

Student Information Sheet



_____ , _____
Last Name

First Name

Period _____

Parent/Guardian Name → (first and last name, including any title-Dr., etc.)	
E-mail address	
Home phone number	
Cell phone number	
Work phone number	
Parent/Guardian Name → (first and last name, including any title-Dr., etc.)	
E-mail address	
Home phone number	
Cell phone number	
Work phone number	

Siblings Names and Ages:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

6th Grade Math Teacher: _____

