C:\Users\secretary2\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\9CXH7THP\Marketplace for Kids logo #1 (4).tiff PART: 2

DICKINSON EDUCATION DAY

Dickinson State University

Monday, March 12, 2018

***UPDATED FILLABLE FORM***

PART 2: STUDENT GROUPS WITHOUTPROJECTS REGISTRATION FORM

*(Please* ***type (preferred method)****/print in black ink. Please do NOT use pencil.)*

DISCLAIMER: Please note we take photographs/videos of the students throughout the Education Day in the classrooms, in the hallways, eating lunch, etc. to produce a video for the closing ceremony and to post on our web page photo gallery. If you DON’T want your student(s) photographed/videoed please check the No Photo Box by their name, otherwise they WILL BE in our video production and/or posted to the photo gallery.

**INFORMATION FROM PART 1**

|  |  |
| --- | --- |
| Classroom Teacher/Advisor:  Enter Classroom Teacher/Advisor | Grade(s)  Enter Grade |
| School/Organization:  Enter School/Organization | |

**REGISTRATION FOR STUDENTS WITHOUT PROJECTS**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GROUP/NAME**  *(I.E., Chaperone/Group Name)* | Enter Group/Name (I.E., Chaperone/Group Name) | | | | | | | |
| **NAMES OF STUDENTS** | | | **CLASS CHOICES:** Please enter the class letter of this groups six class choices, with the first box being their first class choice, the second box their second choice, etc. | | | | | |
| First Name | Last Name | No Photo |
| Enter First Name | Enter Last Name |  | 1st Class | 2nd Class | 3rd Class | 4th Class | 5th Class | 6th Class |
| Enter First Name | Enter Last Name |  | **COMMENTS (Special Needs/ADA Requirements):**      **Note: We will only use the initial of the last name in our printed materials, but need the full last name to keep students in their correct group and in case of an emergency.** | | | | | |
| Enter First Name | Enter Last Name |  |
| Enter First Name | Enter Last Name |  |
| Enter First Name | Enter Last Name |  |
| Enter First Name | Enter Last Name |  |
| Enter First Name | Enter Last Name |  |
| Enter First Name | Enter Last Name |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GROUP/NAME**  *(I.E., Chaperone/Group Name)* | Enter Group/Name (I.E., Chaperone/Group Name) | | | | | | | |
| **NAMES OF STUDENTS** | | | **CLASS CHOICES:** Please enter the class letter of this groups six class choices, with the first box being their first class choice, the second box their second choice, etc. | | | | | |
| First Name | Last Name | No Photo |
| Enter First Name | Enter Last Name |  | 1st Class | 2nd Class | 3rd Class | 4th Class | 5th Class | 6th Class |
| Enter First Name | Enter Last Name |  | **COMMENTS (Special Needs/ADA Requirements):**      **Note: We will only use the initial of the last name in our printed materials, but need the full last name to keep students in their correct group and in case of an emergency.** | | | | | |
| Enter First Name | Enter Last Name |  |
| Enter First Name | Enter Last Name |  |
| Enter First Name | Enter Last Name |  |
| Enter First Name | Enter Last Name |  |
| Enter First Name | Enter Last Name |  |
| Enter First Name | Enter Last Name |  |

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