

Student Information Form

Your name: _____ What do you want to be called: _____

Cell #: _____ Home #: _____ E-Mail: _____

Address: _____ City: _____ Zip: _____

Age: _____ B-Day: _____ Hobbies: _____

Goals after high school: _____

What clubs/sports/activities do you participate in: _____

Parent(s) or Guardian(s) First and last name: _____

Contact Information

Mother	_____	_____	_____	_____
	Cell Phone	Home Phone	Work Phone	e-mail
Father	_____	_____	_____	_____
	Cell Phone	Home Phone	Work Phone	e-mail
Guardian	_____	_____	_____	_____
	Cell Phone	Home Phone	Work Phone	e-mail

Are there any health issues I should be aware of (i.e. asthma, trouble seeing the board, trouble hearing)?: _____

Do you have a job after school? YES NO If yes, how many hours per week? _____

Where do you work: _____

Do you have access to the Internet at home? YES NO A printer that works? YES NO

Facebook: YES NO Twitter: Yes NO

Homeroom _____ Teacher _____

1st: _____ Teacher: _____ Room#: _____

2nd: _____ Teacher: _____ Room#: _____

3rd: _____ Teacher: _____ Room#: _____

4th: _____ Teacher: _____ Room#: _____

5th: _____ Teacher: _____ Room#: _____

6th: _____ Teacher: _____ Room#: _____

7th: _____ Teacher: _____ Room#: _____