

# STUDENT INFORMATION SHEET

Course: \_\_\_\_\_

Class Period: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Preferred to be called First Name: \_\_\_\_\_ (ex: Michael – Mike, Rebecca – Becky, etc.)

Address: \_\_\_\_\_

Parents'/Guardians' Names: \_\_\_\_\_

Mom/Guardian Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Dad/Guardian Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Medical Background (Health Problems/Medications): \_\_\_\_\_

Participating Clubs/Sports/Organizations: \_\_\_\_\_

Previous Math Courses You've Taken: \_\_\_\_\_

What is your PERSONAL GOAL this year for this course? \_\_\_\_\_

I would like to know more about you as a person so please answer the following questions:

- What is your FAVORITE SUBJECT in school? \_\_\_\_\_
- What is your ALL-TIME FAVORITE MOVIE? \_\_\_\_\_
- What do you WANT to do/be AFTER HIGH SCHOOL? \_\_\_\_\_

Schedule:	Period	Subject	Teacher / Room #
	1 <sup>st</sup>	_____	_____
	2 <sup>nd</sup>	_____	_____
	3 <sup>rd</sup>	_____	_____
	4 <sup>th</sup>	_____	_____

I have read and understand all of the rules, requirements, and expectations for Advanced Functions.

Return the Completed/Signed Information Sheet to me tomorrow to receive a 100% on a homework grade AND 1 stamp on your stamp sheet.

**Every day not returned, 10 points will be deducted. No stamp if this paper is over 4-days late.**

Student's Signature: \_\_\_\_\_

Student's Email Address: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_

Parent's/Guardian's Email Address: \_\_\_\_\_