



Application ver 2.0

MakerSpace Lab/Mississippi Robotics STEM Class
2020-21 School Year (all Calendar Dates)

Date of Application _____

Student Name _____ M/F _____

Student Address _____

Student City, ST, Zip _____

Student Birthdate _____ Age _____ Grade (current grade) _____

Student School _____ City _____

Parents Name _____

Parents Cell / Home Phones _____

Parents Email (Please Print) _____

Emergency Contact (Name/Phone(s)) _____

*This application is only valid with a completed Liability & Medical Packet and fees. Fees can be made at:
<https://mississippirobotics.org/makerspace-lab-registration/>*

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____ Date _____