

STUDENT/PARENT INFORMATION SHEET

STUDENT NAME: _____ DOB: _____ GRADE: _____

I LIKE TO BE CALLED, IF DIFFERENT FROM ABOVE: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE (_____) _____

OKAY TO CONTACT BY E-MAIL? _____ YES _____ NO.

IF YES, E-MAIL ADDRESS TO USE: _____.

LIST ANY RESTRICTIONS OF INFORMATION TO BE SENT BY E-MAIL:

COUNSELOR: _____ VICE-PRINCIPAL: _____

MOTHER'S NAME: _____ WORK PHONE: (_____) _____

CELL PHONE: (_____) _____

FATHER'S NAME: _____ WORK PHONE: (_____) _____

CELL PHONE: (_____) _____

FAVORITE SCHOOL SUBJECT OR ACTIVITY: _____

AREA OF STRENGTH: _____

AREA OF WEAKNESS: _____

LEARNING STYLE: _____

BRAIN DOMINANCE: _____

AVERAGE AMOUNT OF TIME PER WEEK SPENT IN CONTENT MASTERY
LAST SCHOOL YEAR: _____

