MATH OLYMPIADS

For Elementary & Middle School

2154 BELLMORE AVENUE | BELLMORE NY 11710-5645

(516) 781-2400

OFFICE@MOEMS.ORG

WWW.MOEMS.ORG

Institute
Supplemental Application

Student Name _____ **Grade** _____

Town _____ **State** _____

Dear Parent/Guardian,

The student named above has expressed an interest in participating in the MOEMS® (Mathematical Olympiads for Elementary & Middle Schools) program for the current school year. In order for him/her to register with our team, we must first confirm that he/she does not participate on any other Math Olympiads team.

☐ My child does NOT participate on another Math Olympiads team.

Parent/Guardian (print) _____

Signature _____ **Date** _____

Thank you for supporting your student's interest in mathematics and problem solving.

Sincerely,

PICO Zheng Ma

Name of Institute Ascend Advanced Academy