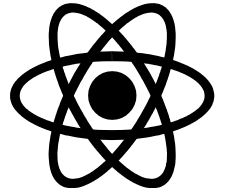


Wayside Science Share: June 3, 2014



Registration Form

Due Date: April 11, 2014

(You may turn in your form earlier, if you choose)

If working with a partner or in groups of 3, **please list all students in your group.** You only need to turn in **one form per group.**

****This form must be turned in to your teacher and your project must be approved before you begin.****

Please check one

- Individual project
- With a partner
- With a group of 3
- With sibling(s)

Student/s Name: _____ **Teacher:** _____ **Grade:** _____

Student/s Name: _____ **Teacher:** _____ **Grade:** _____

Student/s Name: _____ **Teacher:** _____ **Grade:** _____

Testable Question: _____

Hypothesis: If I (do this) then (this will happen) because (of this)

If I _____

then _____

because _____.

Brief Project Description: _____

Student Signature _____

Parent Signature _____

Parent printed name and email _____
