

Student Information Sheet

Last Name: _____ First Name: _____ M.I.: _____

Name You'd Like to be Called: _____

Home Phone: _____ Emergency Phone: _____

Birthday: _____ (please include year)

Parent or Guardian: _____ Relationship: _____

Parent or Guardian: _____ Relationship: _____

Parent or Guardian Work Phone: _____

Parent or Guardian Email: _____

Do you have access to internet at home? _____

What extra-curricular activities do you participate in? _____

Do you have a job? Yes/No If yes, where? _____

Locker Number: _____ Locker Combination: _____

Who is the most influential person in your life, and why? _____

If you could change one thing about your life, what would it be and why? _____

If you have a medical issue that I should be aware of, or if you have any other questions or concerns, please include them here:
