

Registration for SARSEF

The following information is required for projects selected for SARSEF. It is helpful to gather the following information before beginning the registration process for SARSEF.

Some schools require parent Permission. An **optional signature** line is included at the end.

Page 1 is School and Teacher Information, Page 2 is Student Information

School Information:

This information will already be entered for you – you will send only corrections.

If your school is not on our list, email director@sarsef.org to request that we add it (allow 24 hours).

School: _____ Email _____

Address: _____ City _____ AZ Zip _____

Phone: _____

Required ONLY on the very **first** project entered – within 24 hours it will appear on **all** other projects. You do not need to repeatedly reenter.

Total # of Students Enrolled at School: ____ Total # of Projects Completed at School This Year: ____

Total # of Students Involved in a Completed Project This Year: ____

Principal/Admin's Name: _____ Fair Director's Name: _____

Principal/Admin's Email: _____ Fair Director's Email: _____

Principal/Admin's Phone: _____ Fair Director's Cell: _____

Teacher Name: (primary person that directly supervised student/project)

First _____ Last _____

Email Address _____

Teacher's Cell (not classroom phone please) _____ Teacher's Sex: ____ Male ____ Female

The following questions are often required for grants that may be awarded to SARSEF. We know your time is valuable so thank you for answering them!

- Were you able to integrate state standards for math and science as your students' worked on their research projects? ____ Yes ____ No
- Did your students display evidence of critical thinking to solve a problem during their research? ____ Yes ____ No
- Do you think your students gained skills that will carry with them in their future careers? ____ Yes ____ No

SARSEF Student and Project Information

Project and Student Information

Grade Level: (If this is a Team Project enter Grade Level of the oldest student) _____

Type of Project: Individual: _____ Team Of Two: _____ Of Three: _____

Group/Class (all Projects 4 or more –allowed only in Gr. K-5) # in group/class? _____

Project Title: _____

Category: (see new category selection options) _____

Student Name: First _____ Last _____

Email Address (may be Parent's) _____

Cell/Home Phone (may be Parent's) _____

Home Address: _____ City: _____ AZ Zip: _____

The following questions are required for grants that we seek so that we can keep funding SARSEF.

Sex: Male Female

Ethnicity: More than One Hispanic or Latino Native American African American Asian or Pacific Islander Middle Eastern or Arab American or White Prefer Not to Answer

- Did completing a research project increase your interest and excitement in STEM fields? Yes No
- Did completing a research project encourage you to think about a STEM major in college? Yes No
- Did completing a research project encourage you to think about a career in STEM fields? Yes No

Additional Student Information (Repeat when Team of Two or Three)

Student Name: First _____ Last _____

Email Address (may be Parent's) _____

Cell/Home Phone (may be Parent's) _____

Home Address: _____ City: _____ AZ Zip: _____

Sex: Male Female Ethnicity: (see above) _____

- Did completing a research project increase your interest and excitement in STEM fields? Yes No
- Did completing a research project encourage you to think about a STEM major in college? Yes No
- Did completing a research project encourage you to think about a career in STEM fields? Yes No

Parent Permission (if required by school) _____ Date _____