

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

Name of School , City/Town

Date _____

Dear Administrator,

_____, who is in grade _____, has applied

(Student's First Name, Last Name)

(enter 2,3,4, or 5)

to participate in the following Continental Math League competitions at the Metrowest Russian School of Mathematics (check all that apply):

CML Grade 2 Mathematics

CML Grade 3 Mathematics

For a student to be eligible to participate in our CML program, it is necessary to confirm that the student is not also participating in the same CML program at your school. **Please check the applicable box below and sign on the signature line:**

- This student is NOT participating in the above checked exams at our school
- This student is participating in the following above checked exams at our school (please specify which exams the child is taking at your school):

(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
508-283-1355