Student Questionnaire

1. First and Last Name
2. Name you would like to be called
3. Birthday
4. Allergies? If Yes Describe
5. Parents and Guardians Names, Phone Numbers, and Email (Required!)
6. Do you have a job? Yes/No. If yes how many hours do you work a week?
7. Do you do any extracurricular activities, clubs etc.? If yes please list.
8. How do you get to school?
9. What other classes are you taking in the Fall Semester?
10. What is your biggest fear about this class? What concerns do you have that I might need to be aware of?