



STUDENT APPLICATION

Student Name _____
First Name _____ (M.I.) _____ Last Name _____ D.O.B. ____/____/_____
MM/ Day / Year

Gender (Check One) M F Non Binary

Mailing Address _____ Home Phone Number (____) _____

City _____ State _____ Zip Code _____

Student Email Address _____ Student Cell Number (____) _____

New York State Resident Y N Country of Birth, if other than U.S.A. _____

Ethnicity

American Indian or Alaskan Native Black / African American Hispanic or Latino
 Asian / Pacific Islander * White / Caucasian *

* Per state mandate, students who are not historically underrepresented must provide income verification

Student's Current Grade _____ (i.e. 7th 8th 9th 10th 11th 12th) Does student have an IEP? Y N

Student's Current School Attending _____ Current GPA _____

Name of Counselor _____ Is student eligible for free or reduced lunch? Y N

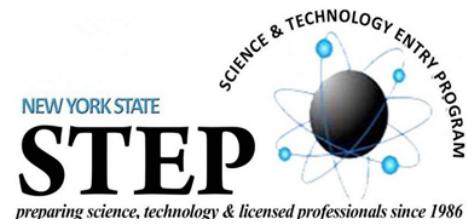
Parent (s) / Guardian(s) Name _____
First Name _____ Last Name _____

Mailing Address _____ Home Phone Number _____

City _____ State _____ Zip Code _____

Mother/ Guardian's Email Address _____ Cell Number (____) _____

Father /Guardian's Email Address _____ Cell Number (____) _____



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EMERGENCY CONTACT INFORMATION

Name _____
First Name _____ Last Name _____

Relationship _____

Home Phone Number (____) _____ Cell Number (____) _____

Email Address _____

PARENTAL CONSENT & CERTIFICATION

Parent /Guardian's Name(s)

Student's Name

I give permission for my child (listed above) to participate at the University at Buffalo Science and Technology Entry Program (UB STEP). I understand that they will be expected to participate in a variety of field trips on the north and south campuses of the University at Buffalo, as well as other local and regional venues and college campuses. I hereby give permission for my child to participate in all UB STEP field trips, tours, and events.

I authorize the UB STEP Program's administration to obtain and review copies of my child's complete educational transcripts, standardized test scores and/or report cards. I understand that such records will be used in planning appropriate services for my child and that all information will remain confidential.

I understand that enrolling my child in UB STEP automatically gives UB STEP permission to publish my child's photograph in all media/internet outlets deemed pertinent to promote the UB STEP Program and to share the student's name and contact information with other C/STEP programs and college/university admission offices.

I hereby certify that the information disclosed herein is true and correct. I understand this information is given for the receipt of governmental funds, and United States Department of Education and/or the New York State Department of Education reserves the right to verify part or all of the data in this application.

Parent's /Guardian's Signature

Date

Please circle your child's appropriate T shirt size

Adult Size: Small Medium Large X Large XX Large