

# GETTING TO KNOW YOU

Block \_\_\_\_\_

NAME \_\_\_\_\_

BIRTHDAY \_\_\_\_\_

What you hope to learn in Oceanography \_\_\_\_\_

\_\_\_\_\_

FAVORITE CLASS \_\_\_\_\_

LEAST FAVORITE CLASS \_\_\_\_\_

Sports you play (enjoy watching) \_\_\_\_\_

Your favorite vacation \_\_\_\_\_

How would you make high school better? \_\_\_\_\_

Favorite music to listen to \_\_\_\_\_

If you could change one thing about the world it would be \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you like most about yourself? (Not appearance, but a characteristic such as kindness) \_\_\_\_\_

\_\_\_\_\_

What do you hope to be doing in ten years? \_\_\_\_\_

\_\_\_\_\_

Name the people in your Family? \_\_\_\_\_

\_\_\_\_\_

What does your family enjoy doing together? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Phone Number \_\_\_\_\_

Parent's Email Address \_\_\_\_\_

# AGREEMENT FORM

## *for Mrs. Butler's Oceanography Class*

**Please return this form to the teacher by the next class session.**

This signed form is an indication that the Oceanography Expectations sheet has been read by, and understood by the Oceanography student, and his/her parent. It is an agreement that the student will abide by these requirements and that the parent is aware of these requirements.

Communication is essential in promoting understanding, and in helping your child achieve his/her goals in Oceanography. Students who give a high priority to school work tend to learn more and be more successful in their school work. It is imperative that the student always does his/her own work and never copies any other student's work or any outside source as if it were their own work.

Direct quotes are not allowed. Failure to follow this rule will result in a failing grade for the work.

Please check the web site on a regular basis to follow your student's progress

throughout this course.....**www.kellamhs.com**

**Please include the information requested below.**

*It is essential that both phone numbers and E-mail are below for me to contact you about your child.*

### PHONE AND EMAIL CONTACT INFORMATION Please Print

NAME Father \_\_\_\_\_ Mother \_\_\_\_\_

WORK Father \_\_\_\_\_ Mother \_\_\_\_\_

HOME Father \_\_\_\_\_ Mother \_\_\_\_\_

EMAIL Father \_\_\_\_\_ Mother \_\_\_\_\_

Phone number of another parent or guardian \_\_\_\_\_

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

**Student Signature** \_\_\_\_\_