

**APS ASCENT Program  
Nomination Form**

Student Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Contact Number \_\_\_\_\_

Current Grade Level \_\_\_\_\_

Teacher Name \_\_\_\_\_

I am interested in having my student go through the selection process for:

Explorer Classes \_\_\_\_\_

Math Acceleration \_\_\_\_\_

After the correct information has been filled in, please return this form to your child's Principal's office. Upon review of the nomination forms, the ASCENT Program screening committee will schedule dates for student testing. You will receive a note to confirm your child's tests dates and times.

**The due date for all nomination forms is Feb. 24, 2012.** Thank you for your interest in the ASCENT Program. If you have further questions, please feel free to contact Barb Beck at [beckbar@allendale.k12.mi.us](mailto:beckbar@allendale.k12.mi.us) or call 892-5580 ext.3201.