

Last Name: \_\_\_\_\_

Class Period: \_\_\_\_\_

Cinco Ranch Dance Department  
Student Information

Name:

Address:

Home Phone Number:

Dance Locker #:

Dance Locker Combo #:

1st Semester Class Schedule

Period	Subject	Teacher	Room Number
1			
2			
3			
4			
5			
6			
7			

Mother's Name:

Mother's Work Number/e-mail:

Father's Name:

Father's Work Number/e-mail:

Guardian's Name:

Guardian's Work Number/e-mail:

Birthday:

Current Grade:

Last Name: \_\_\_\_\_

Class Period: \_\_\_\_\_

Do you have a job or plan on getting a job? If so, where and what hours do you work?

Do you have any previous dance training? If so, what type and how many years?

Please tell me something about yourself that I would not know by looking at you.

What are your expectations for this class?

Please write 2 goals for this school year and 1 goal for your future.