

Foundation Maths for Leaving Cert teacher registration form

Date:

Please note that returning this form does not imply any commitment on your part to place an order.

Name of teacher(s) responsible for Foundation Maths for Leaving Cert:
School name:
School address:
School phone number:
Email address of teacher(s): Mobile contact number(s):
Does your school offer Foundation Level Mathematics for Leaving Cert? If so, how many students approximately do you usually have at this level in: Fifth year? Sixth year?
Would you like us to send you a sample copy of "Foundation Maths for Leaving Certificate?" If you would like this to be sent to your home address, please supply details:
If on school booklist, would such a book be purchased by: School? Parents? Details of local bookshop if relevant:

Please return to Golden Key at the above address.