

## 2006 INDIANA STATE MATHEMATICS CONTEST REGISTRATION FORM

The students listed below will take the indicated test. (Check one)

Pre-Algebra \_\_\_\_  
Algebra I/Integrated Math I \_\_\_\_  
Geometry/Integrated Math II \_\_\_\_

Algebra II/Integrated Math III \_\_\_\_  
Comprehensive \_\_\_\_

Name of Student (Please print or type)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_
19. \_\_\_\_\_
20. \_\_\_\_\_

Name of Faculty Sponsor \_\_\_\_\_

E-mail address of Sponsor \_\_\_\_\_

Name of School \_\_\_\_\_

Address of School \_\_\_\_\_  
\_\_\_\_\_

I certify that each of the students listed above is enrolled in the indicated course during the 2005-2006 school year.

\_\_\_\_\_  
(Signature of School Official)

\_\_\_\_\_  
(Title)

**The site coordinator at the test site where you plan to take the test must receive this form, a copy, or a facsimile by Friday, March 24, 2006.**