Mrs. McGuire- 6th Grade Reading
Coleman Middle School

Period_____
Student Name_____HomeroomTeacher_____

Parent/Guardian Contact Information

Primary Contact __________
Email

Cell Phone_____ Other Phone_____
Best Way to Communicate_____ Best Time_____
May I text you? _____ May I leave a voicemail? _____

Secondary/Emergency Contact______
Email

Cell Phone_____ Other Phone_____
Best Way to Communicate_____ Best Time_____
May I text you? _____ May I leave a voicemail? _____

Technology

Does your child have access to Technology at home? ☐ Yes ☐ No
If yes, please select the type below.

☐Tablet/IPad ☐ Laptop/Desktop Computer ☐Smart Phone ☐ Other_____

For Your Information (FYI)

Is there any additional information that I need to know or that you would like to share about your child? Special conditions, medications, allergies, etc…

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