

**SSMS 7th GRADE
BEARS TEAM ADVISORY
PARENT/GUARDIAN CONTACT FORM**

Student First Name:
Student Last Name:
Advisory Teacher:
Parent/Guardian Name(s):
1.
2.
3.
4.
Home Phone: ()
Cell Phone: ()
Work Phone: ()
Email Address(s):
1.
2.
Preferred Method of Communication:
Phone call: <input type="checkbox"/> Email: <input type="checkbox"/> Note home with student: <input type="checkbox"/>
Preferred Time for Communication:
Morning: <input type="checkbox"/> Afternoon: <input type="checkbox"/> Evening: <input type="checkbox"/>
Interpreter/translation needed? Yes <input type="checkbox"/> or No <input type="checkbox"/>

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