



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

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Eligibility Requirements and Parental Permission

**(to be completed by parent or guardian)**

My child, \_\_\_\_\_, is enrolled in  
(child's name)  
grade 6 – 8 and is deaf or hard-of-hearing and has bilateral hearing loss. He / she / they 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 admissions to RIT/NTID.

**Parent's or guardian's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_