



Kalamazoo Area Mathematics and Science Center
STUDENT INFORMATION & PARENT PERMISSION FORM

Applicant for 9th Grade

Applications are due to KAMSC by **4:00pm on Wednesday, February 15, 2017**. Note, however, that your school counselor may require your completed application by an earlier date. Students: you are to complete Parts A and C. Parents or guardians: please read and sign Part B. Please do not fax or email your application.

Part A. STUDENT INFORMATION *(to be completed by the student)*

Applicant Name (Last, First, MI):

Street Address:

City:

State: Zip:

E-mail:

Birthdate:

Home Phone:

School Attending:

In which public school district is your current residence?

High School you will attend in 2017-2018:

(see eligibility statement in "You're Invited to Consider" brochure)

Gender: Female Male

Race: American Indian or Alaska Native Asian Black or African-American
 Native Hawaiian or Other Pacific Islander White

Is this student Hispanic/Latino? Yes No

Please mark all boxes above that apply. Race and gender information is requested so that this institution may demonstrate its cooperation with federal demographic studies. Failure to respond will not affect this application in any way.

Part B. PARENT PERMISSION *(to be completed by the parents/guardians of the student)*

I am aware of my daughter's or son's application for participation in the Kalamazoo Area Mathematics and Science Center program. I have read the information supplied in the *Information for Applicants and Parents* booklet and am aware of the conditions for participation. I hereby grant permission for the KAMSC Applicant Review Panel to have access to any further scholastic information such as school records related to my son's or daughter's application for admission to the KAMSC program. I further understand that reports and evaluations that are collected for admission purposes do not become a part of my student's permanent academic record. I hereby agree to waive access to my student's application information, including teacher recommendations and counselor reports. Please have all parents and guardians sign.

Parent/Guardian Signature:

Date:

Parent/Guardian Printed Name:

Email:

Parent/Guardian Signature:

Date:

Parent/Guardian Printed Name:

Email: