STUDENT INFORMATION SHEET

Period

ID _____ Grade_____

Name:_____
(PRINT) LAST FIRST

Address:_____

Cell-phone Number: _____

Email Address: _____Web Site:_____

Parent/Guardian(s) Information:	
Name _____	Name _____
Phone (H)_____	Phone (H)_____
Phone (W)_____	Phone (W)_____
Phone(Cell)_____	Phone(Cell)_____
Email_____	Email_____

Last math class:_____Grade received:_____

Last computer class:_____Grade received:_____

Textbook Information

Complete Title	Condition	Book Number	Cost	Initials
	A B C D E F			
	A B C D E F			
	A B C D E F			

I realize that I am responsible for all materials recorded on this form. At the end of the year, I will be charged for all unreturned materials and any unrecorded damage. I will receive No CREDIT if the book I return has the wrong label or if the label is missing or damaged. If I transfer from this class, I must be SURE to pick up this form before leaving. I realize that all financial obligations must be paid before I can transfer or graduate.

Signature_____Date_____

Complete two financial obligation forms on opposite side of this form.