

Science 9 – Student Information

Your Name (first and last)			
Mother (or female guardian)	First Name:	Last Name:	
Father (or male guardian)	First Name:	Last Name:	
Parent/Guardian Phone #	Home:	Work:	
Best Times for Contact	Home:	Work:	
Parent(s)/Guardian(s) E-mail			
Home Mailing Address (full)			
Your Science Textbook #			
Your Class in Block 1	Course:	Teacher:	Room:
Your Class in Block 2	Course:	Teacher:	Room:
Your Class in Block 3	Course:	Teacher:	Room:
Your Class in Block 4	Course:	Teacher:	Room:
Your Class in Block 7	Course:	Teacher:	Room:
Your Class in Block 8	Course:	Teacher:	Room:
School Bus you ride	<input type="checkbox"/> No bus <input type="checkbox"/> Time Bus Leaves School		
Your Goal(s) for Science 9			