
Students will only be eligible for the program with average of 70 percent
6th grade through 12th grade

Transportation will be provided from the following locations:

<table>
<thead>
<tr>
<th>Location</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Albany Academy</td>
<td>9:00 AM</td>
</tr>
<tr>
<td>Green Tech High Charter School</td>
<td>9:15 AM</td>
</tr>
<tr>
<td>Hackett Middle School</td>
<td>9:35 AM</td>
</tr>
<tr>
<td>Albany High School</td>
<td>9:50 AM</td>
</tr>
</tbody>
</table>

Return application to:
Etwin Bowman
University at Albany, LI94S
1400 Washington Avenue
Albany, NY 12222
Carefully read and complete the information below.

1. **STUDENT DATA**

Name

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

Date of Birth_____________________ Sex: Male_______ Female______

Home Address: _________________________________________________________

<table>
<thead>
<tr>
<th>Number</th>
<th>Street</th>
<th>Apt. No.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Home Phone Number: ___________________Cellular/Page # _______________________

Ethnicity: Black____ Hispanic_____ Native American______

Alaskan Indian_____ *Asian_____ *White_____ Other ____________

*Economic eligibility must be documented according to State Education Department requirements prior to admission to the program.

**Current** term: Fall 20___ Spring 20___ Summer 20___

(year) (year) (year)

If this is not your first term in STEP, when did you enter the program for the first time?

Fall 20___ Spring 20___ Summer 20___

(year) (year) (year)

What school were you attending at that time? ________________________________________

Are you a resident of New York State? Yes_____ No______

2. **EDUCATIONAL INFORMATION**
School Name: ____________________________  Grade level: 7, 8, 9 10, 11, 12 (circle one)

Guidance Counselor: ________________________________________________________________

Home Room________________    Home-Room Teacher________________________

3. HOBBIES/ INTERESTS/ AWARDS:____________________________________________________

________________________________________________________________________
________________________________________________________________________

4. FAMILY INFORMATION

Parent/Guardian Name: ____________________________________________________________

Parent/Guardian Address: _________________________________________________________

______________________________________________________________________________

Street

                                    City          State          Zip

Home Telephone: (___)______________________
Work Telephone: (___)______________________

Family’s total Income [This information is required by and only for the STATE]

0   to 9,999 __   10,000 to 19,999 __   20,000 to 29,999 __   30,000 to 39,999 __   
40,000 to 49,999 __  50,000 to 59,999 __  60,000 to 69,999 __  70,000 and over __

5. STUDENT COMMITMENT

I understand that continued participation in STEP requires a commitment that I attend the program sessions regularly and on time. * Students agree to accept tutoring upon recommendation of STEP staff, cooperate with instructors, tutors and administrative staff, and participate in field trips, seminars and other events. Students are expected to present themselves as future professionals at all times, this include speech, attitude and behavior.

- Students who expect to be late or absent for any activity are required to let their instructor know or call the STEP Program at 442-9083
- Students are allowed two unexcused absences per marking period--NO MORE, NO EXCEPTIONS. Anyone who is absent more than twice will be notified of possible removal from the program.

Student’s Signature_________________________      Date __________

Parent’s Signature__________________________    Date __________
I, *(Student’s Name)*, agree to participate in the Science and Technology Entry Program (STEP) at the University of Albany. As a participant, I will attend activities as scheduled, and I will be on time for all activities. I understand that my signature on this document constitutes an agreement between me and the University of Albany.

**Student’s Signature** ______________________________ **Date** ______________

**********************************************************************
I(we)_____________________________ (parents) give permission for
_____________________________ (Name of student) to participate in the Science and
Technology Entry Program (STEP) at __________________________  (Name of Institution)

I (we) authorize The Science and Technology Entry Program (STEP) at The University
of Albany to obtain and review school records. I (we) understand that all information will
be kept confidential.

**Parent/guardian Signature** ______________________________ **Date** ______________

**********************************************************************

Middle level Language Arts assessment performance ______________
Middle level Science ______________________________

Middle level Mathematics assessment performance

SAT verbal________ SAT math_______ PSAT verbal________ PSAT math_______
ACT________

Achievement Tests: 1.________________________ 2.________________________ 3.________________________

1. Date of first entry into program: __________________________ Date of Reentry: ______________

2. At time of entry into program: Math average________ Science average _________ School average
   __________

3. At end of program year: Math average________ Science average _________ School average
   __________

4. Class rank (12th grade/graduates): __________________________

5. Date of High School graduation: __________________________
EMERGENCY INFORMATION

Name: ________________________      School: ________________________________

Names of Parents/Guardians: ________________________________________________

Home Address: ________________________________

Father's Business Address: _________________________________________________

Mother's Business Address: ________________________________________________

Home Phone: ____________ Father’s Bus. # _____________ Mother’s Bus#: __________

Indicate the times that your parents are at work:

Father ___________________   Mother ______________________

Name, address and phone number of person to be contacted should your parents be
unavailable:

Name___________________________ Phone_____________________

Address__________________________________________________
HEALTH INFORMATION

Are you taking any kind of medication? _____________ If so, please specify:
____________________________________________________

Do you have any allergies? __________ If so, indicate what you are allergic to:
_________________________________________________

Do you have, or have you had, any heart trouble? ________________

Do you have, or have you had epileptic seizures? ________________

Do you have Asthma? __________ Do you use inhalers? _________

Are you diabetic? ______________

Are you allergic to any kind of medication? ________________
If so, please specify: ____________________________

Do you have any other health problems that may be relevant?

________________________

If so, please specify on the back. It is important that we have this information.

^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^

HOSPITALIZATION INSURANCE

I have coverage ________________ I have no coverage ___________

Name of Insurance Company: _____________________________________

Policy identification: # ________________________________________

Name of Physician ____________________________________________

Address of Physician __________________________ Telephone # _________

For students under 18 years of age, the following release must be signed by your parents/guardian.

I/we give my/our permission for my/our son/daughter to be medically treated in the case of an emergency, illness or injury.

Signed __________________________ Relationship ___________

Signed __________________________ Relationship ___________
Student Photo Release Form

I hereby give permission to the Science and Technology Entry Program (STEP), its agents, successor, assigns and/or newspapers, radio or television to use my child/children

Please Print Full Name of Student 1             Please Print Full Name of Student 2

Photographs (whether still, motion or television) for publicity regarding this program.

Student’s Signature (Student 1)                  Date

Student’s Signature (Student 2)                  Date

Parent/Guardian Signature                      Date

Failure to submit signed student photo release forms will result in your child/children’s picture being EXCLUDED from the photographs taken by the photographer during the program. Pictures will also be OMITTED from all future publications and websites.
PARENTAL RELEASE FORM

As the Parent/guardian of ____________________________________________________
Student’s Name

residing at______________________________________________________________
Address

I authorize school and college personnel to release all information pertinent to the referral
of my child to the Science and Technology Entry Program (STEP). It is my understanding
that this information may include: a copy of the most recent report card, a copy of the most
recent attendance record, a copy of a recommendation from a math or science teacher or
guidance counselor and a copy of the most recent standardized test scores. This
authorization shall remain in effect for the period that my child participates in STEP.

_________________________________________________   _______________
Parent/guardian Signature      Date

RETURN COMPLETED APPLICATION FORMS AS SOON AS POSSIBLE:
Etwin Bowman
University at Albany, LI94S
1400 Washington Avenue
Albany, NY 12222
Telephone 442-9083
Fax 442-5419