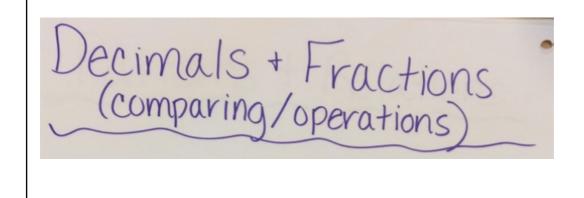
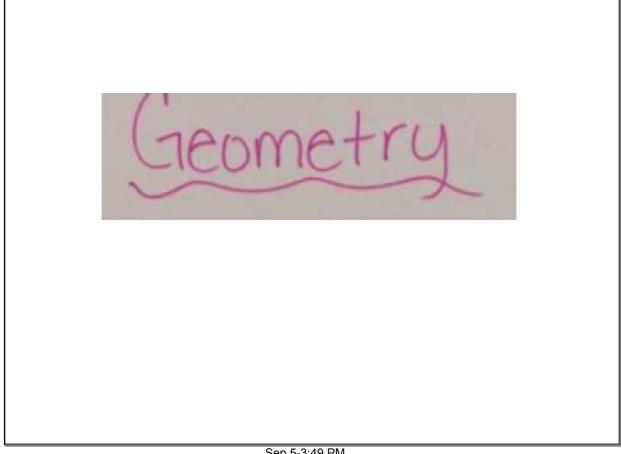
STUDENT INFORMATION SHEET	
Name:	Date of Birth:
What do you see yourself doing once you gradua	ite high school?
How do you feel about <u>math</u> and why do you fee	el this way?
What is your definition of a "great math teacher'	Parent/Guardian Information:
Name:	Name:
Relation:	Relation:
Home Telephone #:	Home Telephone #:
Cell phone #:	Cell phone #:
Email:	Email:
Medical L/ve/:	
Do you have any medical conditions that I should	l be aware? If so list them.

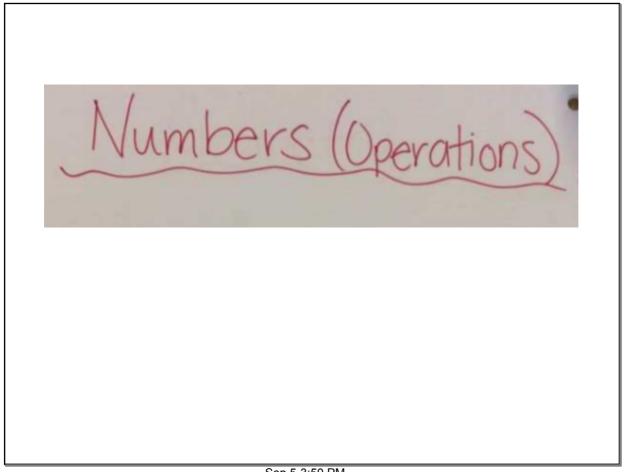
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## Review of some Grade 8 topics

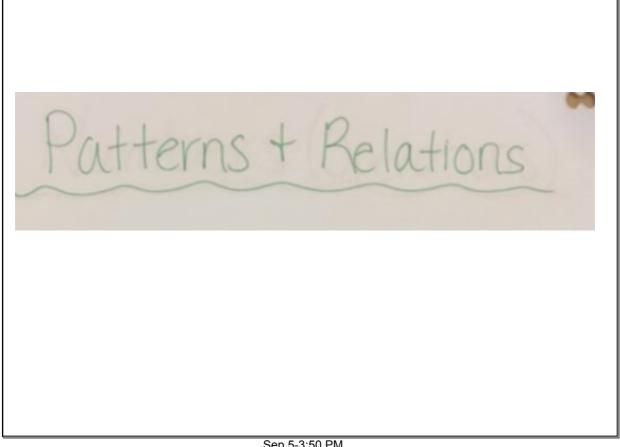


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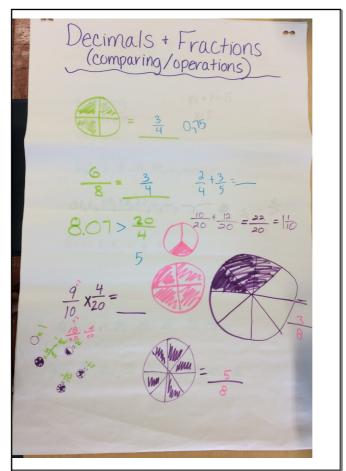




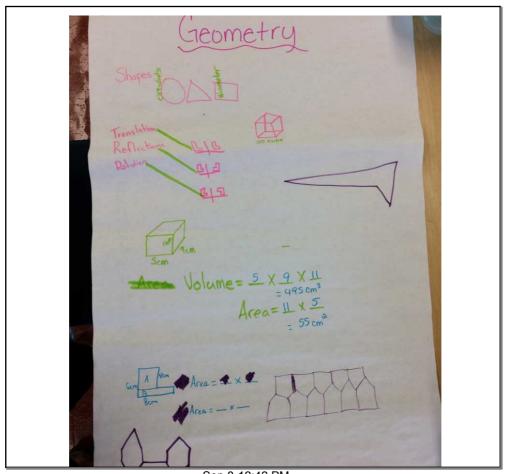
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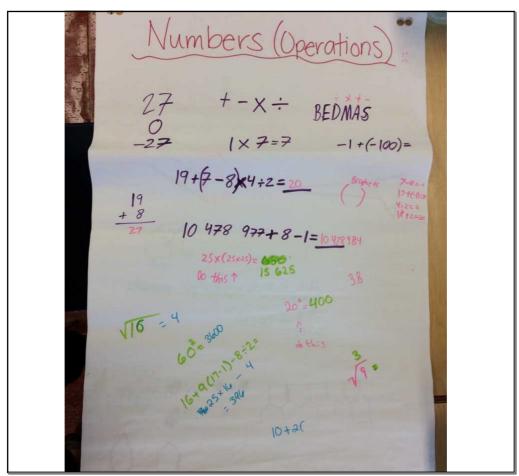
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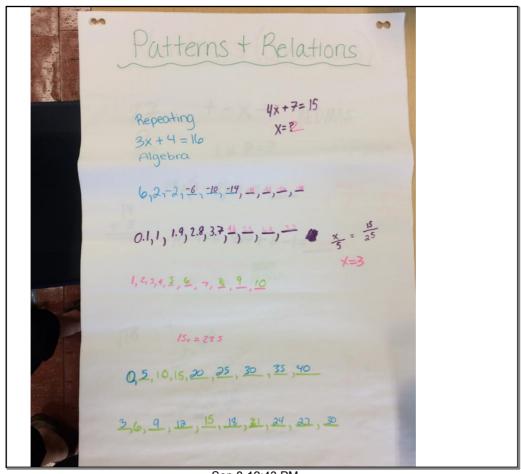
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Sep 8-12:42 PM



Sep 8-12:43 PM



Sep 8-12:43 PM