



Tallahassee School of Math and Science
Robotics Team Application



STUDENT INFORMATION

Student Name:			
Date of Birth:	Age:	Grade:	Teacher:

PARENT INFORMATION

Parent Name :	
Phone : ()	Email:

ESSAY

Why do you want to join TSMS Robotics Team?

This application must be handwritten and submitted by the STUDENT.

What is something that makes a team successful?

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

This application must be handwritten and submitted by the STUDENT.