

To RSM – MetroWest  
5 Auburn street, Framingham, MA 01701

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Name of School

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City / Town

Date \_\_\_\_\_

Dear Administrator,

\_\_\_\_\_ has applied to participate in the  
(Student's First Name, Last Name, and Grade)

AMC 8/10/12 competition at RSM-MetroWest.

**Please check all applicable boxes:**

- The above student does not participate in AMC 8 competition at our school this year
- The above student does not participate in AMC 10/12A competition at our school this year
- The above student does not participate in AMC 10/12B competition at our school this year

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(Name, Title, and signature of an Authorized person: School Principal or Head of Math Department or Math Team Coach)

Your ongoing support for students' interest in mathematics is greatly appreciated. Please let me know if you have any questions regarding the completion of this form.

Sincerely,

The RSM-MetroWest Administration  
Oxana.Longinova@[MetrowestSchool.com](mailto:MetrowestSchool.com)  
508-283-1355