

Lab Assistant Registration Form

This form must be returned on Club and Activity Sign-up Day.
(Friday, September 5th, 8:00-9:30am, 1:45-3:15pm, and 6:00-7:00pm)

Name: _____

Classroom Teacher: _____

Grade: _____

Parent's Name: _____

Phone Number: _____

Emergency Phone Number: _____

Scheduling Requests: _____

(Please indicate if your student will be participating in Dragon Tale News and/or Safety Patrol. Also, please specify if your student needs to be with another student due to carpool, etc.)

My child _____, has my permission to assist in the lab.

Signature _____