

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

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
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 10/12 competition at our school this year

\_\_\_\_\_  
(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-MetroWestAdministration  
[info@MetrowestSchool.com](mailto:info@MetrowestSchool.com)  
508-283-1355