



Student Teacher Schedule

(Return to Dr. Damore, Mrs. Taylor or Mrs. Hitson as soon as possible.)

Name: _____ Circle: Fall Spring 2_____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Teacher: _____ Grade: _____ Room: _____

School: _____ Principal: _____

School Address: _____

School Phone: _____

Daily Schedule

<i>Time</i>	Monday	Tuesday	Wednesday	Thursday	Friday

Notes: