Information Sheet

***It is very important you write <u>clearly and neatly</u> on this sheet!!!**

Student Information

Name: _____ Native Language: _____

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, etc.):

_____

What do you 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 miscellaneous information you would like for me to know? _____

_____

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: _____