

Student Information Sheet

Name _____

Nickname _____ Grade _____

Street Address _____

City, State, Zip _____

Birthdate _____ Age _____ Phone Number _____

Email Address _____

Parent/Guardian (Names/Relationship to Student) _____

Work Phone (Mother/ _____) _____

Work Phone (Father/ _____) _____

Email Address for Parents _____

Hobbies or Favorite Activities: _____

3 adjectives to describe yourself _____

Do you have any special needs? (Like sitting close to board, etc.) _____

Why did you take this course? _____

If I could meet a famous person (living or dead), I'd like to meet: _____

The best thing about me is: _____

What goal(s) will you set for yourself regarding this class? _____