



Alabama School of Mathematics and Science

SPECIAL ACCOMMODATIONS

Student Name: _____

Please describe any pre-existing medical, educational or personal condition(s) and requirements of the school and the staff with such condition(s). If no such conditions exist, check the box below:

☐ No Special conditions exist.

ASMS is not required to make special accommodations for all special needs and situations, as those accommodations are available at the student's school of origin. Due to the residential nature of the school, if a disabling condition exists, arises, is reported, or otherwise becomes evident, a committee appointed by the President will determine if the school can accommodate, and if the student may remain at ASMS.

Parent/Guardian Signature _____ DATE _____

Physician Signature _____ DATE _____