MANSFIELD HIGH SCHOOL
Student Schedule

Name:_____ Grade:_____ Date of Enrollment: _____

Date of Birth: Month_____ Day_____ Year_____ Social Security No.: _____

PERIOD	1st SEMESTER - SUBJECT	TEACHER	2nd SEMESTER - SUBJECT	TEACHER

Qualifies for eighth semester option	Int.	Request to be Teacher's Aide		Hour
Qualifies for part time attendance	Int.	Total credits on this schedule		CR
Total credits before this enrollment	CR	Permit to register	Int.	Final Check

Name of Parent or Guardian with whom you live:_____

Address: _____, Town: _____ County: _____

Telephone: Home_____

Cell: _____

Place of employment of father/guardian: _____

Work Phone: _____

Place of employment of mother/guardian: _____

Work Phone: _____

List any unusual conditions the school should be aware of: _____

In case of an accident at school and parents cannot be reached, who should be called:

Name: _____ Phone: _____

Name: _____ Phone : _____

Name: _____ Phone: _____

Parent/Guardian approval of the above schedule: _____

Signature