

**SCHOOL REGISTRATION
VIRGINIA SECTION AMERICAN CHEMICAL SOCIETY
LOCAL CHEMISTRY OLYMPIAD EXAMINATION**

Include information for **each** teacher that is participating at your school.

* indicates REQUIRED FIELDS

Date Submitted:		Estimated Total School Enrollment (9 - 12):	
High School*:			
County or city:			
Contact Teacher Name*:			
Address 1:			
Address 2:			
City:		State:	Zip:
School Telephone:		FAX:	
Teacher's Home phone:			
Contact Teacher's E-mail*:			
Please include contact information for any additional teachers who will participate in the Chemistry Olympiad at the school.	Teacher 2		
	Email 2		
	Teacher 3		
	Email 3		
	Teacher 4		
	Email 4		
	Teacher 5		
	Email 5		
	Teacher 6		
	Email 6		

All testing for the local examination will be conducted at the high school under the following rules.

- Neither the students' chemistry teacher nor anyone directly involved in the instruction of chemistry to the students taking the examination should be involved in the administration of this examination.
- The Test Administrator in each school, preferably a guidance counselor, should proctor the examination, be responsible for its security, and returning the completed answer sheets to the chemistry Olympiad chair.
- The test must be administrated on a single day between the given dates.
- A single copy of the exam will be mailed along with enough answer sheets and the test direction to the Test Administrator at least 48 hours in advance of the school's selected date for giving the examination. It is asked that the test administrator make enough copies of the examination to be given to each student registered in the competition.

Provide the following information if your school has elected to offer High School Testing

EXAMINATION ADMINISTRATOR *: _____
(not a chemistry teacher)

EXAMINATION ADMINISTRATOR'S PHONE: _____

EXAMINATION ADMINISTRATOR'S E-MAIL*: _____

EXAMINATION DATE*: _____

Note: Each school will be asked to select a date for administration of the examination within the period during March (see the schedule for actual dates). Evenings and weekends are OK!

NUMBER OF STUDENTS WHO WILL TAKE THE FIRST YEAR EXAMINATION*: _____

NUMBER OF STUDENTS WHO WILL TAKE THE SECOND YEAR EXAMINATION*: _____

Note: A teacher may nominate any student in their class or school who has taken chemistry in the past or is currently taking chemistry or who they feel may be prepared to take the examination.

To complete the registration of your students:

- **Email a list of the eligible students** indicating the test the students will complete and their chemistry teacher.
- For students taking the second year examination, **a home phone number and email** is also requested for the purpose of contacting students who may be nominated for the National Examination.

All forms **MUST be submitted no later than February 22 or 2 weeks prior to the testing date.**

Save or print this form electronically and Email the form to:

Ann Sullivan, Virginia Section Chemistry Olympiad Committee Chair at asullivan@reynolds.edu.

If you are unable to save the form electronically, mail a hard copy of this form to

Dr. Ann M. Sullivan
J. Sargeant Reynolds Community College
School of Mathematics and Science, DTC
P.O. Box 85622
Richmond, VA 23285-5622

I will contact the lead teacher once I receive the application.

For information on the Virginia Section Olympiad, go to the web page at <http://virginia.sites.acs.org/chemistryolympiad.htm>