



Math Enrichment Services

Please print or type

Student Name: _____ **Gender:** (circle one) M F

Grade: 6th ___ 7th ___ 8th ___ 9th ___ **Other** _____ **Age:** _____

School: _____

Current Math Course _____

Examples: Compacted Math, Honors Algebra, Algebra II, Geometry, Pre-Calculus

Current Math Report Card Grade: _____ Student must have at least a B to enroll.

AMC 8 Score: 2017 _____ *or* 2011-2016 _____ **AMC 10 Score (for APS) 2012-2017** _____
Official unofficial official or unofficial

Additional Math Preparation or Interests Outside of the Classroom

Parent/Guardian: Mr. () Ms. () _____

Address: _____

Telephone (Home or Cell): _____ **(Work):** _____

Email Address: _____

Emergency Contact Name & Tel No: _____

Course: Math Reasoning Session I (9-12) ___ Session II (9-12) ___

Advanced Problem Solving Session II (1-4) ___

Session I: July 9th- July 20th Session II: July 23rd-August 3rd APS is only offered during Session II

A full payment of \$750 will reserve a space in the selected session. You will receive a full refund (less a \$25 service charge) if it is requested at least five weeks prior to the beginning of the course. If a refund request is made within five weeks prior to the beginning of the course, a \$100 service charge will apply. You may switch sessions at any time if room permits. The above courses are for gifted students who seek and need serious mathematics enrichment. I can test and/or meet with prospective students to determine if the above courses are appropriate. You may contact me at vernwilliams@mathreasoning.com.

Please make checks payable to: Math Enrichment Services LLC and mail to:
 Math Enrichment Services 1200 Kensington Road Mclean, VA 22101

A confirmation letter will be sent upon receipt of this registration form and payment.