

Print Student's Name \_\_\_\_\_ Grade ( )

1. Parent/Guardian's Name:  
(Mr./Ms.) \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ (Cell)  
\_\_\_\_\_ (Work)  
\_\_\_\_\_ (Home)

Email: \_\_\_\_\_

Please re-write the email:  
\_\_\_\_\_

2. Parent/Guardian's Name:  
(Mr./Ms.) \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ (Cell)  
\_\_\_\_\_ (Work)  
\_\_\_\_\_ (Home)

Email: \_\_\_\_\_

Please re-write the email:  
\_\_\_\_\_

Parents please sign if you will be responsible for overseeing your child at home and helping where needed to succeed in Science Olympiad!

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Parents who would like to volunteer no matter if your son/daughter gets into the SMMS team or not please check off the following:

- I would like to coach one or more teams
- I would like to bring snacks on Thursdays
- I would like to be in the planning committee for this year to bring it all together
- I would like to help out setting up tents and food/refreshments on the day of the event
- I would like to help in getting T-shirts ready
- I would like to coordinate the carpooling arrangements for the event
- I would like to get supplies or donate towards expenses
- I would like to take the initiative to email the parents involved with updates/information

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Please write down in one paragraph why you would like to participate. Also attach a statement on why your parent(s) would like you to participate in Science Olympiad this year.

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Please list your schedule below so that we can send you information during school hours, if needed.

Period 1: Teacher\_\_\_\_\_ Room #\_\_\_\_\_

Period 2: Teacher\_\_\_\_\_ Room #\_\_\_\_\_

Period 3: Teacher\_\_\_\_\_ Room #\_\_\_\_\_

Period 4: Teacher\_\_\_\_\_ Room #\_\_\_\_\_

Period 5: Teacher\_\_\_\_\_ Room #\_\_\_\_\_

Period 6: Teacher\_\_\_\_\_ Room #\_\_\_\_\_