## **Teacher Cover Sheet**

Name:			
School name:			
School address:			
		Postcode:	
Email address:		Contact number:	
	0	t Ideas Challenge Terms and Conditions allenge (the " <b>Terms and Conditions"</b> )	Please tic
I confirm each member in each team listed belov Terms and Conditions (please tick)		elow meets the criteria set out in the	
I confirm that the paren	t/guardian of each m	ember of each team listed below has:	
(a) been notified abou	t The Bright Ideas Cho	ıllenge	
	,	on behalf of their child/ward, and confirmed te in The Bright Ideas Challenge	
Team name:	Year:	Number of team members: (between two and five students)	
Please note that any fo	ailure to submit a Tea	cher Submission Form or the submission of an	y incorrect
or false information he	erein will result in disc	qualification.	
Signed:		Date:	