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**SCHOOL RELEASE & CONSENT FORM**

**Kentucky Academy of Science / Junior Academy of Science**

**ANNUAL MEETING**

□ I understand that this student is attending the Kentucky Academy of Science (KAS)/Kentucky Junior Academy of Science (KJAS) Annual Meeting.

□ I understand that this student may also be making either a poster or oral presentation about their research

□ I understand that this high school student, making an oral presentation, may become eligible to attend and present their work at the American Junior Academy of Science (AJAS) meeting representing both KJAS and their school.

□ I understand that in the event of the student being eligible and invited for the AJAS meeting, if they accept the KJAS invitation to serve as a Kentucky delegate, they will be expected to attend the entire AJAS meeting.

\*Name of middle or high school (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*City/State of school (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*School Representative Name (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* School Representative Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

\*Student Name (Please Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

*Required for participation in Kentucky Academy of Science / Kentucky Junior Academy of Science Annual Meeting*

Students: Please upload this form with your KAS? KJAS abstract submission

 **Kentucky Academy of Science, PO Box 806, Louisville KY 40201;** **executivedirector@kyscience.org**