



National Technical Institute for the Deaf
**Math Competition for Deaf and
Hard-of-Hearing Students**

Eligibility Requirements and Parental Permission
(To be completed by parent or guardian)

My child, _____, is enrolled in grade 6 – 8 and is deaf or hard-of-hearing and has bilateral hearing loss. He/she has my permission to participate in the RIT Math Competition for Deaf and Hard-of-Hearing Students.

I understand that participation in NTID Outreach Programs for deaf and hard-of-hearing students does not guarantee eligibility for admission to RIT/NTID.

Parent's or guardian's signature _____
Date _____