

STUDENT INFORMATION SHEET

Student Profile

Name (Last, First, Middle) _____

Student ID# _____ Grade Level _____ Period _____

Address _____

Home Phone _____ Cell Phone _____

Email _____ Birthday _____

What would be your dream job? _____

Parent/Guardian Information

Guardian 1 _____ Relationship _____

Email _____ Cell Phone _____

Guardian 2 _____ Relationship _____

Email _____ Cell Phone _____

Math Profile

Math course last year _____ School _____ Grade earned _____

Do you like math? Not at all No Ok Like it Love it Can't live without it

Do you have access to a tutor or math help at home? _____ Do you need help with math? _____

Current Schedule (write room number and subject)

Period 1 _____ Period 4 _____

Period 2 _____ Period 5 _____

Period 3 _____ Period 6 _____

After School Activities (clubs, sports, music, foreign languages, etc)

Special accommodations (sit towards the front/back of classroom)

If any, please explain _____

Any medical conditions _____

