



## SCIENCE AMBASSADORS 2021-22

**Who:** Students passionate about science, teaching and/or working with elementary students

**What:** High school students will assemble and run elementary schools' Science Nights  
Elementary students will be creating quick 'make and take' science projects. We need EFHS students to lead each activity. A few examples of the activities - helicopters, bug buzzers, rocket racers, foil boats, straw rockets, balancing butterflies, roller coasters, etc.

**Cost:** \$35 per participant, which includes a t-shirt, bus transportation, and a meal before each Science Night

**When:** Club meets during Be Better Time in Room 2266: Sept. 29, Oct. 27, Nov. 10, Dec. 8, others as needed

<b>Science Nights:</b> January 25, 2022	February 8, 2022	March 15, 2022	March 22, 2022
Coal Mountain ES	Silver City ES	Chestatee ES	Chattahoochee ES

*(Inclement Weather Dates will be announced as needed).*

**Sponsors:** Sharon Nizialek, East Forsyth HS  
[SNizialek@forsyth.k12.ga.us](mailto:SNizialek@forsyth.k12.ga.us)

Kelley Grogan, East Forsyth HS  
[kegrogan@forsyth.k12.ga.us](mailto:kegrogan@forsyth.k12.ga.us)

Student Name: \_\_\_\_\_ Student Cell #: \_\_\_\_\_

**(please print legibly or we will not be able to contact you.)**

Student Unisex T-Shirt Size: \_\_\_\_\_

Student Food Allergies: \_\_\_\_\_

I confirm I am currently passing my science class and I have not earned a discipline referral this year. I will be available every Tuesday for events in January, February, and March.

(Student Signature) \_\_\_\_\_ Date: \_\_\_\_\_

I would like to help offset the cost of another student's dues and/or ongoing club expenses; therefore, an extra \$\_\_\_\_\_ has been included with my student's dues.

**Please return to Mrs. Grogan in Room 2266  
with \$35 dues**



## SCIENCE AMBASSADORS PERMISSION FORM 2021-22

CHOOSE ONE:

- \_\_\_\_\_ My child has permission to be photographed at Science Ambassador events.
- \_\_\_\_\_ My child DOES NOT have permission to be photographed at Science Ambassador events.

CHOOSE ONE:

- \_\_\_\_\_ My child has permission to be videoed at Science Ambassador events.
- \_\_\_\_\_ My child DOES NOT have permission to be videoed at Science Ambassador events.

CHOOSE ONE:

- \_\_\_\_\_ My child has permission to ride the bus to each elementary school from EFHS.
- \_\_\_\_\_ My child has permission to drive **ONLY** himself/herself to each elementary school from EFHS.
- \_\_\_\_\_ I will provide transportation for my child to each elementary school from EFHS.

OPTIONAL:

- \_\_\_\_\_ I would like to volunteer with Science Ambassadors. *(Tasks could include recruiting business partners, picking up and delivering food on Science Nights, etc.)* Please contact me.
- \_\_\_\_\_ I would like to become a business partner with the EFHS Science Ambassadors. Please contact me.
- \_\_\_\_\_ I would like to donate supplies to the EFHS Science Ambassadors. Please contact me.

My child has permission to join Science Ambassadors. I understand that it is my responsibility to ensure that my child is picked up at each elementary school Science Night event by 7:15 pm.

\_\_\_\_\_ Date: \_\_\_\_\_  
 (Printed Parent Name) (Parent Signature)

Parent Cell #: \_\_\_\_\_ Parent Email : \_\_\_\_\_

(please print legibly)