

INDIVIDUAL SCIENCE FAIR PROJECT REGISTRATION FORM

RETURN THIS FORM TO YOUR CLASSROOM TEACHER

Registration deadline is DECEMBER 17, 2014.

(Please print the following information)

Student's Name: _____

Grade: _____ Teacher: _____ Room: _____

Parent(s)/Guardian's name: _____

Home phone number or e-mail: _____

Project Type (check one):

Grades K-2

(4 to choose from)

- _____ Model
- _____ Collection
- _____ Demonstration of a scientific principle
- _____ Experiment (using the scientific method)*

Grades 3-5

(2 to choose from)

- _____ Demonstration of a scientific principle
- _____ Experiment (using the scientific method)*

*The scientific method is explained further in the science booklet.

Project Title: (for experiments, please state in the form of a question)

What I plan to do:

Will you need electricity? (circle one) Yes or No

I (student's signature) _____ wish to participate in the Riverview Science Fair. My parent(s) have been informed about the Science Fair, and they support my decision and have given their consent for me to be in the fair.

(Parent/Guardian Signature) _____

To be completed by the Science Fair Coordinators

Approved by: _____ / Science Fair Coordinator at Riverview.

Project Number: _____

*(Approval is needed only as a precautionary measure to help ensure safety.)
This form will be returned to you upon approval.*