

ASMS TESTING & TRANSCRIPT RELEASE FORM



The Alternative School for Math & Science

RETURN THIS COPY TO ASMS

The Alternative School for Math and Science
P.O. Box 114, Corning, New York, 14830
Phone (607) 962-0011
Fax (607) 962-4866

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 ASMS

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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The Alternative School for Math & Science

SUBMIT THIS COPY TO THE APPLICANT'S SCHOOL

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Phone (607) 962-0011
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