

## **The Alternative School for Math and Science**

### Admissions Process and Application Forms

#### **ASMS Mission:**

The Alternative School for Math and Science, a diverse community of students, teachers and parents, provides an academically challenging and supportive learning environment uniquely designed for grades 6 through 8. The school's innovative curriculum, atmosphere of trust and respect, and commitment to life-long learning enable the positive development of the whole child. Every aspect of school life is intended to help students learn tolerance, build integrity and character, and become responsible members of the broader community.

#### **ASMS Admissions Process:**

The ASMS admissions process is designed to support the school's vision by enabling a dialogue between prospective parents and students, and the ASMS community. The goal is to ensure that admitted students and their parents have the potential to succeed and grow at ASMS, and to make a positive contribution to our community.

ASMS encourages and welcomes applications from students of all racial, ethnic, religious, and socioeconomic backgrounds. Although we accept students regardless of race, religious belief, or financial status, we are unable to consider students with serious academic deficiencies or emotional difficulties. Handicapped students and those with special needs are accepted if the director, teachers, and parents feel the student's needs can be met within the ASMS setting.

#### **Application Process:**

ASMS has a rolling admissions process. First consideration is given to applications received by:

- January 1<sup>st</sup> for September admission
- Rolling admissions for applications received after January 1<sup>st</sup>

Returning students will be given preference for admission.

Application packages must include:

- Completed and signed application form
- \$50 application fee
- Copy of signed "Transcript and Test Release Form"

Completed and signed "Transcript and Test Release Form" must be sent to the student's school by the applicant.

All students and parents are required to visit the school before the application is considered for admission.

**The Alternative School for Math and Science  
Application Form**

Date of Desired Entry:  
\_\_\_\_\_

Entering: 6<sup>th</sup> \_\_\_\_\_  
7<sup>th</sup> \_\_\_\_\_  
8<sup>th</sup> \_\_\_\_\_

**Student Information:**

Last Name, First M: \_\_\_\_\_ Preferred Nickname: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Lives with: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both Parents \_\_\_\_\_

Other (please explain) \_\_\_\_\_

**Parent/Family Information:**

Mother's Name: \_\_\_\_\_

Home Address (if different): \_\_\_\_\_

Home Phone (if different): \_\_\_\_\_

Home E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Address (if different): \_\_\_\_\_

Home Phone (if different): \_\_\_\_\_

Home E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business E-Mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Siblings:**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Birthdate: \_\_\_\_\_ School now attending: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Birthdate: \_\_\_\_\_ School now attending: \_\_\_\_\_

Languages (other than English) spoken at home: \_\_\_\_\_

**Current School and Previous Schools:**

**Current School**

Name of school and school district: \_\_\_\_\_

Dates attended: \_\_\_\_\_

Grades attended: \_\_\_\_\_

Name of principal: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Previous Schools**

Name of school and school district: \_\_\_\_\_

Dates attended: \_\_\_\_\_

Grades attended: \_\_\_\_\_

Name of principal: \_\_\_\_\_

Address: \_\_\_\_\_

Name of school and school district: \_\_\_\_\_

Dates attended: \_\_\_\_\_

Grades attended: \_\_\_\_\_

Name of principal: \_\_\_\_\_

Address: \_\_\_\_\_

Has the applicant ever been suspended or dismissed from any school for any reason?

No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please explain including name of school and principal.

**Parent Input:**

Please describe your child. Tell us about his or her personality, current hobbies and interests, strengths and weaknesses.

What are your educational goals for your child?

What interested you and your child about ASMS?

Describe how you would like to be involved, as a parent, in the ASMS community.

**Prospective Student Input:**

*On a separate sheet of paper, in your own handwriting, please respond to the following questions:*

1. How would your friends describe you?
  2. If there was one thing you could change about the school you attend now, what would it be?
  3. What is your favorite activity or hobby, and why do you enjoy it so much?
- 

Signature of Parent: \_\_\_\_\_

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

**Statement of Nondiscrimination Policy:**

The Alternative School for Math and Science admits students of any race, color, national and ethnic origin to all the rights, privileges and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs and athletic and other school-administered programs.

**Please send completed application, and \$50 application fee to:**

**The Alternative School for Math and Science**

**P.O. Box 114**

**Corning, New York 14830**

**Phone (607) 962-0011**

**Fax (607) 962-4866**

**www.tasms.com**

**Please send completed transcript request to the student's school.**

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P.O. Box 114, Corning, New York 14830

Phone (607) 962-0011

Fax (607) 962-4866

www.tasms.com

(Return this copy to ASMS)

**Transcript and Testing Release Form**

\_\_\_\_\_  
Student Name

**The above student is a candidate for admission to The Alternative School for Math and Science. Please forward ALL of the following to The Alternative School for Math and Science at your earliest convenience:**

- An official transcript containing a minimum of the previous 2 years and year-to-date
- Any testing or diagnostic results
- Health and immunization records
- This form with the bottom portion completed by a school official

I hereby authorize and request that this information be released to The Alternative School for Math and Science.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**For Current School Use Only**  
**Please complete all portions before returning to**  
**The Alternative School for Math and Science**

Has this student been suspended from your school? \_\_\_\_ Yes \_\_\_\_ No

Does this student have any emotional or physical disability or health problem of which you think we should be aware? \_\_\_\_ Yes \_\_\_\_ No

Does the student have a 504 plan or IEP? \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

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## Transcript and Testing Release Form

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Student Name

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Parent/Guardian Signature

Date

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Print Name

Signature

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Position

Date

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School Name

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Phone Number

Fax Number