTS OFFERED MIRAMONTE HIGH SCHOOL

## BEFORE ANY STUDENT MAY PARTICIPATE IN ATHLETICS AT MHS, HE/SHE MUST:

### 1. COMPLETE THE ATHLETIC CLEARANCE AND EMERGENCY CONTACT FORMS

- To start the athletic registration process, go to the District website http://www.acalanes.k12.ca.us
   and complete the forms.
- Proof of physical examination must be on file for each school year. The Athletic Clearance form must be typed, stamped and dated after July 1, 2017.
- Turn in the completed and signed Athletic Clearance form to the Athletic Office located in the
  Admin Building. Bring a copy of the Emergency contact form to the Athletic Office to look over
  before handing it into your coach. Please make copies of the Emergency Contact form for each
  sport you will be participating in for the school year and bring the form to your coach at the
  start of the sport season.

### 2. MAINTAIN ACADEMIC ELEGIBILITY

- Students are required to maintain satisfactory progress in course work to establish eligibility for
  participation in interscholastic athletics. 8<sup>th</sup> grade students must have at least a "C" or 2.0
  average the last semester and satisfactory school citizenship to be eligible to participate on
  MHS teams in the Fall.
- Transferring from one school to another may affect the student's athletic eligibility under North Coach Section and California Interscholastic Federation (CIF) rules. It is the student's responsibility to see the Principal for a copy of the rules.

# **FALL SPORTS (9/14/17)**

Football\*
X Country (boys/girls)
Golf (girls)
Tennis (girls)
Volleyball (girls)
Water Polo (boys/girls)

# WINTER SPORTS (11/6/17)

Basketball (boys/girls) Wrestling (boys/girls) Soccer (boys/girls)

# SPRING SPORTS (2/5/18)

Baseball
Golf (boys)
Lacrosse (boys/girls)
Softball
Swimming (boys/girls)
Diving (boys/girls)
Tennis (boys)
Track (boys/girls)
Volleyball (boys)

<sup>\*</sup>Football practice starts 9/7/17

# MIRAMONTE CLUB LIST

Q: How can I get Involved

A: Join A Club!!

| Academic Decathlon          | Miramonte Car Culture Club              |
|-----------------------------|-----------------------------------------|
| Anime Club                  | Miramonte Cycling Club                  |
| AP Euro Club                | Miramonte East Africa Club              |
| Art Club                    | Miramonte EECS Club                     |
| Auto Club                   | Miramonte Environmental Club            |
| Baking For Change           | miramonte garden club                   |
| BIONIC Club                 | Miramonte Global Student Embassy        |
| BSU (Black Student Union)   | Miramonte High School Spoken Latin Club |
| buildOn                     | Miramonte Key Club                      |
| Card Club                   | Miramonte Music Education Club          |
| Coding Club                 | Miramonte Rainbow Club                  |
| Cyber Bullying Awareness    | Miramonte Sailing Club                  |
| Dance Club                  | Miramonte Table Tennis Club             |
| DECA                        | Miramonte Treblemakers                  |
| Diversity                   | Mock Trial                              |
| Earth Dwellers              | Model United Nations                    |
| Education for All           | OIS Write Now                           |
| Feminism Club               | Orinda Juniorettes Volunteer Club       |
| French Club                 | Performers for Progress                 |
| GIFT Club                   | Photography Club                        |
| Girls Who Code              | Pie Robotics Club                       |
| Global Student Embassy Club | political activism                      |
| Hiking Club                 | Potluck Club                            |
| Interact                    | Red Cross Club                          |
| Investment Club             | Safe Haven                              |
| Latin                       | Science Club/Bowl/ Olympiad             |
| Latin Dance Club            | Soccer Club                             |
| Magic The Gathering Club    | Software Design                         |
| Mandarin Club               | Spanish Club                            |
| Marine Biology Club         | The Alive Poets Society                 |
| Math Club                   | The Darwin Society                      |
| MHS Chess Club              | The Sit Down Comedy Club                |
| Mighty Music Club           | The Young Liberals                      |
| Miramonte AADP Club         | Tri M Musical Honors Society            |
| Miramonte Acabellas         | Tutor Tag Team                          |
| Miramonte Aids Benefit      | Ultimate Club                           |
| Miramonte Astronomy Club    | Women in Stem                           |
| Miramonte Badminton Club    | Write Now                               |

# **Naviance Timeline**

# What is Naviance and why do we use it?

Naviance's 'Family Connection' is designed for students and parents to help make decisions about colleges and careers. Miramonte introduces students to Naviance during their freshman year with a variety of fun assessments and continues to build students' knowledge and usage throughout their four years to expand into college and career explorations.

Family Connection is also used in our office to track and analyze data about college and career plans with the most up to date information specific to our students at Miramonte. Naviance allows counselors and teachers to submit transcripts and letters of recommendation electronically as well as provide free test prep via Method Test Prep.

Below is a timeline of what students will be learning in the College and Career Center from freshman year through senior year:

# **Logging onto Family Connection:**

- Log on to: http://connection.naviance.com/miramonte or click the Naviance link on the Counseling/College Career page of the Miramonte website.
- Username is the student ID# and password is the student's network log-in.
- Freshman parents receive an email with a temporary password in December.
- Parents may request a password by emailing sstuber@acalanes.k12.ca.us

# Freshman Year:

| <u> </u>    | Personality assessment "Do What You Are" which offers career suggestions           |
|-------------|------------------------------------------------------------------------------------|
|             | suited to their personality type.                                                  |
| 0           | Complete a "Learning Style Inventory" which provides a summary of learning         |
|             | style preferences and tips for capitalizing on strengths and improving weaknesses. |
|             | Explore what careers are available and explore community service opportunities.    |
|             | Learn how to find 'enrichment programs' such as summer programs & more.            |
| Nhen? Decen | nber.                                                                              |
|             |                                                                                    |

# FRESHMAN YEAR COUNTS!

# FOR GRADUATION CREDIT

- -you must accumulate 60 credits a year to be on track to graduate
- -you do not get credit for failed classes
- -failed classes must be made up in summer school or next grade

# FOR COLLEGE ADMISSION

- -colleges require grades of C or better in all college prep classes -colleges require credits in all subject areas, some beginning in 9<sup>th</sup> grade
- -UC "A-G" list

# FOR ADVANCEMENT TO HIGHER LEVEL IN MATH AND FOREIGN LANGUAGE

-you must earn a grade of C or better in order to advance in math and Foreign Language

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

# NOW IS WHEN IT COUNTS!

- CHOOSE CLASSES CAREFULLY
- DEVELOP GOOD STUDY HABITS
- KEEP GRADES UP!
- SET GOALS: BOTH SHORT AND LONG TERM
- REPEAT CLASSES FOR GRADES LOWER THAN C
- BEGIN TO THINK ABOUT COLLEGE

### Miramonte Leadership Application Instructions

Thank you for your interest in joining the 2017-2018 Miramonte High School Leadership class! In this class, we plan, design, and put on the events that make the school an awesome and positive place to be for all students.

There are 6-8 spots available for incoming Freshmen in the Miramonte Leadership class this year. These freshmen are coming from multiple middle schools - so spend time on the application!



### **Available Positions**

#### Class Officer

(President, Vice-President, and Secretary)

Plan and implement events specifically for the Freshmen class! This group gets to create "Freshman Exclusive" events throughout the year. Also, this group is responsible for fundraising for your eventual Junior Prom and Senior Ball.

### Rallies

Help plan the school's rallies. Whether it be DJ light shows, games, videos, or jokes, this is your chance to put on amazing shows for the entire school four times a year!

### Spirit & Sports

Are you a fan of Mats sports? Want to get people excited to go to the games? This commission gets Miramonte pumped about all the sports we have on campus. If you want to plan tailgates, put up signs, give recognition to our awesome athletes, and more, this is the group for you.

### Social Media/Content Creation

Run the "mats\_stampede" Twitter, Instagram, and Snapchat as well as the Miramonte Leadership blog! This commission is in charge of the online presence for Miramonte Leadership. This is one of our primary means of communication with the student body and also has the potential to be Miramonte's own version of Buzzfeed.

### **Community Service**

As Matadors, we know that it is important to give back to the community that has helped us become what we are today. This group spearheads the charity work that Miramonte students do whether it be canned food drives, coat drives, or helping find Miramonte students places to volunteer.

### Student/Staff Relations

Most teachers are genuinely nice people. Most students are too. Why does it seem like this isn't the case from time to time? The job of this commission is to create opportunities for students and staff to connect and have conversations on campus that do not necessarily have to revolve around the standard classroom. Put on staff lunches, meet and greets, and our Kindness Week in this commission.

# Miramonte High School Leadership Class Application

# Step 1:

Go to **tinyurl.com/intermatslshipapp** and fill out the online application. Submit the application by **February 16th.** 

### Step 2:

**Teacher Recommendations:** Formally ask (preferably by e-mail) two teachers on campus to fill out a recommendation form for you. You will indicate who is completing your recommendation on your application in Step 1 and the teachers will be e-mailed the online recommendation link on February 21st.

### Step 3:

Based on the quality of the application, you will be notified no later than February 27th if you will be moving on to the leadership interviews.

### Step 4:

Leadership interviews are held with a teacher and ASB officers where final placement in the course will be determined. Expect more information regarding the interview in the communication on Step 3.



# **Welcome to Food Services!**

Visit our Website at: http://www.acalanes.k12.ca.us/foodservices.

The Nutrition Services department is made up of a team of food and nutrition professionals that are dedicated to students' health, well-being and their ability to learn. We support learning by promoting healthy habits for lifelong nutrition and fitness practices.

**Meal Applications:** Free and Reduced Meal Benefits - We participate in the National School Lunch Program which provides meals to qualifying students. If you wish to apply, visit our website for more information or download an Application.

# **Pre-Payment Options**

Take advantage of Pre-Paid Student Meal Accounts using MySchoolBucks.com, our Online

SCHOOL

Payment program that allows parents to deposit money into their student's lunch account.

That account can then be accessed to purchase lunches. Monies paid into the student account can only be used for purchases in the cafeteria. This system allows students to charge only if there

is money in their account. **Menus** The goal of our Food Services department is to provide healthy, tasty, and nutritious food choices to our students and staff. Now you have three convenient ways to see the menus; on the web, on the mobile app, or automatically delivered each month by email!

# MENUS MADE EASY - 3 GREAT CHOICES







**Special Meal Accommodations** Each special dietary request must be supported by a statement explaining the requested food substitution and must be signed by a recognized medical authority. Visit our website to learn more!

# 8th GRADE PARENTS LOOKING FOR A PROMOTION GIFT IDEA?

LOOK NO FURTHER!

Welcome your student to Miramonte with a Spirit-filled gift pack!

### Regular Gift Pack - \$40

Includes a high- quality Miramonte cinch bag, Miramonte t-shirt, lanyard, car magnet to display school spirit, and a Congratulations/Welcome letter from Miramonte's Principal

### Deluxe Gift Pack - \$65

Includes all items from the regular gift pack PLUS a trucker-style Miramonte hat and a chrome license plate frame

All items are packaged in a gift bag so you will be ready to present your gift on Promotion night!

Pre-Orders ONLY

Deadline to Order: May 7, 2017

To order go to: Miramonte High School Website> Web Store>Fan Shop

Gift packs will be available for pick up in late May/early June



# Join the MIRAMONTE BOOSTERS CLUB and Support Miramonte Athletics!

Student athletes make up more than 75% of the student body at Miramonte. Boosters' Club is a critical funding mechanism for Miramonte Athletics. Thanks to member donations, Boosters is able to:

- Purchase much-needed equipment, gear, and supplies for ALL of our sports teams and weight room.
- Pay the salaries of personnel such as the athletic trainer who is present at all games, the weight room supervisor, and new in 2016, a nutritionist. These individuals support EVERY student athlete and provide invaluable services.
- Help pay for big-ticket capital purchases such as scoreboards, sports mats, goals, nets, pop up tents for shade, spectator benches, and much more.

Boosters' Club has committed over \$100,000 to our athletic programs for the coming school year.

Please help us continue to make that commitment each year!

Our goal is to reach 100% participation from families with a student athlete.

The Miramonte High School Boosters Club is a nonprofit organization and <u>all donations are tax deductible</u>.

We encourage you to become part of "The Team Behind the Teams"!

Visit the Boosters website, <u>www.miramonteboostersclub.com</u>, for additional details and updates on all of our athletic programs!