

Student: _____
(Last Name, First Name)

Mr. Burnham

STRATEGIES FOR SUCCESS 10

Students and parents/guardians, please fill out the follow student profile.

Student: _____

Parents/Guardians: _____

Home Address: _____

Home Phone: () -

Work Phone: () -

Cell Phone: () -

(Please put a star next to the best phone number to contact during the day or next to the e-mail address if this is the best way to contact you).

E-mail address/es: _____

I, _____, the parent of the named student above,
Parent/Guardian name

state that all of the information on this form is current and correct. I have

also received, read, and understand the Study Skills Course Syllabus,

Classroom Procedures, and the Classroom Rules.

Parent/Guardian signature

date