

Name/Section: _____ Grade: _____

Address: _____ City: _____ Zip Code: _____

Home Phone #: _____ Father's Work Phone #: _____

Mother's Work Phone #: _____

Parent/Guardian(s) Name(s): _____

Do you live with: _____ Both Parents _____ One Parent (_____ Mother _____ Father)
_____ Guardian/Relative (please describe relationship to you _____)

School Activities/Clubs/Sports: _____

After-School Activities/Interests/Hobbies: _____

Reading: Do you read books ? _____ If yes, what was the last book you read? _____
Magazines? _____ Newspaper? _____

Computer Access: Do you have access to a computer at home? _____ Do you have internet access? _____
Do you use the Internet for research? _____ (All the time) _____ (A lot) _____ (Not much) _____ (Never)

Grades: What grades do you usually earn in school? (Circle one)
A+ A A- B+ B B- C+ C C- D+ D D-

Last Year's Teacher (Social Studies) _____ Grade Earned: _____

Learning Styles: How do you learn the best? (May circle more than one)
Visual Learner Projects Group/Cooperative Work Independent Work Discussion
Homework Writing Listening Computer Activities Other _____

Is there any additional information that you want to tell me in order for you to work your best in class this year (learning difficulties, vision/hearing problems, classroom concerns, etc.)?
Please add onto the other side of this information form.
