

Administration will need to sign off on each application for it to be considered

**Rivers Alternative Middle School**  
MSAD#40  
1070 Heald Highway  
Union, ME 04862

Administrator Signature: \_\_\_\_\_

## **Application for Admission**

### **Student Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Conditions or medications you take: \_\_\_\_\_

### **Parent Information**

Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell/Work#: \_\_\_\_\_ Cell/Work#: \_\_\_\_\_ Cell/Work#: \_\_\_\_\_

### **School Information (to be filled out by the STUDENT)**

Name of current school: \_\_\_\_\_ Grade Level: 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> (circle one)

Name of a teacher that knows you best: \_\_\_\_\_

Is technology a huge part of your life after school? If so, what kind of technology and how much time do you spend on screentime? \_\_\_\_\_

-

Do you learn better by sitting and listening in a classroom or by working with your hands and experiential learning? \_\_\_\_\_

Does it make you feel good about yourself to do things for others less fortunate than you? \_\_\_\_\_

*Please check out Rivers Alternative Middle School @ [MSAD40.org](http://MSAD40.org)!*

**Please answer these few questions about yourself in your own words.**

What are three goals you have for yourself?

1.

2.

3.

What has gone well for you at MMS?

What struggles do you have at MMS?

Who has supported you most in school and what does that person do that makes you feel supported? This can be (past or present) friends, teachers, counselors, parents, or administration

What would have made your time at MMS more successful for you?

How can we make your education be manageable? What would help you invest in your education?

Where do you see yourself in 5 years?

Where do you see yourself in 10 years?

What do you need to learn at school to reach those goals?

List three things that make school meaningful to you?

1.

2.

3.

What worries you about joining the RAMS program?

What do you like to do when you are not in school?

## **Self Evaluation**

Please evaluate yourself on a scale of 1-10, with 10 being the highest or best score.

Work ethic\_\_\_\_\_

Motivation to come to RAMS\_\_\_\_\_

Ability to work with others\_\_\_\_\_

Completing things you start\_\_\_\_\_

Minding your own business\_\_\_\_\_

Regulating your behaviors\_\_\_\_\_

Being honest\_\_\_\_\_

Taking care of your health\_\_\_\_\_

Have positive relationships with peers\_\_\_\_\_

Have positive relationships with adults\_\_\_\_\_

Helping others\_\_\_\_\_

Expressing anger appropriately\_\_\_\_\_

Working independently\_\_\_\_\_

Working in small groups\_\_\_\_\_

Behaving in public\_\_\_\_\_

Demonstrating our Core Values:      Courage\_\_\_\_\_ Respectful\_\_\_\_\_ Responsible\_\_\_\_\_

(Optional)

**Walk us through a typical weekday**

What time do you wake up?

Do you wake up easily?

Morning Routine:

After School/Afternoon Routine: (we know you are at school from 7:15-2:00 so you don't need to tell us about that)

Evening Routine:

Approximately what time you go to bed?

Approximately what time do you go to SLEEP?

Thank you for taking the time to thoroughly fill out our application for admission into the Rivers Alternative Middle School. You have taken the first step in the application process. This information, along with a student/parent interview, will help us determine if RAMS is the right place for you. Please return this application to Mrs. Race and she will submit it for you. We will contact you for an interview and a tour of our school.

Thank you,

Mr. Jones and Mr. Carpenter  
RAMS Teachers