

Student Information Sheet

Student Name: *(First and Last)* \_\_\_\_\_

What do you prefer to be called? *(Must be appropriate)* \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: (You) \_\_\_\_\_

Birthdate: \_\_\_\_\_ Email: (You) \_\_\_\_\_

How do you get to school? \_\_\_\_\_

Who do you live with? \_\_\_\_\_

What is the Primary Language at home? \_\_\_\_\_

**Parent/Guardian Information**

Father/Guardian Name: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Where work? \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Which number is best? \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Where work? \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Which number is best? \_\_\_\_\_

**Technology**

Do you have a computer at home?    Yes                      No

Do you have internet access?        Yes                      No

Can you print at home?                Yes                      No

**Learning Styles**

I learn best when:

I find it difficult to learn when:

My special interests are:

My goals for this year are:

Other facts about me that people might not know:

Please list your schedule below:

Period	Subject	Teacher	Room #
0	_____	_____	_____
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____

Sports/extra- curricular activities (clubs, ASB, Band, etc.)?

