

Name: \_\_\_\_\_  
*First Middle Last*

Student I. D. #: \_\_\_\_\_ Year in School: **FR** **SO** **JR** **SR**  
*(circle one)*

Address: \_\_\_\_\_  
\_\_\_\_\_  
*City State Zip code*

Phone Number: \_\_\_\_\_  
*Home Cell phone*

Parent(s)/Legal Guardians: \_\_\_\_\_

Administrator: \_\_\_\_\_

Counselor: \_\_\_\_\_

Year: 20\_\_\_\_

**CLASS SCHEDULE**

**Semester**  
**Fall Spring**

Period	Subject	Teacher	Room Number
0			
1			
2			
3			
4			
5			
6			

Extra-Curricular Activities: \_\_\_\_\_

Hobbies: \_\_\_\_\_

I have read and understand Mr. Parkin's Classroom Rules and Procedures (CRAP), as well as his philosophy of grading.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_