

# Team 7A Home Contact Data Sheet

Student Name: \_\_\_\_\_  
(please print)

Birthday: \_\_\_\_\_

Parent(s)/Guardian Name(s): \_\_\_\_\_  
(please print) (please print)

Parent/Guardian Signature: \_\_\_\_\_

Phone Numbers:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Preferred number to be reached at during the school day (check one): Home ( ) Work ( ) Cell ( )

Best time to contact: \_\_\_\_\_

Email Address: \_\_\_\_\_  
(please print)

At various times throughout the year, the team may decide to show a movie as a reward for doing a good job. In the event that the movie is rated PG-13, parent permission is required. Please sign the form below if you will allow your child to watch a PG-13 movie in school.

I give my child, \_\_\_\_\_, permission to watch a PG-13 movie while at school.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Parent/Guardian Input:

Questions or Concerns - \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We thank you in advance for your cooperation and look forward to a great school year!  
Team 7A Teachers