Student Information Card 2019-2020

Mr. Coffelt – Math 6

**Student Information**

Student Name: Birthdate:

Name Student Goes By: ­

**Parent Information**

***Parent/Guardian #1***

Name:

Phone:

Email:

❑ Please email me at this address with class updates.***Parent/Guardian #1***

Name:

Phone:

Email:

❑ Please email me at this address with class updates.

**Communication Preferences**

I prefer to communicate via e-mail. Please take note of my email address: Charles.Coffelt@cobbk12.org.

What is your preferred communication method? ❑ E-mail ❑ Phone

**Other Information**

Allergies/Medications/Other Health Information:

Does your student wear glasses? ❑ Yes ❑ No

Does your student have any special seating needs? Please indicate if this is a preference or

a must have.

❑ My child has a device that he/she will be bringing in to school and can use for class activities **ONLY** with teacher permission. I understand that should my child use his/her device when not permitted to do so or uses the device inappropriately, there may be consequences. I also understand that it is the student’s responsibility to keep up with his/her device and that the teacher is not responsible for lost or stolen devices.

Anything else you want me to know about your child:

**Communication Log 2019-2020**

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| **Date of Contact** | **Reason for the Call** | **Spoke With** | **Outcome** |
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