

Information Sheet

***It is very important you write clearly and neatly on this sheet!!!**

Student Information

Name: _____ Period: _____ Birthdate: _____

Address: _____ City: _____ Zip: _____

Student Cell Number: _____ Student Email: _____

Parent/Guardian #1 Information:

Name: _____ Relationship to Student: _____

Best phone number to reach you: _____ Backup phone number: _____

Email Address: _____

Parent/Guardian #2 Information:

Name: _____ Relationship to Student: _____

Best phone number to reach you: _____ Backup phone number: _____

Email Address: _____

About The Student:

List any after school activities you will be involved in this semester (include sports, band, work, clubs, activities, etc.):

What do you think you might want to be when you “grow up”? _____

What concerns do you have about this semester? _____

What is one interesting or unique fact about YOU? _____

Is there any other information you think I should know about you? _____

Favorite Things:

Candy: _____ Musical artist/group: _____ Color: _____

Please sign the following:

I have read, understand, and intend to follow the course information sent home by Mrs. Loughridge outlining the classroom policies, procedures, and course expectations.

Student: _____ Date: _____

Parent/Guardian: _____ Date: _____