

## Science 9 – Student Information

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