

Macomb Academy of Arts and Sciences Application

2009 - 2010 School Year

(PLEASE PRINT CLEARLY)

Student Name _____

Male Female

Has the student had 8th grade Algebra I? Yes No

Grade _____ Birth Date _____

Current School District _____

Present School _____

Current Science Teacher _____

Current Mathematics Teacher _____

Current Language Arts Teacher _____

Counselor _____

Parent/Guardian _____

Address _____

City/State/Zip _____

Home Telephone _____

Work Telephone _____

***I would like to take the MAT-8 and
complete a short writing sample on:***

Tuesday, March 3, 2009

4:00 p.m.—7:00 p.m. at Academy

Saturday, March 7, 2009

9:00 a.m.—12:00 p.m. at Academy

Alliance for Academic Excellence
VPSC** Program
US Department of Education
2009

I certify that the information provided on the MA²S application form is accurate. I give my permission for school officials to report my child's achievement and aptitude test scores when required. I understand that this and other information will be maintained in confidence by MA²S Administration and that applications will not be returned to parents. I further understand that by submitting this application my student will be participating in a federally funded program that is an ongoing study designed to improve student achievement within our school systems. As such, I further recognize that by submitting this application, my student's academic and socio-economic information will be available (through the Alliance for Academic Excellence) to the US Department of Education for data to ascertain the effectiveness of this program.

Student's name: _____

Parent's Signature: _____

Date: _____

Please return this form along with your student's application. If you have any questions, feel free to call the Academy office at 586-784-2150.

**Voluntary Public School of Choice

Sign and Mail or Fax to:

Macomb Academy of Arts & Sciences
23211 Prospect, Armada, MI 48005
Phone: 586.784.2150 Fax: 586.784.8688

Due before February 17, 2009