



Oklahoma School of Science and Mathematics

Chickasha Regional Center

at



Class of 2013 Application

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FOR FURTHER INFORMATION CONTACT:

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Canadian Valley Tech Center
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Chickasha, OK 73018
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Application Checklist

- Section I. To be completed by student or parent
- Section II. To be completed by student
- Section III. To be completed by student and parent(s)
- Educational Records Request
- Copy of official transcript requested from high school
- Copy of ACT scores requested from high school
- Social Security Number recorded on all requested forms
- Social Security Number recorded on any additional pages attached
- Application signed by student and parent(s)
- Recommendations from teachers, counselor, and principal

_____ English Teacher
_____ Mathematics Teacher
_____ Science Teacher
_____ Counselor

Priority Enrollment accepted now through March 16, 2012

Completed application and support materials should be returned to local high school counselor by **March 15, 2012**. Counselors must then have the applications turned in no later than **March 16, 2012**.

OSSM Application for Admission

*All application materials must be returned to high school counselor by March 13, 2012
or to the Canadian Valley Technology Center no later than March 16, 2012*

SECTION I. To be completed by student or parent (Please print or type)

Applicant Name (first, middle, last):	Social Security Number:	Birth Date:
Mailing Address:	Home Phone Number:	
City and Zip Code:	County:	
Check your high school: <input type="checkbox"/> Alex <input type="checkbox"/> Amber-Pocasset <input type="checkbox"/> Chickasha <input type="checkbox"/> Ninnekah <input type="checkbox"/> Tuttle <input type="checkbox"/> Other - School Name: _____		
School Address:		
School Phone Number:	Grade Level in August 2012	
Number of students in your high school	Number of students in your current grade	
Parent/Guardian Name:	Daytime Work Phone Number	
Parent/Guardian Address (if different from above):		
Race (optional):	Preferred Class Time: A.M. (8:00-11:00am) or P.M. (12:00-3:00pm) (circle one)	
CDIB: YES or NO (circle one)	Tribe:	

Please list any modification or assistance needed for this program:

SECTION II. To be completed by student. (Please type or print in ink.)

1. What are your career plans and how will attending the OSSM Grady County Regional Center facilitate your attaining your future professional goals?

2. Describe what makes you a good candidate for the OSSM Regional Center.

SECTION III. To be completed by student and parents.

The information contained herein is true and accurate. If the applicant is accepted for admission to the Regional Center for Oklahoma School of Science and Mathematics, we agree to adhere to the rules and regulations of OSSM and CVTC. We also agree to permit the information in this application and in other records used to apply to OSSM to be made available on a confidential basis to the student’s home school, other educational institutions, and for other purposes pursuant to the Family Educational Rights and Privacy Act of 1974, as amended, and applicable regulations.

RELEASE OF CONFIDENTIAL INFORMATION

We, the parents of the applicant, hereby consent to the release of this application to the OSSM review committee. We understand that the review committee is designed to ensure fair representation of students from across the CVTC district. The review committee is comprised of individuals appointed by sending school districts for the specific purpose to review all applications of prospective students so as to recommend the students that are best qualified to attend the school. We understand further that this release to the review committee will not allow any other person not otherwise privileged to review this application to have access to it.

We understand that a decision not to sign this release will not affect consideration by the school or our child’s application. By our signatures below, we indicate that we have read this release, understand it, and agree to the terms contained in it.

AUTHORIZATION FOR RELEASE OF EDUCATION RECORDS

In accordance with federal regulations regarding the privacy rights of parents and students under the Family Educational Rights and Privacy Act of 1974, the undersigned hereby consent to the release of all education records about the below named applicant to the Oklahoma School of Science and Mathematics, including recommendations and such other information as may be requested.

PARENT RELEASE /APPROVAL

I do hereby grant permission for my son/daughter to be examined and treated by qualified medical personnel in an emergency situation.

Signature of Parent / Legal Guardian

Date

Signature of Student

If you do not want your student’s information, including photographs and new releases to be published, please send written notice.

Educational Records Request

To the Principal or Guidance Counselor:

NAME: _____

Instructions: The student named above has applied for admission to the Regional Center for Oklahoma School of Science and Mathematics.

1. Stand Rank in Class: _____

2. STANDARDIZED TEST RECORDS: Please provide this information even if provided on the transcript.

ACT: Test Date: _____

English: _____ Math: _____ Reading: _____ Science: _____ Composite: _____

3. If ACT has not been taken, list the name of a Standardized Test administered within the past two years. Results from this test should accompany the official transcript. _____

4. When did the student take or when will they take the ACT? _____

5. Ten digit state ID number. _____

I certify that the information given above is correct.

Date

Signature of School Official

***The student’s official High School Transcript must be included with this form.**

***All information should be turned in to the local high school counselor by March 13, 2012 or to the Canadian Valley Technology Center no later than March 16, 2012.**

**OSSM Chickasha Regional Center
Canadian Valley Technology Center
1401 Michigan Ave
Chickasha, OK 73018
Attn: OSSM Selection Committee**

Counselor Recommendation	
Student Name:	Social Security Number:

This student is applying to the Regional Center for Oklahoma School of Science and Mathematics. In order to consider the student carefully, we ask the professional educators who have worked with him/her to evaluate his/her strengths and weaknesses, both as a student and as a person. Your candid assessment of this student's potential for success at OSSM is extremely valuable to the admissions process.

This recommendation should be returned to the **high school counselor** by **March 13, 2012**. Call Ginny Howell at (405)222-7553 with any questions (Email: howellg@cvtech.org). Thank you for your assistance.

To the best of your ability, please check all that apply:

- Foster Home
 Poor social skills
 Learning deficit/disability
 IEP
 Poor self-image
 Single Parent Family
 Poor communication skills
 Lack of cultural environment

Please specify learning deficits or disabilities: _____

Based on your knowledge, check below how you rate the applicant in each area:

	Outstanding	Above Average	Average	Needs improvement	No Basis for judgement
Academic Achievement					
Relation of Achievement to ability					
Math Skills					
Reading Skills					
Science Skills					
Class Participation					
Work Habits					
Cooperates with School Staff					
Cultural Awareness					
Attendance/punctuality record					
Relates well with peers					
Motivated to succeed academically					
Personal Responsibility					
Attitude and Appropriate Behavior					

Additional Comments: _____

Length of time you have known this student: _____

Guidance Counselor Signature: _____ Date: _____

Student: Please read and sign the following statement before giving this form to your teacher. Your teacher will return the form to your school counselor for inclusion in your application packet.

“I hereby waive all rights to see this recommendation form when completed.”

Student Signature: _____ **Date:** _____

English Teacher Recommendation	
Student Name:	Social Security Number:

This student is applying to the Regional Center for Oklahoma School of Science and Mathematics. In order to consider the student carefully, we ask the professional educators who have worked with him/her to evaluate his/her strengths and weaknesses, both as a student and as a person. Your candid assessment of this student's potential for success at OSSM is extremely valuable to the admissions process.

This recommendation should be returned to the **high school counselor** by **March 13, 2012**. Call Ginny Howell at (405)222-7553. (Email: howellg@cvtech.org). Thank you for your assistance.

Based on your knowledge, check below how you rate the applicant in each area:

	Outstanding	Above Average	Average	Needs improvement	No Basis for judgement
Expresses interest in academic endeavors					
Academic Achievement					
Relation of Achievement to Ability					
Writing Skills					
Reading Skills					
Is dependable and Reliable					
Class Participation					
Work Habits					
Cooperates with School Staff					
Attendance/punctuality record					
Relates Well with Peers					
Motivated to succeed academically					
Personal Responsibility					
Attitude and Appropriate Behavior					
Will be successful in college endeavors					

Additional Comments: _____

Length of time you have known this student: _____

Teacher Signature: _____ Date: _____

Student: Please read and sign the following statement before giving this form to your teacher. Your teacher will return the form to your school counselor for inclusion in your application packet.

“I hereby waive all rights to see this recommendation form when completed.”

Student Signature: _____ **Date:** _____

Math Teacher Recommendation	
Student Name:	Social Security Number:

This student is applying to the Regional Center for Oklahoma School of Science and Mathematics. In order to consider the student carefully, we ask the professional educators who have worked with him/her to evaluate his/her strengths and weaknesses, both as a student and as a person. Your candid assessment of this student's potential for success at OSSM is extremely valuable to the admissions process.

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Academic Achievement					
Relation of Achievement to Ability					
Writing Skills					
Reading Skills					
Is dependable and Reliable					
Class Participation					
Work Habits					
Cooperates with School Staff					
Attendance/punctuality record					
Relates Well with Peers					
Motivated to succeed academically					
Personal Responsibility					
Attitude and Appropriate Behavior					
Will be successful in college endeavors					

Additional Comments: _____

Length of time you have known this student: _____

Teacher Signature: _____ Date: _____

Student: Please read and sign the following statement before giving this form to your teacher. Your teacher will return the form to your school counselor for inclusion in your application packet.

“I hereby waive all rights to see this recommendation form when completed.”

Student Signature: _____ **Date:** _____

Science Teacher Recommendation	
Student Name:	Social Security Number:

This student is applying to the Regional Center for Oklahoma School of Science and Mathematics. In order to consider the student carefully, we ask the professional educators who have worked with him/her to evaluate his/her strengths and weaknesses, both as a student and as a person. Your candid assessment of this student's potential for success at OSSM is extremely valuable to the admissions process.

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Is dependable and Reliable					
Class Participation					
Work Habits					
Cooperates with School Staff					
Attendance/punctuality record					
Relates Well with Peers					
Motivated to succeed academically					
Personal Responsibility					
Attitude and Appropriate Behavior					
Will be successful in college endeavors					

Additional Comments: _____

Length of time you have known this student: _____

Teacher Signature: _____ Date: _____

Student: Please read and sign the following statement before giving this form to your teacher. Your teacher will return the form to your school counselor for inclusion in your application packet.

“I hereby waive all rights to see this recommendation form when completed.”

Student Signature: _____ **Date:** _____