

INFORMATION SHEET

3rd

NAME: _____ LAST NAME: _____ GRADE: _____	
PHONE NUMBER: _____	
HOME PHONE: _____	
MOBILE PHONE: _____	HOME: _____
E-MAIL: _____	HOME: _____
ADDRESS AND ADDRESS OF PARENTS AND GUARDIANS: _____	
SCHOOL: _____ SCHOOL BUS-DRIVER: _____ IF AVAILABLE LAST NAME: _____	
COMMENTS: _____	
What do you want to be when you get out of this school?	
COMMENTS: _____	
EDUCATIONAL LEVEL: _____ NUMBER OF SIBLINGS: _____ AGE: _____ EDUCATIONAL LEVEL OF PARENTS: _____ EDUCATIONAL LEVEL OF GRANDPARENTS: _____ EDUCATIONAL LEVEL OF OTHER RELATIVES: _____ COMMENTS: _____ OTHER INFORMATION YOU WANT: _____	
SIGNATURE OF THE PARENT/GUARDIAN: _____	
Additional information you would like us to know about you: _____	
Additional information you would like us to know that might help you do better in this class: _____	