



FIRST LEGO League (FLL) Student Application Form

Student's Name: _____

Parent's Name(s): _____

Home phone: _____ Cell phone: _____

Parent Primary email address: _____

'19-20 Grade: _____

Parent willing to volunteer: Mon Tue Wed Thu Fri

Why do you want to join Robotics and/or what can you offer the team (Student response!):

What experience (if any) do you have with coding and/or Robotics?

Have you received any low level referrals at school? _____ YES (Please explain below) _____ No
