

STUDENT INFORMATION

STUDENT'S NAME: _____
 SCHOOL ID #: _____
 Email address: _____

HOME ADDRESS: _____

HOME TELEPHONE NUMBER _____

MOTHER'S/GUARDIAN'S NAME _____
 Phone Number: Home _____ Work: _____ Cell _____
 Email address: _____

FATHER'S/GUARDIAN'S NAME: _____
 Phone Number: Home _____ Work: _____ Cell _____
 Email address: _____

CLASS SCHEDULE

PERIOD	SUBJECT	ROOM#	TEACHER

I understand the course information, the teacher's expectations/consequences and the school and class rules that are presented in the syllabus for this class.

Signatures:

Parent/Guardian

Print Name _____

Sign Name _____

Student

Print Name _____

Sign Name _____

Teacher

Print Name _____

Sign Name _____