

**Return to Mrs. Pisani TH-07**

Student name \_\_\_\_\_ Date: \_\_\_\_\_ Period \_\_\_\_\_

The signatures below verify that my parents/guardians and I have read, discussed, and clearly understand the rules and grading policies in Mrs. Pisani's classroom. Any questions and concerns have been discussed with the teacher prior to signing.

\_\_\_\_\_  
**Parent/guardian signature**

\_\_\_\_\_  
**Student signature**

The signature below verifies that consent is given to view audio visual material with at most a PG-13 rating in Mrs. Pisani's classroom throughout the 2013-2014 school year.

\_\_\_\_\_  
**Parent/guardian signature**

\_\_\_\_\_  
Date

**PARENT CONTACT INFO**

Parent/guardian - Print name(s)

Email address(es)

Phone number(s)  
(work, cell or home?)

\_\_\_\_\_  
\_\_\_\_\_

Who is the best person to contact if a concern arises? \_\_\_\_\_

What is the best method to contact you (circle one)?      Email      Phone

What is the best time of day to contact you? \_\_\_\_\_

**STUDENT INFO**

Name you like to be called \_\_\_\_\_

I live with: (check one)

\_\_\_\_ both parents

\_\_\_\_ just mother

\_\_\_\_ just father

\_\_\_\_ other \_\_\_\_\_

Where did you go to middle school? \_\_\_\_\_

What sports/clubs are you involved in (or plan to be)? \_\_\_\_\_

**For 5<sup>th</sup> block students only:** Do you get picked up, walk, or ride the bus home? \_\_\_\_\_

Tell me something interesting about yourself. \_\_\_\_\_

\_\_\_\_\_