

PERSONAL DATA SHEET

Dr. Sweet: Advanced Physics

PLEASE COMPLETE THE FOLLOWING QUESTIONS:

Please be assured that anything written on this form is confidential and will not be shared with any other party. The information collected will be utilized to maximize your student's success.

Student's name _____

Preferred primary contact person _____

Preferred contact phone # _____

Preferred email address _____

Father's name _____ Occupation _____

Salutation: Mr./Dr./Professor/Fr./Rev./Pastor/Other _____

Father's workplace phone # _____

Father's email address (work) _____

Mother's name _____ Occupation _____

Salutation: Ms./Mrs./Miss/Dr./Professor/Fr./Rev./Pastor/Other _____

Mother's workplace phone # _____

Mother's email address (work) _____

The method by which I/we prefer to be contacted is via phone call/text/email (please circle one)

The best time of day to reach us is: (Dad) _____ (Mom) _____

Is there anything you would like me to know about your son/daughter?

Parents' Signatures:
