

PJAS REGION 3
Student Registration Form
Regional Meeting Year: 2011

Student Name _____ **Age** _____ **Gender** _____

Address _____

Grade _____

Research Title(60 characters max.) _____

Research Categories: (Circle your choice) Behavioral Science, Bio. Chemistry, Biology, Botany, Chemistry, Computer Science, Earth/Space, Ecology, Math, Microbiology, Physics, Zoology

Complete School Name(Must be written the same on all entry forms):

Orefield Middle School

2675 PA Route 309

Orefield, PA 18069-9701

School Phone: 610-351-5750

Principal's Name: Mr. Todd Gombos

Parent's Name(s): _____

Home Address _____

Home Phone: _____

Sponsor's Name (science teacher) _____

WE CERTIFY THAT THIS RESEARCH HAS BEEN CONDUCTED BY THE STUDENT IN THE ACCORDANCE WITH THE PJAS RULES, WITH ONLY ADVICE FROM OTHERS. WE FURTHER AGREE TO ACCEPT THE JUDGES EVALUATION OF THIS RESEARCH AS FINAL.

Parent Signature (Written and printed): _____

Sponsor's Signature: _____

Student's Signature (Written): _____

(Printed) _____

(I have presented a project at a PJAS Regional meeting in:

(Circle all that apply to you.) 7th grade 8th grade 9th grade 10th grade 11th grade

