Student Information Sheet

Name: _____
First Last Name you go by

Address: _____
Street

_____
City State ZIP

Your email address: _____
Your phone Number: _____ Is this cell or home? Circle which
Language spoken at home: _____
Who do you live with:_____

Do you have a computer at home: _____
Do you have a (circle): Ipod Smartphone Tablet
Do you have internet access at home: _____
Do you have access to a printer at home: _____

Last year I went to school at: _____
Sports I participate in: _____
Clubs or other organizations?:_____
After school activities?:_____
After high school I plan to: _____
Favorite thing to do in spare time: _____

The grade I **want** in this class (not the grade you think you'll get): _____
I learn best from teachers who:

_____

I struggle to learn from teachers who:

_____

Anything you want me to know about you. If you have a medical issue I need to know about please include that here. (hobbies, goals, family situations, medical issues, where you work, etc) :

_____
_____
_____
_____

Parent or Guardian Information

Name: _____ Relationship to you: _____
Language Spoken: _____
Address: _____
_____
Home Phone: _____
Cell Phone: _____
Work Phone: _____ Place of work : _____
Email Address: _____

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Name: _____ Relationship to you: _____
Language Spoken: _____
Address: _____
_____
Home Phone: _____
Cell Phone: _____
Work Phone: _____ Place of work : _____
Email Address: _____

Parent Contact Log

Date	Time	Method of Contact	Spoke with	About