

Parent/Guardian Contact Form

Student Name: _____ Advisory Teacher: _____

Physics class period (circle one): 1/3 5/7 6/8 10/12

Parent's or Guardian's name(s): _____

What is the best way to contact your parent/guardian? (circle one) Email Call Text

Parent/guardian e-mail address: _____

Parent/guardian Home Phone number: _____

Parent/guardian Cell Phone number(s): _____

What is your preferred language? _____

As part of our school mission to get students exposed to real world learning, we try to integrate industry professionals into our projects and curriculum. Our best resource comes from the families that are a part of this school. The following questions are optional, please answer them if you are willing to volunteer your time and/or resources for student projects.

Are you willing to volunteer your time to help with student project? YES NO

If yes, please specify any areas that you would be willing to volunteer for:

- Helping in the Fab Lab (handiwork/woodshop)
- Able to donate materials for projects (we usually need wood and general building materials)
- Giving feedback during critique days
- Field trip chaperone
- Being expert consultant (We are also looking to partner with companies that may help support our projects)
What industry do you work in/can give advice in? _____

Other (please list any other skills or knowledge that you could share with the students): _____

