columi	n

## STUDENT INFORMATION SHEET

ID Grade					Period		
Name:							
(PRINT) LAST							
Address:							
Cell-phone Number:							
Email Address:	Web Site:						
Parent/Guardian(s) Information:							
Name		Name	-				
Phone (H)		Phone (H)_	-				
Phone (W)	Phone (W)						
Phone(Cell)		Phone(Cell)	_				
Email		Email			_		
Last math class:			Grade receive	d:	-		
Last computer class: Grade received:							
Textbook Information							
Complete Title	Conditi	on	Book Number	Cost	Initials		
Complete Title	A B C D E F		Book I (diffice)	Cost	Initials		
	АВС	DEE					
	АВС	DEF					
	4 D G	D.E.E.					
	A B C	DEF					
I realize that I am responsible for all materials recorded on this form. At the end of the year, I will							
be charged for all unreturned materials and any unrecorded damage. I will receive No CREDIT							
if the book I return has the wrong label or if the label is missing or damaged. If I transfer from							
this class, I must be SURE to pick up this form before leaving. I realize that all financial							
obligations must be paid before I can transfer or graduate.							
Signature			_Date				

Complete the two financial obligation forms on opposite side of this form.