



Chesapeake Bay Governor's School Student Contact Information Sheet 2010-2011

Student Information:

Last Name: _____ First Name: _____ MI: _____

Address _____ City, State, Zip: _____

SSN#: _____ - _____ - _____ DOB(mm/dd/yy): ____/____/____ Age: ____ Male ____ Female ____

Home Phone: (____) _____ - _____ E-mail _____

Parent(s) / Guardian(s) Information:

Last Name: _____ First Name: _____ MI: _____

Relationship to student: _____

Address: _____ City, State, Zip: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____ E-mail: _____

Last Name: _____ First Name: _____ MI: _____

Relationship to student: _____

Address: _____ City, State, Zip: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____ E-mail: _____

Other:

I would be interested in working on a parent committee.

Name: _____

Teacher appreciation Fund raising Student activities

Yes No I will need a graphing calculator for the school year. (I will be responsible for batteries and replacement if lost.)

CBGS will be providing all students with a CBGS T-shirt, please indicate your size below.

Small Medium Large X-Large XX-Large XXX-Large