

AP Calculus B/C Student Information Form

Student Information

Name: _____

Age: _____ Grade: _____ Student School ID Number: _____

Medical Problems I Should Be Aware Of: _____

Parent/Guardian Information

1) Name: _____

Relationship to Student: _____

Home Phone: _____ Work Phone: _____

Occupation: _____ Place of Employment: _____

Email Address: _____ Cell Phone: _____

2) Name: _____

Relationship to Student: _____

Home Phone: _____ Work Phone: _____

Occupation: _____ Place of Employment: _____

Email Address: _____ Cell Phone: _____

Extracurricular Information

Does your child see a tutor regularly? _____ If so, in what subjects? _____

Does your child work part-time? _____ If yes, where? _____

List any extracurricular activities in which your child is involved: _____

Other information that you feel would be helpful to me in teaching your child

(strengths/weaknesses): _____

I have received a copy of the AP Calculus B/C class syllabus, parent information letter, and I have accurately completed this information form.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____