



## Student Information Sheet

Full Name \_\_\_\_\_ Name to be called \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_\_\_

Parent/Guardian you live with \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian e-mail \_\_\_\_\_

Do you have a career goal? If so, please list. \_\_\_\_\_

\_\_\_\_\_

What are some of your hobbies? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you participate in any sports? \_\_\_\_\_

\_\_\_\_\_

List your extracurricular activities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any experiences you have had related to this class. \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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**Why are you taking this class? How will you use the skills and information you learn throughout this class in the future?** \_\_\_\_\_

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**List 5 specific things you hope to learn in this class:**

- 1- \_\_\_\_\_
- 2- \_\_\_\_\_
- 3- \_\_\_\_\_
- 4- \_\_\_\_\_
- 5- \_\_\_\_\_

**What do you expect from your teacher in this class?** \_\_\_\_\_

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**What should your teacher expect from you in this class?** \_\_\_\_\_

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**List rules that you think should be enforced in this classroom.** \_\_\_\_\_

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**How can I make this class more successful for you?** \_\_\_\_\_

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