

WHO AM I? WHERE AM I?

Name: _____ Grade: _____

Your email address: _____

Parent/ Guardian : _____

Parent/ Guardian email address: _____

Home Phone: _____ Work/ Cell: _____

Period	Class Name	Teacher	Room #
1			
2			
3			
4			
5			
6			
7			

Extra-Curricular Activities/ Sports (if any):

Coach/ Teacher Name: _____

Why did you sign up for this class (Med Term)?
