

Student Information

Full Legal Name: _____

Date of Birth: _____

Home Telephone #: _____

(Do not provide your own private line as the Home Telephone No.)

Home Address: _____

Mailing Address: ☐ Same _____

email address: _____

Internet access at home? ☐ Y ☐ N

Parent/Guardian Information:

Mother: _____ Work Tel. # _____ email: _____

Father: _____ Work Tel. # _____ email: _____

Parents live in the same home: ☐ Y ☐ N OK to contact at work: ☐ Mother ☐ Father

Other contact numbers (cell phone, beeper, etc.): _____

Do you have any concerns, medical or otherwise, that your teacher may need me to be aware of? ☐ No

Class Schedule with Teacher's name:

Per. 1 _____

Per. 5 _____

Per. 2 _____

Per. 6 _____

Per. 3 _____

Per. 7 _____

Per. 4 _____

Marching Band ☐ Sports: _____

What are your career goals after high school? _____

What are your expectations of this class? _____