

**2024 Student Registration Form**Event Date: Monday, May 6, 2024
Event Time: 9:30 a.m. – 2:00 p.m.
Event Location: Coe College

Please print clearly and legibly. Incomplete forms will not be processed. One form per student.

## **Student/Parent Information (Required)**

| Student Name                                      | Grade School               |   |
|---|----------------------------|---|
| Parent/Guardian Name                              | Email (optional)           |   |
| Emergency Contact Name & Phone                    |                            |   |
| My child has health conditions or allergies:YESNC | ) (If yes, please explain: | , |

## **Student Network Access Form (Required)**

Please sign below to grant your child network (internet) access during the conference, and to acknowledge that you have \$\text{QD}\$.00000912 0 2 reW9q\$\text{B}\$