SEPTEMBER, 2014 – JUNE, 2015

Transportation will be provided from the following locations:
North Albany Academy  9:15 AM
Green Tech High Charter School  9:25 AM
Hackett Middle School  9:45 AM
Albany High  9:50 AM

Return application to:
Etwin Bowman
University at Albany, LI94S
1400 Washington Avenue
Albany, NY 12222

Email: elbowman@albany.edu

Tel: 518.442.9083
Fax: 518.442.5419
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 No: (_ _ _) _ _ _ _ _ _ _  Cell Phone No: (_ _ _) _ _ _ _ _ _

Ethnicity:  Black____  Hispanic_____  Native American____

Alaskan Indian____  *Asian____  *White____  Other ____________

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)

Are you a resident of New York State?  Yes_____  No_____

2. **EDUCATIONAL INFORMATION**

School Name: ____________________________  Grade: 7, 8, 9, 10, 11, 12 (circle one)

Student ID #: ____________________________ (New York State Student ID number - can be found on report card)

Guidance Counselor: ____________________________

3. **STANDARDIZED TEST SCORES:**

**SAT Scores:**  
Mathematics _ _  Critical Reading _ _  Writing _ _

**ACT Scores:**  
English _ _  Mathematics _ _  Reading _ _  Science _ _

4. **HOBBIES/ INTERESTS/ AWARDS:**

________________________________________________________________________

________________________________________________________________________
4. FAMILY INFORMATION

Parent/Guardian Name: _____________________________________________________

Parent/Guardian Address: __________________________________________________

Street

City State Zip

Work Telephone: (____)_____________ Parent EMAIL:

Family’s Total Income [This information is required by and only for the STATE] (Check one)

0 to $21,590 ___ $21,591 to $29,101 ___ $29,102 to $36,612 ___

$36,613 to $44,123 ___ $44,124 to $51,634 ___ $51,635 to $59,145 ___

$59,146 to $66,656 ___ $66,657 and over _____

Number of persons in your household _____ Do you qualify for free lunch/reduced lunch ___YES ___NO

5. STUDENT COMMITMENT

I understand that continued participation in STEP requires a commitment that I attend the program sessions, field trips, seminars and other events. Students are expected to present themselves as future professionals at all times, this include speech, attitude and behavior. I understand that my signature on this document constitutes an agreement between the University of Albany and me.

Student’s Signature __________________________ Date _________________

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________________________
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? __________________________

Do you have any disabilities?  YES / NO  If YES, please mark the appropriate choices:

______ Physical Disability  ______ Learning Disability  ______ Multiple Disabilities

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 son/daughter.

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/we, give permission for my son/daughter to participate in the Science and Technology Entry Program (STEP) at the University at Albany. I/we also 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. I/we understand that all information will be kept confidential.

Parent/guardian Signature Date