

Name: _____ Period: _____ Counselor: _____

Background Info: Please print clearly.

Parent Name: _____ Parent Name: _____

Parent Email: _____ Parent Email: _____

Parent Phone #: _____ Parent Phone #: _____

Do you have access to the following technology after school/at home? (circle those you have)

Computer

Internet

Printer

When not at school you will find me ...aka...what do you ***DO OUTSIDE OF SCHOOL*** ex. extra curricular, clubs, jobs)

Goals For the Course

What do you hope to get out of this class? Or in other words, why did you sign up for this class?

Things I (the parent) would like Mrs. Kappel to know about my student:

I would like to be contacted by PHONE or EMAIL
(circle your preference)

(Student Signature)

(Parent/Guardian Signature)