

**Owen PTA Science Expo  
Permission Form**

1. NAME OF STUDENT \_\_\_\_\_

2. GRADE \_\_\_\_\_ TEACHER'S NAME \_\_\_\_\_

3. NAME OF EXPERIMENT \_\_\_\_\_

4. WILL YOUR EXPERIMENT BE INDIVIDUAL OR GROUP? \_\_\_\_\_

*PLEASE STAPLE AND SUBMIT ALL GROUP STUDENT FORMS TOGETHER.*

LIST THE NAMES OF ALL STUDENTS IN THE GROUP:

5. WILL YOUR EXPERIMENT SIT ON A TABLE OR DO YOU NEED FLOOR SPACE?  
PLEASE EXPLAIN:

6. NAME OF PARENT \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

7. PTA Member - Yes \_\_\_\_\_ No \_\_\_\_\_

***(Non-PTA Members, please enclose a \$5 fee, cash or check payable to Owen PTA. Please return to the main office with this form)***

**I have read and agreed to the expectations of the Owen PTA Science Expo:**

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_