



Carteret County Schools Graduation Project  
**Student Information Form**

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Student Name	
Class Schedule	Course: _____ Teacher: _____ 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup>
Homeroom Teacher	
Faculty Advisor	
Which lunch do you have?	
Parent/Guardian names	
Phone for parent/guardian and student	Name                      Name                      Name Home: _____ Work: _____ Cell: _____
Mentor name	
Extra curricular commitments	