



Honors ICM Student Information Sheet Fall 2019



First Name: _____ Last Name: _____ Grade: _____

Everyday/Preferred Name: _____ Birthday: _____

WCPSS School Email: _____

Is there any medical information I should know about you? _____

Do you have an IEP or 504 Plan that I should be aware of? If so, which one? _____

Guardian 1 Name: _____ Relationship to you: _____

Cell Phone: _____ Email: _____

Guardian 2 Name: _____ Relationship to you: _____

Cell Phone: _____ Email: _____

With whom do you reside with? _____

Which of the following MATH courses have you taken (and passed)? Please CIRCLE ALL that apply. ☺

- | | | | | |
|-----------|-------------|-----------|--------------|------------|
| Math 2 | Math 3 | AFM | ECM | AP Stats |
| Hn Math 2 | Hn Math 3 | PreCalc | AP Calc AB | AP Calc BC |
| Geometry | Hn Geometry | Algebra 2 | Hn Algebra 2 | |

What was the last MATH class you took? _____ When did you take it? _____

Which teacher did you have for the last MATH class you took, and at what school did you take it?

About what was your grade in the last MATH class you took (circle one)? A B C D F

Extracurricular Activities (Include Employment):

What is your school schedule for this semester?

Period	Class	Teacher Name	Room Number
1 st			
2 nd			
3 rd			
4 th			