

STUDENT INFORMATION SHEET

Student Name: _____ **Grade:** _____

Address: _____
Street Address City Zip Code

Home Phone Number: _____

Email Address: _____

Date of Birth: ____/____/____
Month Day Year

Parent/Guardian Information (whomever you live with):

Full Name	Relationship to you	Workplace	Work Phone Number

Other Parent/Guardian Information (people you do not live with that should be aware of your academic progress):

Full Name	Relationship to you	Home Phone Number	Workplace	Work Phone Number

Class Schedule:

	Course Name	Teacher
Homeroom	Homeroom	
1st Period		
2nd Period		
3rd Period		
4th Period		

Hobbies/Special Interests/Sports/Clubs/Jobs:

Tell me at least one interesting thing about yourself that will help me remember who you are.

Please list any medical conditions I should be aware of (allergies, diabetes, etc):

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