

2007 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 _____

Name and Address of School _____

I certify that each of the students listed above is enrolled in the indicated course during the 2006-2007 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 March 31, 2007.