STUDENT INFORMATION SHEET	
Name:	Date of Birth:
What do you see yourself doing once you graduate high school?	
How do you feel about <u>math</u> and why do you feel this way?	
What is your definition of a "great math teacher"?	
Parent/Guardian Information:	Parents/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 be aware? If so list them.	

## Review of some Grade 8 topics







