

## Science and Technology Entry Program Student Registration Form

Note: *All sections of this form must be completed. The application will be rejected if any section is incomplete. No student will be accepted into the program with an incomplete registration form.*

### Contact Information

Student Name: \_\_\_\_\_ School Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
First, Middle Initial, Last

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female \_\_\_ Nonbinary \_\_\_ Other

Student Cellphone: \_\_\_\_\_ Student Email: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ I am interested in joining the parent consort \_\_\_\_\_

Parent phone Number: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

### Student Agreement – please read and sign

I, \_\_\_\_\_, agree to participate in the 2025-2026 STEP program at SUNY New Paltz. As a participant, I agree to attend activities as scheduled, follow STEP staff instructions, participate to the best of my ability, and remain on the campus or community program site unless I provide STEP staff with written parental permission to leave early. I understand that my signature here constitutes an agreement with the STEP program staff.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### Parent or Guardian Permission

I, \_\_\_\_\_, give permission to my child/ward, \_\_\_\_\_,  
Print name of Parent/Guardian Print Student Name

- (1) To participate in the 2025 – 2026 STEP Program at SUNY New Paltz,
- (2) To travel with STEP on field trips and small group site visits, and
- (3) By signing below hereby authorize the release of my child/ward's academic school records to the STEP Program.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Advisors** – to be filled out by school advisor if applicable

Student Name: \_\_\_\_\_

District: \_\_\_\_\_

Advisor Name: \_\_\_\_\_

**ADVISOR: It is your responsibility to ensure that this form is filled out completely and correctly. Students who are new to the program must meet the eligibility requirements listed below. Applications with missing information will be returned.**

**Is this an underrepresented student:** \_\_\_\_ **Yes** \_\_\_\_ **No**

If no, you **MUST** submit proof of economic eligibility. The requirements and eligibility form is attached.

You **must** attach required documentation to this application. The school will not give us this information. For a student to participate, the State Education Department requires this documentation. All information will be kept confidential.

I have reviewed this application \_\_\_\_\_  
Signature Date

### **Eligibility Requirements**

- (1) GPA above 75.
- (2) Must show interested in Science and/or Technology
- (3) Student must be historically underrepresented or economically disadvantaged.
- (4) Parent or guardian must attend at least one Saturday Academy.
- (5) All parts of this application must be completed.

**Saturday Academy Dates** – parents, please indicate what academy you will attend

- ☐ November 15, 2025
- ☐ December 6, 2025 (snow date: December 14, 2025)
- ☐ February 7, 2026 (snow date: February 14, 2026)
- ☐ March 7, 2026 (snow date: March 14, 2026)
- ☐ April 11, 2026
- ☐ May 9, 2026
- ☐ June 13, 2026

### **For Office Use Only**

#### **Student Drop**

Date of Drop/Withdrawal from the STEP Program (month and year): \_\_\_\_\_

Reason for drop:

- ☐ Academic Achievement
- ☐ Parental Nonparticipation
- ☐ Attendance
- ☐ Conflict with Sports/other scholastic activity
- ☐ Behavior Issues

General comments: \_\_\_\_\_  
\_\_\_\_\_