

## Student Participant – 27<sup>th</sup> SK Day (2024)

Name \_\_\_\_\_

School \_\_\_\_\_

Sponsoring Math Teacher \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_

E-Mail \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Daytime Phone Number for Parent/Guardian \_\_\_\_\_

Birthday \_\_\_\_\_ Grade Level \_\_\_\_\_

Current Math Class \_\_\_\_\_

PHOTOGRAPHY RELEASE: You authorize VSU to obtain, store, publish and/or use (without payment) any photographs of your child for public relations. Photos are used to send a group picture to the newspaper and put in a scrapbook of the event.

Yes            No

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_