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| Research Challenge Entry Form  Due Dec. 2nd | | |
| Student Name: | | |
| Parent email: | | |
| Address: | | |
| Phone Number: | | |
| Grade: | Teacher: | |
| Are you working with a partner (s) yes/no  If yes- write down their name (s) and teacher | | |
| **This form must be filled out completely and be readable.** | | |
| Parent Signature: | | |
|  | | |
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