# 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.*

Student Name _____ School Name: _____ Grade: _____
                 First     Middle initial     Last

Home Address Street/Apt _____

City _____ Zip _____

Home Phone _____Name of Parent or Guardian _____

Student Cell _____

Emergency number: _____

Parent or Student: Email address (please print clearly):_____

Date of Birth: _____       Sex: ___ Male     ___ Female ___ Non-binary

Hispanic or Latino: ___ Yes ____ No

_____

___ American Indian or Alaska native     ___ Black or African American

___ Native Hawaiian or other Pacific Islander    ___ White

*Please note that if you identify yourself as non-Black/non-Hispanic, you must complete the attached economic eligibility form to participate.*

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**Student Agreement (Student please read and sign.)**

I, _____, agree to participate in the 2023-2024 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

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(Parent/Guardian please read & signs below.)

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**Parent or Guardian Permission to**
**Participate in STEP, Travel on site visits and field trips, and Release of Academic Records**

I, _____, give my permission for my child/ward, _____,
   Print Name of Parent or Guardian                        Print Student Name
(1) to participate in the 2023-24 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.
(4) by signing below hereby authorize the STEP program to provide the information on this form to the Catskill Hudson Area Health Education Center for educational tracking purposes.

_____      _____
    Signature of Parent or Guardian                      Date

SUNY New Paltz

STUDENT 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 submitted 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. In order for a student to participate, the State Education Department requires this documentation. All information will be kept confidential.

**I have reviewed this application_____**
School Based Advisor signature (if applicable)
## Eligibility Requirements:

1. GPA above 75.
2. Must show and interest 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 the application must be completed.

**PARENT/ GUARDIAN:**  PLEASE INDICATE WHICH SATURDAY ACADEMY **YOU** (The Parent) WILL ATTEND. IN ORDER FOR YOUR CHILD TO PARTICIPATE IN THE STEP PROGRAM, YOU MUST MAKE AN EFFORT TO ATTEND 1 OF THE 7 SATURDAY ACADEMIES.

- ☐ November 18, 2023
- ☐ December 9, 2023 (Snow date December 16)
- ☐ February 10, 2024 (Snow date February 17)
- ☐ March 9, 2024 (Snow date March 16)
- ☐ April 13, 2024
- ☐ May 11, 2024
- ☐ June 8, 2024 (Field Trip)

**FOR OFFICE USE ONLY**

**STUDENT DROP**

DATE OF DROP/WITHDRAWAL FROM STEP PROGRAM (MONTH AND YEAR): _____
REASON FOR DROP:
- ☐ Academic achievement
- ☐ Parental nonparticipation (State Education requires parental participation to continue funding)
- ☐ Attendance
- ☐ Conflict with sports/ other scholastic activity
- ☐ Behavior issues

GENERAL COMMENTS_____
_____
_____