



STUDENT CLASS TEAM REGISTRATION

School District: _____

School Name: _____

Team Name: _____

Grade Level:

- | | |
|----------------------------------|---|
| <input type="checkbox"/> Grade K | <input type="checkbox"/> Grade 7 |
| <input type="checkbox"/> Grade 1 | <input type="checkbox"/> Grade 8 |
| <input type="checkbox"/> Grade 2 | <input type="checkbox"/> Grade 9 |
| <input type="checkbox"/> Grade 3 | <input type="checkbox"/> Grade 10 |
| <input type="checkbox"/> Grade 4 | <input type="checkbox"/> Grade 11 |
| <input type="checkbox"/> Grade 5 | <input type="checkbox"/> Grade 12 |
| <input type="checkbox"/> Grade 6 | <input type="checkbox"/> Other, please describe _____ |

Is Your School:

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Middle |
| <input type="checkbox"/> Intermediate | <input type="checkbox"/> High School |

Class Gender Totals: _____ Males _____ Females

Class Ethnicity: _____ African-American _____ Native American
 _____ Asian _____ Anglo
 _____ Hispanic _____ Other