

Student Questionnaire

1. Student Information:

Last Name: _____

First Name: _____

Name you would like me to call you: _____

OSIS # (9-digit): _____ Official Class: _____

Who was your math teacher last semester? _____

Street Address: _____ Apt: _____

City: _____ ZIP Code: _____

Date of Birth: _____ Place of Birth: _____

2. Family Information:

Do you have any brothers or sisters? What ages? Do they live with you? _____

What language(s) do you speak at home? (leave blank if only English) _____

Do your parent(s)/guardian(s) speak English? (circle one) YES NO

Do you have access to the Internet at home? (circle one) YES NO

3. Your Activities and Interests:

Which school subject(s) do you like most? _____

What are some of your interests? (for example: sports, music, television, movies) _____

Do you participate or plan to participate in any extracurricular activities? If so, which ones?

What do you imagine yourself doing ten years from now? _____

Do you like math? Why or why not? _____

4. Other Information:

Do you require a seat near the front of the classroom due to vision problems or have any other special needs or requests? _____

Is there anything else that you would like me to know?

Thank you for filling out this questionnaire.
I look forward to a successful school year with you!