

OLENTANGY BERKSHIRE MIDDLE SCHOOL

7TH GRADE 2025-2026 COURSE SELECTION SHEET



Student Name: _____

Student ID: _____

6th Grade Team: 601 | 602 | 603

REQUIRED FULL-YEAR CORE COURSES (Year-long courses, automatically scheduled)

☒ Academic Assist 7 ☒ Integrated English 7 ☒ Science 7 ☒ Social Studies 7 ☒ Math 7 or Accelerated Math 7/8**

****Math placement is based on successful completion of the previous Math course studied.**

REQUIRED UNIFIED ARTS COURSES (Six-week courses, automatically scheduled)

☒ Physical Education 7 ☒ Family and Consumer Science 7 ☒ Digital Creation 7
☒ Exploring French 7 ☒ Exploring German 7 ☒ Exploring Spanish 7

ELECTIVE COURSES

Step 1A: Do you plan to participate in Music? **Yes | No** (If 'No,' move on to Step 2)

Step 1B: If you plan to participate in Music, select **ONE** option below by placing a checkmark in the appropriate blank:

<input type="checkbox"/> Band 7 <input type="checkbox"/> Choir 7 <input type="checkbox"/> Strings 7	<input type="checkbox"/> Band 7/Choir 7 <input type="checkbox"/> Band 7/Strings 7 <input type="checkbox"/> Choir 7/Strings 7
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Band/Choir/Strings students interested in taking 2-D and/or 3-D Art or Health 7 class(es) can do so in place of any Required Unified Arts courses above. Please indicate your interest by placing a checkmark in the appropriate blank.


<input type="checkbox"/> Art 2-D 7 (Replace_____)	<input type="checkbox"/> Art 3-D 7 (Replace_____)	<input type="checkbox"/> Health 7 (Replace_____)
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☒ (This completes your elective request. Do not continue to Step 2)

Step 2: If you are not enrolling in Music, please select 6 selections below by placing a checkmark in the appropriate blanks. Courses listed multiple times may be taken up to the number of times listed:

<input type="checkbox"/> Art 2-D 7 <input type="checkbox"/> Art 3-D 7 <input type="checkbox"/> Health 7	<input type="checkbox"/> Physical Education 7 <input type="checkbox"/> Physical Education 7 <input type="checkbox"/> Physical Education 7	<input type="checkbox"/> Study Hall 7 <input type="checkbox"/> Study Hall 7 <input type="checkbox"/> Study Hall 7	<input type="checkbox"/> Study Hall 7 <input type="checkbox"/> Study Hall 7 <input type="checkbox"/> Study Hall 7
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Please return to Student Services and submit through PowerSchool by 1/24/2025

<p>If you have any questions please contact:</p> <p>Mr. Vyrostek (School Counselor A-K): michael_vyrostek@olsd.us</p> <p>Mr. Rock (School Counselor L-Z): andrew_rock@olsd.us</p>	<p>Berkshire Scheduling Webpage Click on MS Course of Study for course descriptions</p> 
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Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____