

Contact Page

Please fill in the form below and return to Ms. Samayoa by **August 24th/25th**

Student name: _____

Period/subject: _____

Allergies: _____

Computer Access:

Please Check one:

_____ My child **has** access to an internet computer with a printer that has ink and paper at home.

_____ My child **does not have** access to an internet computer with a printer that has ink and paper at home.

Parent Contact Information (required):

Phone number:

Home: _____ **Cell:** _____

Work: _____

Parent email address: _____

Preferred form of contact: _____