

# Montford Middle School

## Math Competitions Application

Print Name: \_\_\_\_\_

Next Year's Math Class: Algebra Geometry  
Circle one

Why do you want to take the Math Competitions class? \_\_\_\_\_

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Math Teacher Recommendation: \_\_\_\_\_

Parent: Please sign below to indicate that you agree to have your child take Montford's Math Competitions class. Your signature indicates that you understand that students are required to attend math competitions and that this will involve travel costs and (sometimes) weekend travel.

Parent Signature: \_\_\_\_\_