



ASMS Applicant Form

Prospective Student Input

Please answer the following questions on a separate sheet of paper, in your own handwriting:

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 & Science does not discriminate on the basis of race, color, gender, age, sexual orientation, religion, national or ethnic origin, or any other characteristic protected by law in the administration of its educational, admissions, and personnel policies, financial aid programs, or athletic and other school-administered programs.

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

The Alternative School for Math & 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.



ASMS Applicant Form

Date of Desired Entry: _____

Entering Grade: 6 _____
7 _____
8 _____

Student Information

Name - Last/First/M: _____

Preferred Nickname: _____ Gender: _____ Birth date: _____

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: _____

Sibling Name: _____

Gender: _____ Birth date: _____

School now attending: _____

Sibling Name: _____

Gender: _____ Birth date: _____

School now attending: _____

Languages (other than English) spoken at home: _____



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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 about ASMS interested you and your child?

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



ASMS Application Form

Current Schools & Previous Schools

Current School

Name of School & School District _____

Dates Attended: _____

Grades Attended: _____

Name of principal: _____

Address: _____

Phone: _____

Previous Schools

Name of School & School District _____

Dates Attended: _____

Grades Attended: _____

Name of principal: _____

Address: _____

Phone: _____

Name of School & School District _____

Dates Attended: _____

Grades Attended: _____

Name of principal: _____

Address: _____

Phone: _____

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

Yes _____ No _____

If yes, please explain and include name of school and principal: