

Name: \_\_\_\_\_ Salty snack preference: \_\_\_\_\_  
 Address: \_\_\_\_\_ Sweet snack preference: \_\_\_\_\_  
 Parents' name(s): \_\_\_\_\_ Favorite kind of bagel: \_\_\_\_\_  
 Parents' phone(s): \_\_\_\_\_ Favorite juice: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Favorite soda (specify diet or regular): \_\_\_\_\_  
 Cell phone #: \_\_\_\_\_ Favorite pizza: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_ Favorite candy: \_\_\_\_\_  
 Birthday: \_\_\_\_\_

### List the school activities you are involved in and when each activity meets:

Activity	Summer hours	School year meeting times

### List out-of-school activities, commitments and/or jobs that you have.

Activity/Job/Commitment	Days of the week and hours

Do you have a driver's license? \_\_\_\_\_ Do you have access to a car? \_\_\_\_\_

### School Schedule

Class	Teacher	Room No.
1st		
2nd		
3rd		
4th		
5th		
6th		
7th		
8th		
9th		

On the back, list the names of your friends and the activities in which they participate.

Friends	Activities
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	