



Kalamazoo Area Mathematics and Science Center

**STUDENT INFORMATION & PARENT PERMISSION FORM**

Applicant for 10<sup>th</sup>, 11<sup>th</sup>, or 12<sup>th</sup> Grade

Applications are due to KAMSC by **3:30 p.m. on Monday, May 6, 2019**. Note, however, that your school may require your completed application at 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 2019-2020: \_\_\_\_\_  
*(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 (our) 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 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: \_\_\_\_\_

