STUDENT CONTACT INFORMATION Period _____

First Name: _____ Last Name: _____

How old are you? _____ Student Cell Phone: _____

Email address: ______@_____

What is your Day 1 schedule?

	Course Code/Name	Teacher Name	Room Number
Period 1			
Period 2			
Period 3			
Period 4			

Primary Parental/Guardian Contact - MANDITORY

Contact Name		What is your contact person's relationship to you? Mother? Father? Grandparent? Guardian?		
Home Number	Cell Number		Work Number	

Alternate Parental/Guardian Contact - OPTIONAL

Contact Name		What is your contact person's relationship to you? Mother? Father? Grandparent? Guardian?		
Home Number	Cel	l Number	Work Number	