

Student Information Sheet

Course: _____ Per: _____

Student Name: _____ Birthday: _____

Student Email Address: _____

I live with: _____

Mother: _____ Father: _____

Address: _____

Daytime (Work) Phone: _____ Evening (Home) Phone: _____

Best time to contact you by phone is: _____

Parent(s) Email Address(es): _____

If you do not live with a parent, please fill out section below.

Guardian: _____ Relation: _____

Address: _____

Daytime / Work Phone: _____ Evening / Home Phone: _____

Email Address: _____

Record of Contact *(for teacher use only)*

Date	Method of Contact	Details

Textbook Information

Title _____ Barcode Number: _____

Condition of cover (circle one): poor fair good like new

Pages with damage or writing: _____

Previous Course Information

Is this your first time taking this course? _____

Last science course: _____ Teacher: _____ Mark: _____

Current Course Information

Period	Course	Teacher	Room
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____

What are your goals in this course? _____

Are there any specific adaptations that would help make you more successful in this course?

Do you have a Medical Alert Bracelet or any medical conditions (including food allergies) or personal situations (e.g. sports) that might affect your learning and/or attendance?

Any other notes or comments? _____

