

Student Information Sheet

Student Input:

Legal Name: _____ Name you want to go by (Optional): _____

Class Year (Circle One): Fr Soph Jun Sen

- 1) Three (3) words that describe me: _____ ; _____ ; _____
 - 2) Clubs, sports, or other extra-curricular activities that you participate in (*in school or out of school*):
 - 3) Last **SCIENCE** class taken last semester/year (*Include level*): _____
 - 4) Highest level of **MATH** taken **AND** passed (*Do not include current semester*): _____
 - 5) Do you have **INTERNET** access available to you at home (*check one*)? Yes _____ No _____
 - 6) Do you have **PRINTING** available to you at home (*check one*)? Yes _____ No _____
 - 7) List any additional information that you would like me to know (*seating preference, medical concerns, etc.*)

 - 8) What is your **GOAL** for this class? What are you hoping to get out of this class?
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Parent/Guardian Input:

Father/Guardian Name: _____

Home phone/cell phone: _____ E-mail(s): _____

Best way to contact you: Phone: _____ E-mail: _____ Best time: _____

Mother/Guardian Name: _____

Home phone/cell phone: _____ E-mail(s): _____

Best way to contact you: Phone: _____ E-mail: _____ Best time: _____

- 1) How do you feel that your child learns best?
- 2) To provide the greatest support, what would you like me to know about your child?
- 3) What is your goal for your child in this class? What are you hoping that your child will get out of this class?

COURSE SYLLABUS & EXPECTATIONS:

My teacher's name is: _____

I have fully **READ** the course syllabus and expectations, and **UNDERSTAND** my role as the **STUDENT** and that I will be held responsible and accountable by its constraints and procedures.

Student Name: _____ Signature: _____

I have fully **READ** the course syllabus and expectations, and **UNDERSTAND** my role as the **PARENT** and that my student will be held responsible and accountable by its constraints and procedures.

Parent/Guardian Name: _____ Signature: _____

LAB SAFETY CONTRACT:

I have fully **READ** the lab safety contract and **UNDERSTAND** that lab safety is an important aspect for a productive learning environment. I also understand that performing a lab experiment is a privilege and I will abide by its constraints and procedures.

Student Name: _____ Signature: _____

I have fully **READ** the lab safety contract and **UNDERSTAND** that lab safety is an important aspect for a productive learning environment. I also understand that performing a lab experiment is a privilege and have discussed with my child the importance of lab safety and will abide by its constraints and procedures.

Parent/Guardian Name: _____ Signature: _____

TEXTBOOK:

I understand that the primary text for the course is the online textbook available through Canvas, but that I may request a hardcopy textbook be assigned to me at any point throughout the semester.

At this time (check one):

- I request a hardcopy textbook be assigned to me. I understand that I am responsible for returning it at the end of the semester in the same condition as when it was issued.
- I do NOT request a hardcopy textbook at this time. I understand that should I want one later in the semester, I am responsible for requesting it from my teacher.

Student Name: _____ Signature: _____

I understand that the primary text for the course is the online textbook available through Canvas, but that my child may request a hardcopy textbook be assigned to him/her at any point throughout the semester.

Parent/Guardian Name: _____ Signature: _____