

: Complete this information page while working through the checklist on the reverse side of the sheet.

Student Name: _____ Date: _____

Classroom Facilitator Name(s)	Contact Information

Course Name	Virtual Instructor Name	Virtual Instructor Phone Number

Student Contact Information

PLEASE PRINT CLEARLY

Student Name: _____

Student Cell Phone Number: _____

Student Home Phone Number: _____

Student Email Address: _____

Student Mailing Address: _____

Zip Code: _____

Parent/Emergency Contact Information

Parent Name(s): _____

Mother/Guardian Phone Number(s): _____

Mother/Guardian Email Address: _____

Father/Guardian Phone Number(s): _____

Father/Guardian Email Address: _____

Complete this checklist to prepare before starting your virtual class.

Check Box:

		Fill in the Name, Date, Classroom Facilitators Name, and Student/Parent Contact Information section on the reverse side of this sheet.	
		Go to http://www.edgenuity.com/SS-Login/	