

AOIT Personal Information Sheet

Student Information

Please print

Student's Name _____ Grade _____

Address _____ City _____ Zip _____

Home Phone _____ Email _____

Parent/Guardian Information

Please print

Mother's Name _____ Home Phone _____

Place of Employment *(if applicable)* _____

Work Phone _____ Email _____

Father's Name _____ Home Phone _____

Place of Employment *(if applicable)* _____

Work Phone _____ Email _____

I or my company may be interested in:

- | | |
|--|--|
| <input type="checkbox"/> Chaperone (need to register as a volunteer) | <input type="checkbox"/> Job Shadow Host |
| <input type="checkbox"/> Participate in a Career Day/Job Fair | <input type="checkbox"/> Internship (hiring and supervising) |
| <input type="checkbox"/> Classroom Speaker | <input type="checkbox"/> Other <i>Please Specify</i> _____ |

Please return this form to your AOIT teacher or Mrs. Oster in 606A