S T E P
The Science & Technology Entry Program
Barnard College
New Student Application Checklist

Please make sure to provide:

- Complete application with dates and signatures where indicated
- Income Documentation (Family's current federal income tax form 1040, 1040A, or 1040EZ)
- Student Academic Profile (School official/student’s counselor must complete)
- Transcript/Report Card (most recent official or unofficial)

The Science & Technology Entry Program (STEP) at Barnard College admits students in grades 7-12 to participate in the afterschool program and/or other program activities.

No student will be admitted to the STEP program without submitting a COMPLETED application form, current academic report card/progress report, income documentation, and student academic profile
**STEP ADMISSION APPLICATION**

Please answer all questions:

Student’s Name:

Last | First | MI
---|---|---

Student’s mailing address:

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

Student email addresses: ____________________________________________

_________________________________________________________________________________________________

Student cell & evening numbers: __________________________

_________________________________________________________________________________________________

Parent/guardian email address and contact number(s)  Relationship to Student: __________________________

Name: ____________________________________________ Mobile #: __________________________

Email (1): ____________________________________________ Email (2): __________________________

Home Phone: __________________________ Work Phone: __________________________

Parent/guardian email address and contact number(s)  Relationship to Student: __________________________

Name: ____________________________________________ Mobile #: __________________________

Email (1): ____________________________________________ Email (2): __________________________

Home Phone: __________________________ Work Phone: __________________________
New York State Resident? YES ☐ NO ☐

Student’s date of birth: ___ / ___ / ______
Student’s current Grade ______
Students last 4 digits SS# ____________

Name of current school: ____________________________

School’s mailing address: ____________________________

____________________________

Student’s OSIS number: ______________________

8th graders: high school you plan to attend:

______________________________________________
STEP ADMISSION APPLICATION  continued

Student’s gender:  Male❑ Female❑

Ethnicity:  
(This information is required of all applicants by the New York State Education Department)

African American/Black: ❑ Latino/Hispanic: ❑ White ❑ Native American/Indian ❑
Asian/Pacific Islander ❑ Alaskan Native ❑ Other ❑ (Please Identify) ________________

Income Documentation: (New York State Department of Education guidelines require this information prior to providing services)

Annual Income: $____________ Source of Income: __________ Number of Household Members: ______

Please attach the following:
• Tax forms (1040, 1040A, or 1040EZ)
• Other relevant income documentation verification will be handled on an individual basis

PROGRAM PARTICIPATION/AVAILABILITY

This application is for the Academic Year Program 2018-2019: Please Circle all that apply: Summer Fall Spring

Are you available to participate in STEP After-School (Tuesdays & Thursdays, 3:00PM-6:00PM) during the Fall & Spring?

No ❑ Tuesdays Only ❑ Thursdays Only ❑ Both Tuesdays & Thursdays ❑

Will you be able to participate in STEP’s project-based workshops* on Saturdays during the academic year (Fall & Spring)?

Yes ❑ No ❑

*STEP will be offering a variety of Science & Technology oriented workshops with hands-on approach, academically and professionally aspirational, and self-contained (students will leave with a completed project) Specific Dates and times TBD
STUDENT AGREEMENT

I, ________________________________________________________________, agree to participate in the Science and Technology Entry (Print student's name Program (STEP at Barnard College). As a participant, I will attend the activities as scheduled, I will arrive on time, and I will put forth my best effort as a participant. I understand that the overall goal of the program is to assist me in my pursuit of academic excellence. I expect STEP to provide me with support to prepare me for admission to a college/university, and a career in a math, science, technology, or health-related field and/or the licensed-professions. I understand that my signature on this document constitutes an agreement between me, my parent/guardian, and Barnard College STEP.

___________________________________________________________
(Signature of student)  Date

PARENT/GUARDIAN AGREEMENT

I, ________________________________________________________________, give permission for my son/daughter,

(Print name of parent/guardian)

___________________________________________________________
(Student's name)

Program

(STEP) at Barnard College. As a parent, I will attend activities as scheduled. I also authorize the administrative staff of Barnard College STEP access to my child's school records. I understand that this information will be kept confidential. I understand that the overall goal of the program is to assist my child in the pursuit of academic excellence. I expect STEP to provide my child with support to prepare him/her for admission to a college/university, and a career in a math, science, technology, or health-related field and/or the licensed-professions. I understand that my signature on this document constitutes an agreement between me, my child, and Barnard College STEP.

___________________________________________________________
(Signature of parent/guardian)  Date

MEDIA AND PICTURES AGREEMENT

Please be aware that photographers and media representatives may be present during program activities and special events, both on and off campus. In some cases, they may photograph, interview, or video students who participate in these activities and events. The resulting images may be used for purposes of the program to promote STEP in printed and electronic media, such as brochures, flyers, newsletters, and websites. I understand my child may be photographed, interviewed, or video recorded during program activities and give my permission for my child to be a participant for the purposes of STEP.

___________________________________________________________
(Signature of parent/guardian)  Date
MEDICAL TREATMENT AUTHORIZATION FORM

In consideration of my child being permitted to participate in the Barnard College Science and Technology Entry Program (STEP), I hereby authorize emergency medical treatment for my child, ____________________________, if illness or injury should occur during my child’s participation. I understand that Barnard College will make a reasonable attempt to contact me prior to such medical treatment. In addition, I agree to hold harmless and indemnify Barnard College, its officers and employees, against any and all claims and damages, which relate in any manner to medical treatment of my child. I also understand that I am responsible for any and all costs incurred in the providing of this medical treatment.

____________________________________________________________
(Name of child)

____________________________________________________________
(Student’s Signature) / _____ / ________________
(Date of)

____________________________________________________________
(Parent/Guardian’s Signature)

Please indicate primary emergency contact number during programming:

<table>
<thead>
<tr>
<th>Telephone Number/s</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Person</td>
<td></td>
</tr>
<tr>
<td>Relationship</td>
<td></td>
</tr>
</tbody>
</table>

Important Note:
Barnard STEP staff is not permitted to dispense any medication to student participants. The STEP Program Director must be advised by the parent, in advance, if their child has a need to take medication during the course of the program day. This information will be kept confidential.