APS Technology Competition Registration Form

Sylvan Middle School | Saturday, January 12, 2018

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| **School:** |  |
| **Educational Technology Specialist:** |  |

**PLEASE PRINT**

**Section I: Project Information**

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| --- | --- |
| Project Title: |  |

|  |  |  |
| --- | --- | --- |
| Category: |  |  |
| ❒ 3D Modeling | ❒ Graphic Design | ❒ Project Programming |
| ❒ Animation | ❒ Internet Applications | ❒ Robotics |
| ❒ Audio Production | ❒ Mobile Apps | ❒ Video Production |
| ❒ Device Modification | ❒ Multimedia Applications |  |
| ❒ Digital Game Design | ❒ Productivity Design |  |
| ❒ Digital Photo Production | ❒ Programming Challenge |  |

Grade Band: ❒ 3-4 ❒5-6 ❒7-8 ❒ 9-10 ❒ 11-12

|  |  |
| --- | --- |
| Explain your project in one sentence: |  |
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| --- | --- |
| Software you plan to use: |  |

**PLEASE PRINT**

**Section II: Student Information**

|  |  |
| --- | --- |
| Student 1 First Name: |  |
| Student 1 Last Name: |  |
| Student 1 Residence City: |  |
| Student 1 Zip Code: |  |
| Student 1 Gender: |  |
| Student 1 Parent/Guardian Email: |  |
| Student 1 Parent/Guardian Phone Number: |  |
| Student 1 School: |  |
| Student 1 Grade Level: |  |
| Student 1 School Advisor: |  |
| Student 1 School Advisor Email: |  |
| Student 1 T-Shirt Size: |  |
|  | a |
| Student 2 First Name: |  |
| Student 2 Last Name: |  |
| Student 2 Residence City: |  |
| Student 2 Zip Code: |  |
| Student 2 Gender: |  |
| Student 2 Parent/Guardian Email: |  |
| Student 2 Parent/Guardian Phone Number: |  |
| Student 2 School: |  |
| Student 2 Grade Level: |  |
| Student 2 School Advisor: |  |
| Student 2 School Advisor Email: |  |
| Student 2 T-Shirt Size: |  |