Personal Information Sheet  
2019-2020

Name of student:__________________________________________ Birth date:_____________

Home address:____________________________________________ City________________ Zip_________

Home phone number:___________________

Parent/guardian's name(s):____________________________________

Parent email address where you want to receive class information:_________________________

Student email address: ___________________________________

Contact number for parents during school hours:_______________________________________

_______________________________________

Additional contact person in case of emergency:__________________________

Phone: _________________________________

Dr. preference and insurance information, if you want to include it:

__________________________________________________________________________

Any medical or other concerns/issues/limitations/medications that a teacher may need to know?

What has your family decided I should expect for memory work each week?___________

___math ( ) $ 150

___science ( ) $ 150

___history/literature/Bible/composition $ 425

___composition (half hour) $150

___Government, ACT prep, health $ 75

___Spanish 1 or 2, Personal Finance $ 150

Tentative total for yr.______________*

Down payment of:___________

Remainder:_______________

In ________ payments of ________

**Final total will be figured at orientation in August and can include t-shirt, biology specimens, etc.**.

Send this paper and $50 to Nina Oetting 28 SE 650 Warrensburg, MO 64093 to hold a spot.