

Student Information Form

Your full name: _____

What you want me to call you: _____

~~Your home phone number: _____~~

~~Your cell phone number: _____~~

~~Your e-mail address: _____~~

Your birthday: _____

Your age: _____ Your student number: _____

Your brothers' and sisters' names and ages: _____

What are your goals for the future? _____

What hobbies do you have? _____

What sports interest you? _____

Names of your parent(s) or guardian(s): _____

Which parent or guardian would you like me to contact if I need to call home? _____

Mr. Mrs. Ms. Dr.	First name	Last name
------------------	------------	-----------

Please tell me the cell phone number, work phone number, and e-mail address of each of your parents or guardians.

Mother: _____

Cell phone	Work phone	E-mail address
------------	------------	----------------

Father: _____

Cell phone	Work phone	E-mail address
------------	------------	----------------

Guardian: _____

Cell phone	Work phone	E-mail address
------------	------------	----------------

Guardian: _____

Cell phone	Work phone	E-mail address
------------	------------	----------------

What is your address? _____

Street address	City	ZIP Code
----------------	------	----------