

Inquiring Minds Want to Know

Student Name: _____

Student Email: _____

Student ID #: _____ Grade Level: _____

Parent Home Phone #: _____

Parent/Guardian Cell #: _____

Parent/Guardian's Name(s): _____

Parent/Guardian Work #: _____

Parent/Guardian E-mail: _____

Student Information:

Birthday: _____

Place of Birth: _____

Favorite College: _____

Future Career: _____

Favorite Hobbies: _____

Favorite Color: _____

Favorite Music Group / Artist: _____

Favorite Song: _____

Favorite Sport: _____

Favorite Subject in School: _____

Least Favorite Subject in School: _____

Favorite Teacher and why: _____

Favorite Movie: _____

Dream Car: _____

Club Memberships: _____

Extra Curricular Activities: _____

Unusual Fact About Yourself: _____

I would like my teacher to know that I learn best by _____

Anything else I would like my teacher to know _____