

STUDENT INFO SHEET

Name _____ ID _____ Grade Level _____

Last Year (2015-2016): School Attended _____

Math Course _____

Math Teacher _____

Grade Received (semester 2/trimester 3) _____

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Did you take math in Summer School 2015? _____

If so, what class? _____

Where? _____ Grade Received _____

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Please read the Course Syllabus carefully. Signatures below acknowledge the Course Syllabus has been read.

Student Signature _____

Parent/Guardian Signature _____

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Students/Parents: Anything you would like me to know as we begin the year? Do you have any questions/concerns for me?
