

Name: _____

Student ID: _____

DOB: _____

Student Information Sheet

Please Print

Name: _____
(first) (middle) (last)

Name you use: _____

Student ID: _____

Date of Birth: ____/____/____

Age: _____

Counselor: _____

Grade Level: _____

Mailing Address:

(house/apt # or P.O. Box) (Street) (City/State/Zip)

Physical Address (if different):

(house/apt #) (Street) (City/State/Zip)

Name of Parents/Legal Guardians (indicate relationship in parenthesis: i.e. Mother, Father, Stepfather, etc)

(_____)

(_____)

Home Phone Number: _____

Emergency Contact Number: _____ (name/relationship)

List other activities (sports, hobbies, & interests): _____

Schedule: (course) (instructor) (room #)

1st: _____

2nd: _____

3rd: _____

4th: _____

5th: _____

Do you have any physical handicaps such as poor eyesight/hearing that will require accommodation? Learning disabilities or special needs? If so, please explain:

Are you repeating this course? (yes/no)

If so, who was your previous teacher? _____