

Theatre Course _____

Class Period _____

CRHS Theatre 2020 - 2021
Student and Parent/Guardian Contact Information Form

- Please print clearly -

Student Information

Name: _____ Birthday: _____

Address: _____

City: _____ State: TX Zip: _____

Student's Cell Phone #: _____ Home Phone #: _____

Email address: _____ Grade: _____

Theatre Class: _____ Class Period: _____

Academy: _____

Parent / Guardian #1: Information

Name (First and Last): _____

Address: _____

City: _____ State: TX Zip: _____

Phone #: Cell _____ Home: _____ Work: _____

Email address: _____

Parent / Guardian #2: Information

Name (First and Last): _____

Address: _____

City: _____ State: TX Zip: _____

Phone #: Cell _____ Home: _____ Work: _____

Email address: _____

Parent/Guardian Signature

Date

2020 – 2021 Student Schedule

- Please print clearly -

Student's Name _____ Theatre Course _____

School attended 2019 – 2020 _____ Class Period _____

Class Period	Course	Teacher's Name	Room #
1			
2			
3			
4			
5			
6			
7			
8			

School Extracurricular Activities:

Non-School Extracurricular Activities:

Theatre Experience:

(Please attach a headshot and/or resume if available.)