

2008 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 type or print)

- | | |
|-----------|-----------|
| 1. _____ | 11. _____ |
| 2. _____ | 12. _____ |
| 3. _____ | 13. _____ |
| 4. _____ | 14. _____ |
| 5. _____ | 15. _____ |
| 6. _____ | 16. _____ |
| 7. _____ | 17. _____ |
| 8. _____ | 18. _____ |
| 9. _____ | 19. _____ |
| 10. _____ | 20. _____ |

Name of Faculty Sponsor _____

e-mail address 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 2007-2008 school year.

Signature of School official _____

Title of school official _____

The site coordinator at the test site where you plan to take the test must receive this form, a copy or a facsimile by April 3, 2008.