**Student Information Sheet**

**Student’s Name**:

Parent/Guardian, please complete this entire form and return as soon as possible so that I may better serve you and your child.

**Parent Contact Information**: (Please circle the best method by which to contact you.)

Mother’s Name (or other guardian):

Phone Number 1: Phone Number 2:

Email:

Address:

Father’s Name (or other guardian):

Phone Number 1: Phone Number 2:

Email:

Address:

**Student Information:**

1) Does your child have access to a computer outside of school? Yes / No

2) Does your child have access to the internet outside of school? Yes / No

3) Does your child have any special accommodations in place? (IEP, 504, Health Plan)Yes / No

4) Does your child have permission to be photographed or videoed for the purposes of class projects which will only be shared within our class? Yes / No

5) Is there anything else you would like to share with me about your child? If so, please explain below. Yes / No

**Parent / Guardian Signature:** **Date:**