

STUDENT INFORMATION
Please return to school by Monday, September 10.

Student's Name _____

When your child is absent from school, with whom would you like us to send his/her work home?

(Student's Name)

(Student's Teacher)

1st Choice _____

2nd Choice _____

_____ Please check here if you want to pick up your child's homework.

Would you be interested in volunteering in the classroom? _____

If so, have you completed the volunteer training through our guidance department? _____

What are your child's strengths?

In which areas does your child need improvement?

Please feel free to add any other information you think we should know about your child on the bottom of this form.

Thank you!

Mr. Turner and Mrs. Byers

