

National History Day Application
Carlisle Area School District
SATURDAY, FEBRUARY 3, 2024 at Swartz Building

STUDENT INFORMATION

PLEASE PRINT CLEARLY

Name* _____
Last First Middle Initial

Grade _____ Home Phone (____)-_____-_____- E-mail Address _____

Home Address _____

City _____ State _____ Zip _____

***Groups should list group leader on front and other group members on the second sheet (or back).**

SCHOOL INFORMATION

School Name: **Carlisle High School**

Address: **623 West Penn Street**

City: **Carlisle** State: **PA** Zip: **17013**

Phone: **(717) 240-6800** County: **Cumberland**

Name of Teacher: _____

E-mail Address of Teacher (required): _____

ENTRY FORM

Title _____

Division: _____ Senior (grades 9-12) _____ Junior (grades 6, 7, 8)

Check items needed _____ electrical outlet

Category of Entry (check **ONE** only)

_____ Individual Exhibit	_____ Group Exhibit
_____ Individual Performance	_____ Group Performance
_____ Individual Media Presentation	_____ Group Media Presentation
_____ Individual Website	_____ Group Website
_____ Historical Paper	

I affirm that the entry submitted for competition was researched and developed during this school year. I understand that the History Day Committee and sponsors will not be responsible for loss or damage to exhibits and personal belongings during the day's activities.

_____ Individual Student or Group Leader Signature

_____ Parent's Signature

_____ Teacher Signature (to approve entry)

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PLEASE PRINT CLEARLY:

Group Leaders' Name _____

School _____

Entry Title _____

(Please staple both sheets of application together before mailing so they do not get separated. Thank you.)

History Day Entry Sheet (other group members)

Name _____
Last First Middle Initial

Name _____
Last First Middle Initial

Name _____
Last First Middle Initial

Name _____
Last First Middle Initial

Name _____
Last First Middle Initial

Return applications by **FRIDAY, JANUARY 5, 2024** to Mr. Wagner in McGowan.