

## Student Registration Form

Date \_\_\_\_\_

Semester: \_\_\_\_\_

Student's Name	_____	Student's Grade	_____
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Student's Cell phone (optional): \_\_\_\_\_

Previous Forensics Activity

Years \_\_\_\_\_

Events

\_\_\_\_\_

\_\_\_\_\_

### Parent's Information

Parent's Name	_____	Email Address	_____
Phone Number	_____		_____

### Optional

2 <sup>nd</sup> Parent's Name	_____	Email Address	_____
Phone Number	_____		_____

ACL A may use my child's photo to promote ACL A and Carden Speech and debate Y\_\_\_\_ N\_\_\_\_

Signature \_\_\_\_\_

# Previous Forensics Activity

Years \_\_\_\_\_

Events \_\_\_\_\_

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Phone Number			

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ACLA may use my child's photo to promote ACLA and Carden Speech and debate Y\_\_\_\_ N\_\_\_\_

Signature \_\_\_\_\_