

2020-2021 STEP Application Checklist

- Be sure to **complete all required sections** of your child's application before submitting it to the STEP Office for processing. Failure to do so will delay his/her acceptance notification.
- This form can be completed electronically. Please **print the completed application and verify that all pages are signed before submitting to the STEP office.**

All Students – Application Checklist

<input type="checkbox"/> Student Application Form – All 3 sections complete - (Student, Contact & Emergency Contact Info)	Page 1
<input type="checkbox"/> Student Application Form – Parent and Student signatures (Bottom of page)	Page 1
<input type="checkbox"/> Student Authorization for Disclosure of Educational Information <ul style="list-style-type: none">• Ensure all 3 check boxes are marked in the top section (within the red box)• Ensure the student's school name is entered (within the red box)• Verify Parent/Guardian Signature (Bottom of page)	Page 2
<input type="checkbox"/> Student Questionnaire – Be sure to select Yes or No for every question.	Page 3
<input type="checkbox"/> Informed Consent Form – Parent & Student signatures (Bottom of page)	Page 3
<input type="checkbox"/> STEP Program Contracts & Agreements - Parent & Student signatures below Statement of Understanding	Page 4
<input type="checkbox"/> Official Copy of Student's Grades – Provide either the student's academic <i>transcript or a copy of student's final report card</i> for school year ended June 2020.	Attachment

NEW STUDENTS ONLY– ADDITIONAL ITEMS REQUIRED

Additional items may be required to complete your application such as an Income Verification Form and Documentation or a Student Recommendation Form.

The STEP Program will contact you to request any additional required forms.

APPLICATIONS ARE REVIEWED ON A ROLLING BASIS.

SUBMIT APPLICATION VIA EMAIL, FAX, or MAIL:

Email: step@syr.edu

Fax: (315) 443-5683

Mail to: Science & Technology Entry Program (STEP)
419 Sims Hall, Syracuse, NY 13244

SYRACUSE UNIVERSITY
Science & Technology Entry Program (STEP)
 419 Sims Hall | Syracuse, NY 13244
 Phone: 315-443-9171 | Fax: 315-443-5683

2020-2021 Student Application Form

In order to be eligible for the STEP program, the applicant must have been a resident of NY State at least 12 months prior to application and must be enrolled in grade 7-12 for the 2020/2021 academic year.

Section 1: Student Information

Last Name	First Name	M.I.	Grade <small>(September 2020) (Select one)</small>				
Home Address	Street Address						
	City	State	Zip Code				
NYSSIS Code (From guidance counselor)		Home/Primary Phone # () -		T-Shirt Size (Select One) S M L XL XXL 3XL 4XL			
Date of Birth				Gender		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Ethnicity (Select all that apply)	<input type="checkbox"/> Hispanic/Latino			<input type="checkbox"/> Black/ African American			
	<input type="checkbox"/> American Indian/ Native Alaskan			<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander			
	<input type="checkbox"/> Asian (excl. Pacific Islanders)			<input type="checkbox"/> White/ Caucasian or Other			
New York State Resident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, since when?				
Country of Birth (if other than USA)							
Permanent Resident Alien?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, Registration number:				
Does student require any accommodations / have any accessibility requirements? If yes, please describe:							

Section 2: Contact Information **Parent and Student Email Address is required!

Mother's Name/Guardian*	Cell Phone:	**E-mail Address:
Father's Name/Guardian*	Cell Phone:	**E-mail Address:
Student's Name	Cell Phone:	**E-mail Address:

Section 3: Emergency Contact Information

Name	Home Phone	Cell Phone	Relationship to Student

*** To the Parents/ Guardians:** Your signature on this application signifies that all the information given in this application is accurate and complete to the best of your knowledge in accordance with Federal and State regulations.

Parent/Guardian Signature

Date

Student Signature

Date

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2020-2021 STEP Student Authorization for Disclosure of Educational Information

This page must be completed in full in order to be eligible for STEP Program acceptance.

Student Name:	Grade	
School Name:	^parents of 6 graders will have to write in^	

I AM:

_____ The person legally responsible for the above named individual and I authorize the Science and Technology Entry Program to:

_____ **OBTAIN INFORMATION FROM:**

(Please indicate your specific school in Onondaga County)

_____ **RELEASE INFORMATION TO:**

Syracuse University
Science and Technology Entry Program (STEP)
419 Sims Hall
Syracuse, NY 13244

I hereby authorize the disclosure of educational information between the Science and Technology Entry Program (STEP) and the School district indicated above, in accordance with the Family Educational Rights and Privacy Act (FERPA).

Specific information to be released or obtained includes the following confidential information necessary for educational services:

- **Student standardized test scores, Grades, and Report Card Information**
- **New York State Student Identification System (NYSSIS) ID which is also known as the Student State ID.**
- Attendance Data and Suspension Data
- **Information on a Student's Individual Education Plan (IEP)**
- Teacher/administration notes and correspondence
- Individual course communications, assignments, and interim results
- Other _____

This information is required for the purpose of any necessary and ongoing educational needs inclusive of evaluations and recommendations for further development.

By signing below I am stating that:

- *I understand the information disclosed, as permitted by this authorization, will not be re-disclosed by the receiving entity (and/or its affiliates). I do understand that local, state, and federal laws do exist to protect the confidentiality of this information.*
- *I understand that I have the right to revoke and/or restrict this authorization at any time without penalty, provided that I submit a request in writing to the STEP Office.*
- *I authorize the periodic, on-going disclosure of the above information. This authorization expires one year after date of signing or at disenrollment from services, whichever comes first. Re-authorization will be obtained after one year if information is still needed.*

Parent/ Guardian (Print Name)

Parent/Guardian Signature

Date

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2020-2021 Student Questionnaire

Be sure to respond to all questions on this page. Information below is required by the New York State Education Department which provides funding for the STEP Program.

Student Name:	Grade	
Is student presently enrolled in another program? (LeMoyne or OCC, STEP or LPP)	Yes	No
Is student presently enrolled in Syracuse Challenge? (Syracuse City School District Only)	Yes	No
Does student have an IEP or 504 Plan? (Individualized Education Program)	Yes	No
Is student eligible for free or reduced lunch?	Yes	No

Please indicate if you or your family members are recipients of the following (select all that apply):

Aid to Dependent Children	Yes	No
Family Assistance Program Aid	Yes	No
Family Day Care through Social Services (New York State Office of Children and Family Services Assistance/ Onondaga County)	Yes	No
Ward of the State or County	Yes	No
Living with foster parents	Yes	No

2020-2021 Informed Consent Form

It is critical that the coordinators of the STEP program collect information from students who participate in activities in order to continuously improve the program and meet the needs of the students, as well as participate in focus group sessions to discuss the program.

Participation in any of the information gathering activities is completely voluntary. Students may choose to omit items from surveys, choose not to complete surveys, or not to attend focus group sessions. Responses from individuals will not be reported in any form. All responses will be reported as a group to program organizers in order to maintain anonymity.

Your signatures below indicate that you understand the purpose and process described above, and you are willing to have your child participate in the STEP program information gathering efforts. **Choosing not to sign this consent form will in no way influence your child's ability to participate in the STEP program.**

Student Name (Print)

Student Signature

Date

Parent/Guardian Signature

Date

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2020-2021 STEP Program Contracts & Agreements

Student Name:	Grade	
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1. Saturday Learning Academy/ Enrichment Program Contract

Student Responsibilities

- Maintain a minimum **average of 75% in science and math courses.**
- Maintain a minimum **overall GPA of 75%.**
- **Conduct yourself in a manner conducive to your own learning,** and to the learning of others.
- Participate regularly in programming activities
- **Respect the STEP Staff, workshop coordinators, and other students in the program.**
- When necessary, **come to tutorials** with applicable textbooks and classroom assignments.
- Agree to adhere to the student absence and tardiness procedures, and the Anti-Bullying Pledge.

Parent/ Legal Guardian Responsibilities

[Program hours are 10:00am – 12:00pm; Enrichment is 12:15pm – 1:45pm]

- **Talk with students** about STEP activities and expectations.
- **Adhere to deadlines.**
- **Read ALL information pertaining to the program.**
- Remind students to **bring applicable assignments/materials** to each session including tutorials.
- Participate in at least **two open-to-parents/ family STEP activities** per semester.



2. Press and Performance Release

I hereby give my permission to Syracuse University, its agents, successor, assigns and/or newspapers, radio, television or websites, statewide conferences to use my child's photograph (*whether still, motion or television*) and recordings of my child's voice, for publicity regarding the STEP Program.

Indication of Understanding

By signing below, we certify that the STEP Scholar and Parent/Guardian named herein have read the 2020/2021 Saturday Learning Academy/ Enrichment Program Contract and the Press and Performance Release; and, that we understand them, and we agree to abide by them. Furthermore, we understand that **failure to abide by responsibilities could result in dismissal** from the program.

<hr/> Print Parent/ Legal Guardian Name	<hr/> Parent/ Legal Guardian Signature	<hr/> Date
<hr/> Print STEP Student Name	<hr/> STEP Student Signature	<hr/> Date