



FORM C

CALL FOR PAPERS

REGISTRATION FORM

This is one paper from the _____ papers that this school will be entering in the JSHS competition.
(total number of papers)

- * There is a maximum of six (6) paper submissions per school.
- * Each student's submission must include a copy of this completed form.

School: _____

Address: _____

Telephone Number: _____

High School Faculty Advisor: _____
Name Title

Email Address: _____

Subject(s) Taught: _____

COMPLETE LIST OF SUBMISSIONS

(Please list all students from your school submitting papers)

	FIRST NAME	LAST NAME	GRADE
1) Title of Project:	_____	_____	_____
2) Title of Project:	_____	_____	_____
3) Title of Project:	_____	_____	_____
4) Title of Project:	_____	_____	_____
5) Title of Project:	_____	_____	_____
6) Title of Project:	_____	_____	_____

Faculty Advisor's Signature _____ Date _____

Principal's Signature _____ Date _____