



Student Info Sheet



LAST NAME

FIRST NAME

Age: _____ Do you have an IEP? YES NO



Who is your SERT: _____
What do you need to be successful? (example – help with...)
 : _____

Home Phone #: _____ Your Cell #: _____

Mom's Name: _____ Phone #: _____

Dad's Name: _____ Phone #: _____

Guardian's/Step-Parent: _____ Phone #: _____

Who do you live with? _____

Any allergies or Medical Issues I should know? _____ (yes/no)

*Please specify: _____

COURSES THIS SEMESTER

Period	Course	Teacher

**Any other important info I should know?? Please write me a note on the back of this sheet or email me at tpopple@scdsb.on.ca - let's end the year well!!