



Lab Assistant Registration Form



This form must be returned to Mrs. Jones as soon as possible to secure your spot, but no later than September 16th.

Name: _____

Classroom Teacher: _____

Grade: _____

Parent's Name: _____

Phone Number: _____

Emergency Phone Number: _____

Scheduling Requests:

(Please indicate if your student will be participating in Dragon Tale News and/or Safety Patrol. Also, please specify if your student needs to be with another student due to carpool, etc.)

My child _____, has my permission to assist in the lab.

Signature _____

