



# Student Information Sheet

**Note\*\*\* Please complete this form online then print and sign it. Have your child return this form to Mr. Laxton in class. Thank you.**

**Student Name:**

## Contact Information for Mr. Laxton

**Parent Name:**

**Contact Phone Number:**   Home  Work  Cell

**The technology department encourages parents to include an email address so teachers may contact them during the day for any questions or concerns regarding their child.**

**Student Email address:**  @

**Parent Email address:**  @

**Your child's special needs to be aware of:**

**Allergies:**

**Other:**

**Parent Signature:**

**Date** \_\_\_\_\_

**Note\*\*\* Please feel free to contact Mr. Laxton if you have any questions or concerns regarding this information sheet. All information will be treated as confidential . Thank you. (905) 827-4101 ext 235**