

# National Honor Society Student Information Form

Student Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Parent Email(s): \_\_\_\_\_

*I pledge that all information in this application is true and correct to the best of my knowledge. I understand that if I am discovered to submit false information that I will be removed from the list of NHS candidates, now and in the future.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Current Schedule			
Period	Teacher	Class	Room Number
1			
2			
3			
4			
5			
6			
7			