

## **ASMS Testing & Release Form**

## SUBMIT THIS COPY TO ASMS

The Alternative School for Math & Science P.O. Box 114, Corning, New York, 14830 Phone (607) 962-0011 Fax (607) 962-4866 Email ortizjo@tasms.com

Student Name:	
Please forward ALL of the following to	admission to The Alternative School for Math & Science.  The Alternative School for Math & Science at your earliest convenience:
<ul> <li>An official transcript containing a min</li> <li>Any testing or diagnostic results</li> <li>Health and immunization records</li> <li>This form with the bottom portion con</li> </ul>	imum of the previous 2 years and year-to-date  npleted by a school official
I hereby authorize and request that this infe	formation be released to The Alternative School for Math & Science.
Parent/Guardian Signature	Date
•••••	
FOR SCHOOL USE ONLY Please complete all portions before re	eturning to ASMS
Has this student been suspended from y	rour school? Yes No
Does this student have any emotional or Yes No	physical disability or health problem of which you think we should be aware?
Does the student have a 504 Plan or IEF	??YesNo
Print Name	Signature
Position	Date
School Name	
Phone Number	Fax Number



## **ASMS Testing & Release Form**

## SUBMIT THIS COPY TO CURRENT SCHOOL

The Alternative School for Math & Science P.O. Box 114, Corning, New York, 14830 Phone (607) 962-0011 Fax (607) 962-4866 Email ortizjo@tasms.com

Student Name:		
The above student is a candidate for admission to The Alternative School for Math & Science.  Please forward ALL of the following to The Alternative School for Math & Science at your earliest convenience		
<ul> <li>An official transcript containing a minimun</li> <li>Any testing or diagnostic results</li> <li>Health and immunization records</li> <li>This form with the bottom portion complet</li> </ul>		
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