

Student Information Sheet

Name: _____ Phone: _____

Preferred form of address (nickname, etc.): _____

Local Address: _____

Schedule: Block out times of school, work, and other obligations. Indicate courses by name or number.

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7 am							
8 am							
9 am							
10 am							
11 am							
12 pm							
1 pm							
2 pm							
3 pm							
4 pm							
5 pm							
6 pm							
7 pm							
8 pm							

Computer skills: _____

Hobbies: _____