

Student Information Sheet

Name: _____ Class: _____

Year in School: _____ Birthday: _____ ID# _____

Parent/Guardian Names: _____

Address: _____

Phone Numbers: _____

Schedule: Please Include Class, Teacher, and Room Number

<u>Class</u>	<u>Teacher</u>	<u>Room #</u>
Period 1	/	/
_____	/	/
Period 2	/	/
_____	/	/
Period 3	/	/
_____	/	/
Period 4	/	/
_____	/	/
Period 5	/	/
_____	/	/
Period 6	/	/
_____	/	/

By signing below I have read and understood the syllabus for this class. I can make all the dates of the shows/performances.

Student: _____ Date: _____

Parent: _____ Date: _____

If you have any further questions, please do not hesitate to contact me!