

CSUS 8th Grade Student Information 2016

Thank you for taking the time to complete this form!

Advisory Teacher: _____

Student Full Name: _____

Parent/Caregiver 1 Full Name: _____

Parent/Caregivers 1 Email: _____

Parent/Caregivers 1 Cell Phone: _____ Home Phone: _____

Circle the phone number we should call first

Parent/Caregiver 2 Full Name: _____

Parent/Caregivers 2 Email: _____

Parent/Caregivers 2 Cell Phone: _____ Home Phone: _____

Circle the phone number we should call first

What is the best time to call? _____

Home Address 1: _____

Home Address 2: _____

Student's Cell Phone Number: _____

Comments, information, ideas that will help us understand your child better: _____

Please continue filling out the back of this form!

Do you have a working computer with reliable internet access at home?

Yes

No

How would you like to receive the weekly CSUS Tuesday Take Home packets?

email

hard copy brought home by student

Would you consider being a parent/caregiver representative this year?

Yes

No

Will you need child care in order to attend school events or conferences?

Yes

No

Will you need transportation in order to attend school events or conferences?

Yes

No

Will you need translations of school information into a language other than English? If yes, which languages? _____

Yes

No

Would you be able to provide translation of school information into a language other than English? If yes, which languages? _____

I can contribute the following services and/or skills to the 8th grade classrooms (eg. carpentry, tutoring, connections to MFA, baking, etc.): _____
