



**Fermilab**

## Student Registration

**Please complete and submit to the Users Office**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Parent's Names \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_

Phone \_\_\_\_\_

School \_\_\_\_\_ Phone (School) \_\_\_\_\_

Laboratory Person you are assigned to work with \_\_\_\_\_

Location & Experiment on site \_\_\_\_\_

Date Assignment begins \_\_\_\_\_

Scheduled end of project \_\_\_\_\_

**Parental Consent: I am aware of the program available at Fermilab for my child including the laboratory nature of the activity and I give my permission for him/her to participate in it.**

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Typed or Printed Name \_\_\_\_\_

Address if different than above \_\_\_\_\_