

Document A



CMS Student Information Sheet

Date: _____ Name: _____ Date of Birth: _____

Favorites

Subject: _____

Food: _____

Television Show: _____

Movie: _____

Music: _____

Book: _____

Sport: _____

Future Goals:

One Year: _____

Three Years: _____

Five Years: _____

Summarize any special skills and/or interests you would like to develop or pursue this school?

What are some of your strengths and weaknesses at school?
