

**Student Information Sheet**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Contact name \_\_\_\_\_

Best Number to Reach Contact at \_\_\_\_\_

Address \_\_\_\_\_

Favorite Subject \_\_\_\_\_ Advisory Teacher \_\_\_\_\_

How do you like to Learn? \_\_\_\_\_

What can I do to help you in class? \_\_\_\_\_

Favorite snack? \_\_\_\_\_ Favorite beverage? \_\_\_\_\_

Sports/Activities \_\_\_\_\_

Anything else you want me to  
know? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please complete and return to Mr. Thompson by the end of the first week of school.