

NAME \_\_\_\_\_

BLOCK 1 3 4

### Student Information Sheet

Full name/preferred nickname		
Home #	Your Cell	
Your email	Birthday	Age
Parent/Guardians (relationships)	Their work/cell #	
Address	Parent/guardian email	
School attended last year	ELA	LEAP SCORE: Adv Mas Bas Ap.Bas Unsat GRADE: A B C D F
Extracurricular/Interests	Other important info	

Access to Internet at home? Yes No

Fall

Spring

Block	Class	Teacher	Block	Class	Teacher
1			1		
2			2		
3			3		
4			4		

### Student Interest Survey

Siblings

Pets

Special talents

**FAVORITES** →

BAND or SINGER

ICE CREAM

MOVIE

SPORT

MUSIC

PLACE

The title of the book about my life would be...

Why?

What is the scariest or most embarrassing thing that has ever happened to you?

I love when...

I hate when...

I wish I could...

I also...

**RECOMMEND TO ME**

a Book

a TV Show

A Video Game

An App

A Website

Last Year I was...

Five years from now, I want to...

When I get home...

I'm curious about...

I admire \_\_\_\_\_ because...

My wish for someone else is...