School Enrollment Form

Form and Entrance Fee due by Monday, February 5, 2024

School Name					
Address of School					
City	City			County	
School E-mail					
Principal's Name					
Principal's E-mail					
Designated Sponsor					
Telephone		Sponsor E-m	nail		

Please remember to provide us with an e-mail address!

We do not need a list of your student's names until 2 weeks prior to the test date. You will need to email to me the list of student's names in each testing category. The names will be used for grading purposes only.

Participation Certificates will be found in your welcome packet that you receive on contest day. You will need to fill in each student's name who is participating in the contest. We are no longer printing the certificates. This will allow for each school to make changes in students who will be testing up until the 2 weeks prior to the test date.

Table 1		Level 1: Math 1			Level 2: Math 2 or 3		
Annual Enrollment		minimum number of contestants to qualify as a team	maximum number of contestants allowed		minimum number of contestants to qualify as a team	maximum number of contestants allowed	
1-50		3	3		3	4	
51-100		3	4		4	5	
101-150		4	5		5	6	
151-200		5	6		6	7	
201-250		6	7		6	8	
251-300		6	8		7	9	
301-350		7	9		8	10	
351+		8	10		9	11	

Table 1	Comprehensive			
Annual Enrollment	minimum number of contestants to qualify as a team	maximum number of contestants allowed		
1-25	4	5		
26-50	5	6		
51-75	6	7		
76-100	6	8		
101-125	7	9		
126+	8	10		

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Table 2	Math 1	Math 2	Math 3	Comprehens ive		
Enrollment of Course						
Maximum Permissible Number of Contestants from Table 1					Total Testing	Multiply by \$7
Number of projected Contestants (Cannot exceed line 2 value)						

Enclosed is a Check/Money Order in the amount found in Table 2 to cover all fees associated with our school participating in the High School Mathematics Contest planned for Wednesday, March 20, 2024.

Note: Please make checks payable to: <u>EAST CAROLINA UNIVERSITY MATH CONTEST</u> and return on or before <u>Monday</u>, <u>February 5</u>, 2024.

(copy & paste) check ✓ the division in which your school is competing									
Middle School / Junior High			Senior High School			Private / Parochial			
		1A	2A	3A	4A				
		_							-

I certify that we will select contestants that our school brings to the Thirty-sixth Annual Mathematics Contest in accordance with the <u>September 30, 2003</u> Contest Rules as set forth in enclosure.

A student may compete in Math 1, Math 2 or Math 3 if she/he has been enrolled in the course during the present academic year (August 2023 – June 2024). For more information, see attached state rules.

I further understand that failure of the school to abide by all contest rules could result in the school and/or its contestants being rendered ineligible for individual, school, and/or scholarship awards.

Signature	
School	
Phone	Official Capacity

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Name of School			
Contest Supervisors			
Number of teachers/s	ponsors expected to attend		
Number of bus	ses expected to drive		
If you and another scho	ool are sharing a bus, please let m	e know which school:	
Number of car	rs expected to drive		
Number of I	Brochures needed		The maximum is 6.
Will you be parki	ng in designated parking lot	s for the contest?	
Will you be using ECU			
the design			
Will you or your dri	ver be leaving campus by E(CU Transit buses to	
retr	ieve your bus or car for lunc	ch?	
Will you leave be			
I need to know when so	chools expect to leave ECU so that		lable for your departure.
	The ceremony is from 1:	30 pm till 3:30 pm.	
Please give	e a specific time		
Remember to allow time	for your driver to get back to you	r car/bus in order to pick	you up at the meeting hub.

Please Remember: No Calculators are allowed for ANY Exams

Checklist:

- ☐ Did you fill in all relevant fields highlighted in yellow?
- Are you enclosing a check/money order in the amount found in Table 2?

Please return this form to:

Mrs. Sandy Godley, Math Contest Secretary East Carolina University Department of Mathematics Austin 124 Greenville, NC 27858-4353