

STUDENT INFORMATION PROFILE**Chemistry**

NAME _____ DATE OF BIRTH _____ YEAR 10 11 12

ADDRESS _____ HOME PHONE _____

STUDENT E-MAIL _____

CLASS SCHEDULE

Period	Rm # 1st/2nd sem	Course 1st sem/2nd sem	Teacher 1st sem/2nd sem
1			
2			
3			
4			
5/lunch			
5/lunch			
6			
7			

POSSIBLE CAREERS _____

I WORK AT: _____ WORK SCHEDULE: _____

SCHOOL ACTIVITIES: CLUBS _____ DRAMA _____

MUSIC _____ ATHLETICS _____

HOBBIES _____

I WEAR CONTACT LENSES yes no

PLEASE LIST ANY MEDICAL CONDITIONS, INCLUDING ALLERGIES, THAT YOUR CHEMISTRY TEACHER SHOULD KNOW ABOUT. _____

DESCRIBE YOUR COMPUTER/INTERNET USE/ACCESS AT HOME,

I AM TAKING THIS CLASS BECAUSE: _____

PLEASE HAVE YOUR PARENTS FILL THIS SECTION OUT:

FATHER'S NAME _____ PHONE(H) _____ (W) _____

WORKS FOR _____ OCCUPATION _____

E-MAIL _____

I prefer you contact me by _____ at the following times: _____

Signature: _____

MOTHER'S NAME _____ PHONE(H) _____ (W) _____

WORKS FOR _____ OCCUPATION _____

E-MAIL _____

I prefer you contact me by _____ at the following times: _____

Signature: _____