

Student Information

Last Name:		First Name:		Nickname	
ID Number		Birthdate			
Address				City	Zip
Your Cell Phone			E-mail		
Father's Name:		Home Phone	/Cell Phone	Father's E-mail	
Mother's Name:		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?					