

Robotics Club Student Application

Student Name: _____

Grade: _____

Homeroom/Team: _____

Student Email (if applicable): _____

Why would you like to join Robotics Club?

What interests you most about robotics?

Parent/Guardian Information

Parent/Guardian Name: _____

Relationship to Student: _____

Phone Number: _____

Email Address: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Parent/Guardian Permission

I give permission for my student to participate in Robotics Club.

I understand Robotics Club meets every Thursday from 2:25 PM to 4:00 PM.

I agree to make arrangements for my student to be picked up on time.

Parent/Guardian Signature: _____

Date: _____

Teacher Recommendation #1

Teacher Name: _____

Subject: _____

Would you recommend this student for Robotics Club?

☐ Yes ☐ No

Teacher Signature: _____

Date: _____

Teacher Recommendation #2

Teacher Name: _____

Subject: _____

Would you recommend this student for Robotics Club?

☐ Yes ☐ No

Teacher Signature: _____

Date: _____

Student Agreement

I understand that Robotics Club requires teamwork, responsibility, respectful behavior, and participation. I agree to follow school rules and do my best while working with the SeaPerch robotic kits.

Student Signature: _____

Date: _____