



ENTRY FORM

School

Name:

Address:

Phone Number: Fax:.....

Email:

Zone (1,2,3 or 4):

Category (Please tick as appropriate):

Grade 7,8,9

Grade 10,11

Grade 12,13

Supervising Teacher

Name(Mr, Mrs, Ms):

Phone Number:

Email:

Participants (The team should consist of 4 Students)

| Surname | First Name | Date of Birth (dd/mm/yy) | Class |
|---------|------------|-----------------------------|-------|
| | | .../.../.../... | |
| | | .../.../.../... | |
| | | .../.../.../... | |
| | | .../.../.../... | |

Title of Project:

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Name of Rector:

Signature of Rector and Seal of School

Date:

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PROJECT PROPOSAL



Name of School:

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Category:.....

Project Title:

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1.0 Introduction (background, rationale of project)

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..... (2 Marks)

2.0 Aims & Objectives

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..... (3 Marks)

3.0 Proposed methods/ experiments/ materials

(You may attach one additional page for diagrams if necessary)

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