

## Science Student Information Form

Student Name: \_\_\_\_\_

Parent/Guardian email: \_\_\_\_\_

Parent/Guardian Daytime Phone Number: \_\_\_\_\_

Emergency Contact during your son or daughter's science class: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Contact Info: \_\_\_\_\_

Does your student have internet access available outside of school? \_\_\_\_\_

Can your student complete assignments or activities online outside of school? \_\_\_\_\_

If there is any information that need to be known by the teacher that may or may not affect the participation of your student in a lab experience or class please list below.

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