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 9:35 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
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: __________________________

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 _____________
# PARENT CONTACT INFORMATION

Parent/Guardian Name: 

Parent/Guardian 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>

Parent Email: 

Parent Home Phone No: (____)______ ____ __

Parent Cell Phone No: (____)______ ____ __

Parent Work Phone No: (____)______ ____ ____
FAMILY INFORMATION

Parent/Guardian Name: _______________________________________________________

Parent/Guardian Address: ___________________________________________________

Street

City State Zip

Parent EMAIL: ____________________________________________________________

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

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to $21,590</td>
<td>$21,591 to $29,101</td>
</tr>
<tr>
<td>$21,591 to $44,123</td>
<td>$44,124 to $51,634</td>
</tr>
<tr>
<td>$44,124 to $66,656</td>
<td>$66,657 and over</td>
</tr>
</tbody>
</table>

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

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____________________

4
EMERGENCY INFORMATION

Father's Work Address: ___________________________________________________

Mother's Work Address: __________________________________________________

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

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

Name___________________________ Phone_____________________

Address___________________

_________________________________________________

PARENTAL 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
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.

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