 Findley Oaks Elementary Robotics Team Application

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| STUDENT INFORMATION |
| Name: |
| Date of Birth: | Age: | Grade: | Teacher: |
| Address: |
| City: | State: | Zip Code: |
| Email: (if applicable) |
| PARENT INFORMAITON |
| Parent 1: |
| Name: |
| Phone : ( ) | Email: |
|  |
| Parent 2: |
| Name: |
| Phone: ( ) | Email: |
| ESSAY |
| Why do you want to join Findley Oaks Elementary’s FLL Team? |

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This application must be handwritten and submitted by the STUDENT.

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| What is something that makes a team successful? |

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

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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This application must be handwritten and submitted by the STUDENT.