

# STUDENT REGISTRATION

2017 CPRSEF

All Registration Forms must be originals. The student registration information must be submitted online at [SciTechFestival.com/mainsf\\_teach.asp](http://SciTechFestival.com/mainsf_teach.asp). We will accept this form with signatures or the signature page from the online registration. ONLY the Student Registration Form and abstract can be submitted electronically via our website. All project forms can be downloaded on our website, [PittsburghScienceFair.org](http://PittsburghScienceFair.org). Please keep copies of all forms. Please print legibly.

1. **TITLE OF PROJECT** \_\_\_\_\_  
(titles of more than 30 characters must be abbreviated due to limited space in the program book)

2. **CATEGORIES** (Please indicate Individual or Team Project)

**Junior Division (Grade 6)**

Physical Sciences & Engineering  
Chemistry

Biological Sciences

Behavioral & Consumer Sciences

**TYPE: Individual**

**Team**

**Intermediate Division (Grade 7 & 8)**

Behavioral & Social Science  
Computer Science/Math  
Engineering/Robotics

Biology  
Consumer Science  
Medicine & Health/Microbiology

Chemistry  
Earth/Space/Environment  
Physics

**TYPE: Individual**

**Team**

**Senior Division (Grade 9–12)**

Behavioral & Social Science  
Computer Science/Math  
Medicine & Health/Microbiology

Biology  
Earth/Space/Environment  
Physics

Chemistry  
Engineering/Robotics

**TYPE: Individual**

**Team**

**Senior Division Students ONLY:** I am submitting one copy of my research paper and preliminary application for ISEF.

3. **STUDENT'S NAME** \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Student's birth date \_\_\_\_\_ Student's email \_\_\_\_\_

How many years have you participated in PRSEF (this science fair), including 2017? \_\_\_\_\_

4. **SPONSORING TEACHER**

(Note: If you are submitting more than one student registration for your school, complete this section ONCE per school.)

Teacher Name\* \_\_\_\_\_ Email \_\_\_\_\_

School Name \_\_\_\_\_ District \_\_\_\_\_

Teacher's School Phone ( ) \_\_\_\_\_ # of years participation, including 2017? \_\_\_\_\_

\*A teacher from the student's school must act as a sponsor. In addition, students may have an adult mentor/sponsor.

5. **CERTIFICATION**

We certify that this student's project/exhibit is entirely the work of the student only, with no help other than advice from the sponsor, parents or others. We agree that all judges' decisions are final and non-negotiable. We agree to abide by the rules of the 2017 Covestro PRSEF and understand this project can be disqualified for any violations. We understand research plans, abstracts, exhibits or photos of the student may be published. We agree to have the Covestro PRSEF office release the student's mailing address to colleges and sponsors that partner with the Covestro PRSEF.

Student's signature: \_\_\_\_\_ Parent's signature: \_\_\_\_\_

Teacher's signature: \_\_\_\_\_

6. **MAIL TO: Covestro PRSEF, Carnegie Science Center, 1 Allegheny Avenue, Pittsburgh, PA 15212-5850**