

Model UN Member Application

Must fill out this form by September 6th, and turn it into Mrs. Mastrangelo's room.

Name: _____

Student Signature: _____

Student ID Number: _____

Grade: _____

Homeroom: _____

Dietary Restrictions: _____

Teacher Recommendations

Must get signature of approval from both **Social Studies** and **ELA** teachers. Teacher: By adding signing below, you confirm that the student is passing with at least an 85 in your class, and is a positive influence in the learning environment.

| Date | Teacher | Signature |
|------|---------|-----------|
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Parents, by signing below, you agree that your student is allowed to participate in Model UN afterschool. Parents are responsible for picking their child up after the meeting has ended.

Parent Signature

Questions and concerns may be emailed to cmastrangelo@forsyth.k12.ga.us