OKLAHOMA SCHOOL OF SCIENCE AND MATHEMATICS
Enid Regional Center

School Year 2016-2017
Application for Admission

Application Deadline: March 31, 2016
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FOR FURTHER INFORMATION CONTACT:

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1201 West Willow
Enid, Oklahoma 73703
(580) 242-2750, Ext. 117
e-mail address: janetstrate@autrytech.edu

Mike Jantz, OSSM Instructor
1201 West Willow
Enid, Oklahoma 73703
(580) 242-2750, Ext. 129
e-mail address: ossmcalculus@autrytech.edu
The Academic Program

Students selected to attend the Regional Center for the Oklahoma School of Science and Mathematics at Enid have achieved an outstanding record of scholarship within their local high schools. Students completing courses at the Regional Center will have experienced an accelerated curriculum, based upon high academic principles that will enhance previous knowledge as well as prepare students for future studies.

All students attending the Regional Center will participate in a one-year scholastic program of excellence with students who share similar interests. It is the nurturing of this educational community, while maintaining the local high school affiliation that is paramount to the Regional Center’s success.

Curriculum

- **Advanced Placement Calculus BC**

  AP Calculus BC is a full-year course in the calculus of functions of a single variable. It includes all topics covered in AP Calculus AB plus additional topics. Both courses represent college-level mathematics for which most colleges grant advanced placement and credit. The content of AP Calculus BC is designed to qualify the student for placement and credit in a course that is one course beyond that granted for AP Calculus AB.

- **Advanced Placement Physics C Mechanics**

  This course ordinarily forms the first part of the college sequence that serves as the foundation in physics for students majoring in the physical sciences or engineering. The sequence is parallel to or preceded by mathematics courses that include calculus. Methods of calculus are used wherever appropriate in formulating physical principles and in applying them to physical problems. Strong emphasis is placed on solving a variety of challenging problems, some requiring calculus. The subject matter of the AP Physics C Mechanics course is classical mechanics and includes topics in kinematics; Newton’s laws of motion, work, energy and power; systems of particles and linear momentum; circular motion and rotation; oscillations; and gravitation.

Setting

The setting of the Regional Center for the Oklahoma School of Science and Mathematics will be the campus at Enid. Transportation will be the same system currently being utilized for Autry students. Students will attend semester courses at the Regional Center in a morning or afternoon session. Morning sessions will begin at 8:00 a.m. and end at 10:45 a.m. Afternoon sessions will begin at 12:30 p.m. and end at 3:15 p.m. All classes will be Monday through Friday on the same school calendar as Autry.
Cost
There is no tuition for students to attend the Regional Center for the Oklahoma School of Science and Mathematics. Students are responsible for costs associated with school supplies and incidental expenses related to their course work. Transportation to and from the local high school will be provided by Autry for in-district students only. Students selected from outside of the Autry Technology Center sending district are responsible for making their own transportation arrangements with their home sending school.

Minimum Academic Requirements
Students will be expected to maintain an overall B average for course work at the Regional Center. If a student’s grade falls below a C average, the parents will be notified at that time by a progress report indicating areas of deficiency and improvements needed. Failure to improve academically may result in a meeting with the OSSM administration and Autry Technology Center administration for the purpose of determining the student’s continuation in the program. The OSSM instructors, in conjunction with the Autry Technology Center administration, will coordinate communications with the local high school representative and parents or guardians to support the academic improvement of the student. Students who do not meet the Regional Center’s educational and/or behavioral expectations may be asked to return to their home school.

Attendance Policy
One of the most attractive things about the Regional Center is that it allows students to continue participating in extracurricular activities at their home schools. However, frequent absences can be detrimental to academic performance. To try and minimize the effect of extracurricular activities on the student’s performance, these guidelines have been established.

1. Activity absences should be limited to no more than one in any week and no more than five per semester. If the student misses more than one day in a week, the student will be asked to schedule additional time with the instructors.

2. The student is responsible for obtaining all material covered during an absence. Assignments due on the day of an absence must be turned in early or on the day the student returns to class. Please try to avoid missing lab days because they are very hard to reschedule.

3. The student will follow the Autry attendance policy concerning absences due to illness and family emergency. Please consult Autry’s student handbook for the complete details of this policy.
**Application and Interview**

Admission to the Regional Center of the Oklahoma School of Science and Mathematics is a highly competitive process initiated by written application. A selection committee will review all data and select the semi-finalists. Members of this committee are the OSSM Regional Center instructors and individuals from each in-district sending school. Letters are sent to all applicants advising them whether or not they have been selected to participate in the interview portion of the admissions process. Individuals selected to interview will appear before the committee for approximately fifteen minutes. Applicants will also be given a scholastic aptitude test. Letters will be sent to all students advising them of the outcome of the selection process within two weeks of the interview date.

**Students are assessed for:**

- Scientific interest and aptitude
- Motivation
- Self-discipline
- Personal maturity
- Overall potential as an OSSM Regional Center student.

**Who Can Apply**

As this is a one-year program, preference will be given to Seniors, but Juniors may also apply. Students that reside within reasonable transportation distance of Autry Technology Center may apply. Should space be limited, preference will be given to students from the (10) sending school districts that are served by Autry Technology Center and provide its tax base. The ten (10) sending schools are:

1. Chisholm
2. Cimarron
3. Covington-Douglas
4. Drummond
5. Enid
6. Garber
7. Kremlin-Hillsdale
8. OBA
9. Pioneer-Pleasant Vale
10. Waukomis
## Dates to Remember

<table>
<thead>
<tr>
<th>Event</th>
<th>Dates</th>
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<tr>
<td>Applications Accepted:</td>
<td>Feb. 1 to March 31, 2016</td>
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<tr>
<td>Notification of Semifinalists:</td>
<td>By April 15, 2016</td>
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<tr>
<td>Semifinalist Interviews:</td>
<td>April 27, 2016</td>
</tr>
<tr>
<td>Notification of Finalists:</td>
<td>By May 6, 2016</td>
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</tbody>
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## Application Availability

(Available on or after February 1st, 2016)

To receive a printed application, either visit Autry Technology Center in person or contact your school counselor. Applications are also available for download in electronic format at [autrytech.edu](http://autrytech.edu). To receive one via US mail, contact us by phone at (580) 242-2750 or via e-mail at [janetstrate@autrytech.edu](mailto:janetstrate@autrytech.edu).
OSSM Application for Admission

All application materials must be returned to high school counselor by **Thursday, March 31, 2016**.

(Please print or type)

<table>
<thead>
<tr>
<th>Applicant Name (First, Middle, Last):</th>
<th>School Now Attending:</th>
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<tbody>
<tr>
<td>Mailing Address:</td>
<td>Current Grade Level:</td>
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<tr>
<td>City and Zip Code:</td>
<td>Preferred Class Time: (Morning or Afternoon)</td>
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<tr>
<td>Parent/Guardian Name:</td>
<td>Contact Phone Number:</td>
</tr>
<tr>
<td>Parent/Guardian Address: (If different from above):</td>
<td>Student Email Address: (Optional)</td>
</tr>
</tbody>
</table>
To be completed by student and parent(s).

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 Autry Technology Center. 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 Autry Technology Center 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 students 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 of 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 recommendation 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.
To be completed by the principal or counselor.

Student Name: _________________________________________________________________

The student named above is applying for admission to the Enid Regional Center for the Oklahoma School of Science and Mathematics

1. Standard 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. ______________________________

   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.
APPLICATION CHECKLIST

☐ Copy of official transcript requested from high school.

☐ Copy of ACT scores requested from high school.

☐ Application of Admission.

☐ Release of Confidential Information.

☐ Recommendations requested:
   □ Principal or Counselor
   □ Science Teacher
   □ Mathematics Teacher

Completed application and support materials should be returned to local high school counselor by Thursday, March 31, 2016.

Applications should be delivered to Autry Technology Center or mailed to the following address by April 4, 2016.

Oklahoma School of Science & Mathematics Enid Regional Center
Autry Technology Center
1201 West Willow
Enid, Oklahoma 73703

Attn: OSSM Selection Committee
Student Name: ____________________________________________________

This student is applying for admission to the Enid 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 Thursday, March 31, 2016.

Call Janet Strate at 580-242-2750 ext. 117 with any questions. Thank you for your assistance.

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

- Foster Home
- Poor self-image
- Poor social skills
- Single parent family
- Learning deficit/disability
- Poor communication skills
- IEP/504 Plan
- Lack of cultural enrichment

Please specify learning deficits or disabilities: ________________________________

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

<table>
<thead>
<tr>
<th></th>
<th>Outstanding</th>
<th>Above Average</th>
<th>Average</th>
<th>Needs Improvement</th>
<th>No Basis for Judgment</th>
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<tr>
<td>Academic Achievement</td>
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<td>Relation of Achievement to Ability</td>
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<td>Math Skills</td>
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<td>Work Habits</td>
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<td>Cooperates with School Staff</td>
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<td>Cultural Awareness</td>
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<td>Attendance/punctuality record</td>
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<td>Relates well with peers</td>
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<td>Motivated to succeed academically</td>
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<td>Personal Responsibility</td>
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Additional Comments: ______________________________________________________

____________________________________________________

Length of time you have known this student:___________

Principal or 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: __________________
Student Name: ___________________________________________________________________

This student is applying for admission to the Enid 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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Additional Comments:___________________________________________________________
________________________________________________________________________
________________________________________________________________________

Length of time you have known this student:___________

Teacher’s 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: ____________________________________________________________

This student is applying for admission to the Enid 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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______________________________________________________________________
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Length of time you have known this student:__________

Teacher’s Signature:_________________________________________ Date:__________

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