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| --- | --- | --- | --- | --- |
| **Student Information** |  |  |  |  |
| Name: Last | First | Middle | Nickname |  |
| Grade: | ID Number | Birthdate |  |  |
| Address |  | City | Zip |  |
| Home phone | Your Cell Phone | E-mail |  |
|  |  |  |  |  |
| Father’s Name: | Home Phone | /Cell Phone |  | Father’s E-mail |
| Mother’s Name: (write same if same) | Home Phone | /Cell Phone |  | Mother’s E-mail |
| Homeroom Teacher | Room # | Best Friend to pick up work (In case you are out sick) |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Sports or Hobbies | Do you have Internet access? | Employment? |
| Please tell me your strengths, likes/dislikes, medical concerns or anything else you would like for me to know about yourself.  |  |
| **Important- Who was your favorite teacher from last year and why?** |  |

**Student Notes**

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| --- | --- | --- | --- |
| **Date/****Time** | **Description**  | **Comments** | **Follow-up?** |
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