

Student Information Sheet

Visual Arts – Ms. Wolf

Semester	Class Per.
Year	Grade

Last Name(s)	First Name

About YOU:	Birthday: 	Email: 	Homeroom Teacher:
	Allergies, Special Diet, etc. 	Activities/Special Interests Outside of School: 	Previous Art Experience:

Your Home:	Home Address: 	Home Phone:
	Zip Code: 	
I live with (circle as needed): <i>Both Parents / Mother / Father / Aunt or Uncle / Grandparent / Other: _____</i>		

Parents/Guardians:	Name: 	Email:
	Home Address (if different than yours): 	Work/Cell Phone:
	Relationship to you: <i>Parent / Aunt or Uncle / Grandparent / Cousin or Sibling / Other: _____</i>	
	Name: 	Email:
	Home Address (if different than yours): 	Work/Cell Phone:
	Relationship to you: <i>Parent / Aunt or Uncle / Grandparent / Cousin or Sibling / Other: _____</i>	
	Name: 	Email:
	Home Address (if different than yours): 	Work/Cell Phone:
	Relationship to you: <i>Parent / Aunt or Uncle / Grandparent / Cousin or Sibling / Other: _____</i>	

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**Digital Portfolio Link:**