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Student's full name _____ grade _____

Teacher's full name _____ room # _____

(For teacher subscribers only)

Fill out section A if you have a **MAJOR** class 1st period

Section A:

1st period teacher's name _____ 1st pd. room # _____

Fill out section B if you have **MINOR** classes or **STUDY HALLS** 1st period

Section B:

1st period teacher's name _____ 1st pd. room # _____

Day(s) you have this class (circle one or more): 1 2 3 4 5 6

OTHER 1st period teacher's name _____ 1st pd. room # _____

Day(s) you have this class (circle one or more): 1 2 3 4 5 6