

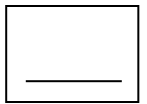


# KALAMAZOO AREA MATHEMATICS AND SCIENCE CENTER

## Entrance Exam Registration Form – Applicants for 10<sup>th</sup>, 11<sup>th</sup>, or 12<sup>th</sup> Grades

Test Location: KAMSC (4<sup>th</sup> floor), 600 W. Vine St., Kalamazoo

Test Date: **Wednesday, March 22, 2017 @ 1:30 p.m.**



(PLEASE PRINT)

Student's Legal Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Home Telephone: \_\_\_\_\_ Student's Cell: \_\_\_\_\_  
MM/DD/YYYY

Student's Email: \_\_\_\_\_ High School: \_\_\_\_\_

In which school district is your current residence? \_\_\_\_\_

Gender:  Female  Male Student's Current Grade:  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>

Race: Please mark all that apply  
 American Indian / Alaska Native  African American / Black  Asian  
 White  Native Hawaiian / Other Pacific Islander

Is this student Hispanic or Latino?  Yes  No

(Demographic 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.)

Does student qualify for considerations through an Individualized Education Program (IEP) or Section 504 Plan?  
 Yes  No

If yes, please provide a copy of the program or plan with this registration form and describe the test date considerations needed, on the back of this form.

Please bring this form to the KAMSC office (M-F 7:30 a.m.– 4:00 p.m.) **prior to 4:00 p.m. Friday, March 10, 2017**, to pick up your test ticket. If you prefer to mail, email (asomers@kamsc.k12.mi.us), or fax (337-0049) this form, it must be received in the KAMSC office by the above mentioned deadline, and a test ticket will be mailed to you. If you do not receive your test ticket within 10 days of sending your form to KAMSC, please notify the office immediately (337-0004).

Kalamazoo Area Mathematics and Science Center  
600 West Vine Street, Suite 400  
Kalamazoo, MI 49008-1153

Signature of Parent/Guardian sponsoring this request: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Parent's E-mail: \_\_\_\_\_ Parent's Cell Phone: \_\_\_\_\_

OFFICE USE ONLY

In Person: \_\_\_\_\_ Ticket Given: \_\_\_\_\_ Mail/Email/Fax, : \_\_\_\_\_ Ticket Mailed Date: \_\_\_\_\_ Initials: \_\_\_\_\_