

Roberts Math Team Registration Form

Student's Name (First, Last): _____

Current Grade: _____

Current Teacher: _____

Parent's Name (First, Last): _____

Parent's Name (First, Last): _____

Parent's email address: _____

Parent's cell phone number: _____

Did the student participate on Roberts Math Team last year?: Yes No

Does the student participate in other extracurricular math activities?: Yes No

If yes, please describe the activity: _____

Why do you (student) want to join the Roberts Math Team?

Why do you (parent) want your child to participate on the Math Team?

Are you (parent) interested in volunteering or getting involved in the Math Team and/or STEM enrichment at Roberts?

Yes, I can help coach/assist at Team meetings

Yes, I want to get involved in other STEM enrichment activities

******Please return to your teacher or the front office by Monday, Sept. 26th******