

**OKLAHOMA SCHOOL OF SCIENCE AND MATHEMATICS**  
**Enid Regional Center**



**School Year 2018-2019**  
**Application for Admission**

**Application Deadline: March 29, 2018**

**AUTRY**  
TECHNOLOGY CENTER

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## **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          | 6.  | Garber                |
| 2. | Cimarron          | 7.  | Kremlin-Hillsdale     |
| 3. | Covington-Douglas | 8.  | OBA                   |
| 4. | Drummond          | 9.  | Pioneer-Pleasant Vale |
| 5. | Enid              | 10. | Waukomis              |

## **Dates to Remember**

Applications Accepted:	Feb. 1 to March 29, 2018
Notification of Semifinalists:	By April 18, 2018
Semifinalist Interviews:	April 25, 2018
Notification of Finalists:	By May 4, 2018

## **Application Availability**

(Available on or after February 1<sup>st</sup>, 2018)

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 29, 2018.***

**(Please print or type)**

Applicant Name (First, Middle, Last):	School Now Attending:
Mailing Address:	Current Grade Level:
City and Zip Code:	Preferred Class Time: (Morning or Afternoon)
Parent/Guardian Name:	Contact Phone Number:
Parent/Guardian Address: (If different from above):	Student Email Address: (Optional)

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## **To be completed by student and parent(s).**

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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.**



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**To be completed by the principal or counselor.**

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**Student Name:** \_\_\_\_\_

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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 29, 2018.**

Applications should be delivered to Autry Technology Center or mailed to the following address by April 6, 2018.

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

**Attn: OSSM Selection Committee**

# Principal or Counselor 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.

This recommendation should be returned to the **high school counselor** by **Thursday, March 29, 2018**. 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 social skills    
  Learning deficit/disability    
  IEP/504 Plan  
 Poor self-image    
  Single parent/family    
  Poor communication skills    
  Lack of cultural enrichment

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 Judgment
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:** \_\_\_\_\_

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:** \_\_\_\_\_

# Science 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.

This recommendation should be returned to the **high school counselor** by ***Thursday, March 29, 2018.*** Call Janet Strate at 580-242-2750 ext. 117 with any questions. 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 Judgment
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'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.

This recommendation should be returned to the **high school counselor** by **Thursday, March 29, 2018**. Call Janet Strate at 580-242-2750 ext. 117 with any questions. 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 Judgment
Expresses interest in academic endeavors					
Academic Achievement					
Relation of Achievement to Ability					
Math Skills					
Writing 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'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:** \_\_\_\_\_