

# INTENT TO ENROLL

Please complete and return *by Friday, May 5 2023*:

**Email:** [admissions@asmsa.org](mailto:admissions@asmsa.org)  
**Fax:** 501.622.5166  
**Mail:** ASMSA Admissions Office  
200 Whittington Ave.  
Hot Springs, AR 71901

Student Name \_\_\_\_\_ Date \_\_\_\_\_  
(Please print or type name)

We hereby acknowledge the receipt of the offer to enroll at the **Arkansas School for Mathematics, Sciences, and the Arts** commencing Fall 2023 and indicate our desire to accept the offer through our signatures.

We understand that enrollment is contingent upon *successful* completion of the current academic year as verified by an *official transcript*. Any poor performance as noted on your transcript will be cause to review and possibly rescind the invitation to attend ASMSA.

We hereby accept enrollment at the **ARKANSAS SCHOOL FOR MATHEMATICS, SCIENCES, AND THE ARTS** commencing Fall 2023 as described above.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Custodial Parent  
or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

## Declination of Offer of Enrollment

We hereby decline the offer of enrollment at the **ARKANSAS SCHOOL FOR MATHEMATICS, SCIENCES, AND THE ARTS** commencing Fall 2023, as described above, and relinquish all claims to a position for the 2023-2024 school year.

\_\_\_\_\_ Date \_\_\_\_\_  
Student's Signature

\_\_\_\_\_ Date \_\_\_\_\_  
Custodial Parent/Legal Guardian's Signature



**ARKANSAS  
SCHOOL**  
FOR MATH,  
SCIENCES,  
+ THE ARTS