

LEGO ROBOTICS Application

Background Information:

Student Name: _____

Address: _____ Zip: _____

Telephone: _____

Date of Birth: _____

Email: _____ Grade: _____

Parent/Guardian Information:

Parent/Guardian Name: _____

Address (if different): _____

Telephone (if different): _____

Email: _____

Other family, school, community, religious activities, etc. you are involved in that might affect your participation in the Robotics program:

In order to accommodate your needs, please list any health, learning, cultural, religious or personal concerns that may affect your participation in the Robotics Program: