Information Exchange Sheet

First & Last Name _____

Address _____
street City State Zip Code

Telephone Number _____ Cell (C) Home (H)

Personal (P) Email _____

School (S) Email _____

Best Way to Contact You: (C) Phone (H) Phone (P) Email

(S) Email Other: _____

Parents/Guardian(s) _____
Mom Name Dad Name

Best Way to Contact Parents/Guardian(s): Phone Email

_____
Mom phone number OR email address Dad phone number OR email address

Study Hall Times

Semester 1 _____

Semester 2 _____

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