REGISTRATION FORM
1-3 PROJECT TERM 2027

First Name: _____ Last Name:_____

Teacher: _____ Grade: _____

Parent's Signature:_____

Please use the spaces below to indicate which courses your child is interested in taking during Project Term. Since we may not be able to accommodate everyone's top choices for each session, please give us five alternate choices for each session to allow us maximum scheduling flexibility.

Session 1 Choices:

1st Choice _____

2nd Choice_____

3rd Choice _____

4th Choice _____

5th Choice _____

6th Choice _____

Session 2 Choices:

1st Choice _____

2nd Choice_____

3rd Choice _____

4th Choice _____

5th Choice _____

6th Choice _____

Please return this form to your classroom teacher no later than
Monday, November 30, 2026.