

STUDENT INFORMATION SHEET
Algebra 2
MISS WEINSTEIN/MR. ISOLA
2017-2018

Please **PRINT** and fill in all areas very neatly

STUDENT

LAST NAME: _____ FIRST NAME: _____ Grade:_____

Previous year's information:

Geometry Teacher: _____ Final Grade in Math: _____

Algebra 1 Teacher: _____ Final Grade in Math: _____

Please have a parent/guardian fill out the bottom portion of this document. Please **check** the box in which you would like to be contacted. Thank you!

Mother/Guardian's Name: _____

☐ Cell Phone Number: _____

☐ Other: _____

Father/Guardian's Name: _____

☐ Cell Phone Number: _____

☐ Other: _____

If you would like to **receive** e-mails about upcoming tests and quizzes or information about the class please provide your e-mail below. Please print in capital letters so that I can read the e-mail clearly as well as your relation to the student in parentheses.

e-mail (_____): _____

e-mail (_____): _____

I have read and understand the above policies outlined in the Student-Teacher learning contract.
I will support and assist my son/daughter _____ in meeting the
terms of this contract. PRINT Student's Name

I have read and understand the course description and syllabus.

I verify that the information on the parent contact sheet is accurate.

(Parent's / Guardian's signature)

(Student's signature)