

ENCLOSURE (2)
SCHOOL ENROLLMENT FORM

SCHOOL _____

ADDRESS OF SCHOOL _____

CITY _____ ZIP CODE _____

SCHOOL E-MAIL ADDRESS _____

PRINCIPAL'S NAME _____

PRINCIPAL'S E-MAIL ADDRESS _____

COUNTY _____

DESIGNATED SPONSOR [Contest Supervisor(s)] _____

TELEPHONE _____ SPONSOR'S E-MAIL ADDRESS _____

Please remember to provide us with an e-mail address!

The following tables should be used to determine the "Maximum Number of Contestants" your school may send to each division of the contest.

TABLE 1

1. Algebra I:

Number Enrolled in Course	Maximum Number of Contestants in Test Area	Minimum Number of Contestants Required to Qualify for School Award
1 – 50	3	3
51 - 100	4	3
101 - 150	5	4
151 - 200	6	5
201 - 250	7	6
251 - 300	8	6
301 - 350	9	7
More than 350	10	8

2. Algebra II and Geometry:

Number Enrolled in Course	Maximum Number of Contestants in Test Area	Minimum Number of Contestants Required to Qualify for School Award
1 - 50	4	3
51 - 100	5	4
101 - 150	6	5
151 - 200	7	6
201 - 250	8	6
251 - 300	9	7
301 - 350	10	8
More than 350	11	9

3. Comprehensive Area:

Number Enrolled in Course	Maximum Number of Contestants in Test Area	Minimum Number of Contestants Required to Qualify for School Award
1 - 25	5	4
26 - 50	6	5
51 - 75	7	6
76 - 100	8	6
101 - 125	9	7
More than 125	10	8

NOTE: PLEASE BE SURE THIS FORM IS SIGNED.

TABLE 2

	Algebra I	Algebra II	Geometry	Comprehensive	Total
1. Number Enrolled in Course					
2. Maximum Permissible Number of Contestants (Use Tables to arrive at these numbers)					
3. Number to compete at Testing Center (Cannot exceed the total of line 2)					

PLEASE CHECK THE DIVISION IN WHICH THE SCHOOL IS COMPETING:

Middle /Junior High Division

Senior High School Division

Private/Parochial Division

CONTESTANT’S ENTRY FEES (NUMBER TO COMPETE AT TESTING CENTER TIMES \$7.00) **The fee has been increased to \$7.00 due to a charge that is now being applied to use the Wright Auditorium.**

TOTAL ENTRANCE FEE \$ _____

Enclosed is a (Check) (Money Order) for \$_____ to cover all fees associated with our school participating in the High School Mathematics Contest planned for Tuesday, March 23, 2010.

I certify that we will select the contestants that our school brings to the Thirtieth-Second Annual Mathematics Contest in accordance with the September 30, 2003 Contest Rules as set forth in enclosure. **A student may compete in Algebra I, Geometry or Algebra II if she/he has been enrolled in the course during the present academic year (August 2009– June 2010). For more information see attached state rules.**

I further understand that failure of the school to abide by all contest rules could result in the school and/or its contestants being rendered ineligible for individual, school, and/or scholarship awards.

(Signed) _____

(Phone) _____ (Official Capacity) _____

Please return this form to:
 Mrs. Gwen W. Hardin, Math Contest Secretary
 East Carolina University
 Department of Mathematics
 Austin 124
 Greenville, NC 27858-4353

NOTE: Please make checks payable to: **EAST CAROLINA UNIVERSITY MATH CONTEST** and return on or before **Friday, January 22, 2010.**

Please provide names of all contestants entering contest. If you need to change a name, please let me know as soon as possible. We must have first and last names of each contestant for the purpose of having certificates printed for the winners and to send the names of the qualified winners to the state level competition. This list will also be used to generate individual news articles in an attempt to give each contestant as much recognition as possible.

PLEASE PRINT OR TYPE NAMES (MAKE SURE THAT THE NAMES ARE LEDGIBLE SO THAT WE WILL NOT MIS-SPELL THE STUDENTS NAME ON THEIR CERTIFICATE.)

Algebra I

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Algebra II

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Geometry

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Comprehensive

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Please check names of students who are taking the Comprehensive Test at another testing site.

Contest Supervisor(s) _____

Name of School _____

Address _____

City _____ ZipCode _____

County _____ Telephone _____

Number of teachers/sponsors expected to attend _____

Number of buses expected to drive _____

Number of cars expected to drive _____

School Classification: (circle one) 1A 2A 3A 4A Middle/Junior High Private/Parochial