



Student Teacher Information Sheet

Name _____

Age _____ Grade _____

Current Classes Taking at MCDA _____

Contact Information: Home Phone _____

Cell Phone _____

Email _____

Address _____

City _____ State _____ Zip _____

Parents Name _____

Parents Email _____

Please fill out the following chart showing when you are available to student teach.

Monday	Tuesday	Wednesday	Thursday	Saturday

I understand how important it is for me to be prepared and on time for my student teaching class/es. If I am ill or unable to attend I will contact the studio and my peers to find a sub.

Date: _____

Signature: _____