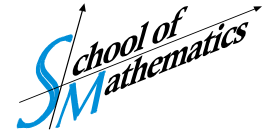


METROWEST SCHOOL OF MATHEMATICS

Affiliate of Russian School of Mathematics



INITIAL INQUIRY FORM

STUDENT INFORMATION

First Name: _____ M.I. ____ Last Name: _____

Gender: M F Grade in Regular School: _____

City: _____

PARENT CONTACT INFORMATION

Name: _____ Relationship to Student _____

Cell/Work Phone: _____ E-mail Address: _____

How did you learn about MWSM? Friend Internet Magazine/Newspaper Other

If referred by a current student, please list their name: _____

FOR OFFICE USE ONLY

<input type="checkbox"/> Algebra _____	<input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> Geometry _____	<input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> S
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Registration Fee	Date: / /
	Planned Payment:	<input type="checkbox"/> Post Dated	<input type="checkbox"/> Semi-Annually

Comments