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 6,7 or 8)	
to participate in the following Contin Russian School of Mathematics (chec		ompetitions	at the Metrowest
☐ CML Grade 6 Computer Science	e		
☐ CML Grade 7 Computer Science	e		
☐ CML Grade 8 Computer Science	e		
For a student to be eligible to partic that the student is not also participat check the applicable box below an	ing in the same CML	program at <u>y</u>	
This student is NOT participating	; in the above checked	l exams at o	ur school
This student is participating i (please specify which exams			
(Name, Title and signature of an Authorized person	n: School Principal or Head of	Math Departmei	nt or Math Team Coach)
Your ongoing support for students' in let me know if you have any question			
Sincerely,			
The RSM-MetroWest Administration Oxana.Longinova@MetrowestSchool 508-283-1355			