

Date: _____

Name: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Last math course taken: _____

Mark in last math course: _____

Name of last math teacher (if at R.H.H.S.) **or** name of school: _____

This Semester's Timetable:

	Course Name	Room	Teacher
Period 1			
Period 2			
Period 3			
Period 4			
Period 5			

Who should be contacted regarding your progress in class?

	Relationship (father / mother / guardian)	Parent's Name	Daytime: try first (circle type)	Daytime: try next (circle type)
contact first →			home work cell email	home work cell email
contact second →			home work cell email	home work cell email
contact third →			home work cell email	home work cell email

Do you have a job? _____ If yes, how many hours per week on average do you work? _____