

## **Student Information & Profile (AP Psychology)**

Full Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Who do you live with? Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Number of siblings \_\_\_\_\_

Do you work? \_\_\_\_\_ If so, where? \_\_\_\_\_ How many hours per week? \_\_\_\_\_

What careers interest you? \_\_\_\_\_

What do you plan to do after graduation? \_\_\_\_\_

Favorites:

Foods \_\_\_\_\_ Sports \_\_\_\_\_

Movies \_\_\_\_\_ Books \_\_\_\_\_

TV Shows \_\_\_\_\_ Magazines \_\_\_\_\_

Pets \_\_\_\_\_ Hobbies \_\_\_\_\_

Talent/Skill \_\_\_\_\_ Collections \_\_\_\_\_

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## **Acknowledgement of Syllabus & Classroom Policies**

Student Signature: My signature indicates that I have read and understand the expectations and classroom policies in the AP Psychology Syllabus.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Parent or Guardian Signature: My signature indicates that I have read and understand the expectations and classroom policies for my son/daughter in the AP Psychology Syllabus.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

