



Application for NYC Summer STEM 2015 2nd Graders

For faster processing please complete the application at
<http://bit.ly/NYCSummerSTEM2>

This is a mobile friendly application so you can fill it out via a PC,
tablet or smart phone

NYC Summer STEM is a free, four week program designed to engage students in high quality, hands-on learning in Science, Technology, Engineering and Math (STEM) in order to increase access to STEM focused careers and higher education. The program will also include enrichment opportunities in the Arts, as well as Physical Education. Selected participants will attend the program according to the following schedule:

Program runs from July 6th to July 30th 2015
Monday through Thursday from 8:30am to 2:15pm

Though the program is voluntary, if your child is selected, he/she is expected to attend every day for the full four weeks. Students applying should have an average school attendance of 90%.

STUDENT INFORMATION: Please make sure to complete all required information (all info with * is required) and print clearly on this form. Missing information may cause delays in processing your child’s application and could cause him/her not to be eligible for the lottery.

Student First Name* _____ Last Name* _____

Check Student’s Current Grade* 2nd Grade

Date of Birth* _____
Please print as month, day, year (e.g. Jan 15, 2004)

Gender* Female Male

Street Address & Apt #* _____ Zip Code* _____ Borough* _____

Site Preference #1 * - Please check off your first preference for the location of the program

- | | | |
|--|---|--|
| <input type="checkbox"/> Bronx - Bedford Park Elementary | <input type="checkbox"/> Brooklyn – P.S. 012 | <input type="checkbox"/> Manhattan – P.S. 241
STEM Institute of Manhattan |
| <input type="checkbox"/> Queens - P.S. 182 | <input type="checkbox"/> Staten Island – P.S. 019 | |

Site Preference #2 * - Please check off your second preference for the location of the program

- | | | |
|--|---|--|
| <input type="checkbox"/> Bronx - Bedford Park Elementary | <input type="checkbox"/> Brooklyn – P.S. 012 | <input type="checkbox"/> Manhattan – P.S. 241
STEM Institute of Manhattan |
| <input type="checkbox"/> Queens - P.S. 182 | <input type="checkbox"/> Staten Island – P.S. 019 | |

SCHOOL INFORMATION

Student OSIS/ID#* _____

The 9-digit school identification number. If you are unsure, check your child's report card or contact the Parent Coordinator.

My student's school is in: *

Bronx Brooklyn Manhattan Queens Staten Island

Name of School*: _____

Address: _____

Principal*: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name* _____

First Name

Last Name

Relationship to Student* Mother Father Legal Guardian

Does the student live with you? * Yes No

Parent/Guardian Address

Street Address & Apt #* _____ Zip Code* _____ Borough* _____

Primary Phone * (____) _____ - _____ Cell Phone * (____) _____ - _____

Email _____

Preferred Method of Contact* Phone Text Email

Second Parent-Guardian / Emergency Contact

Parent/Guardian Name* _____

First Name

Last Name

Relationship to Student* Mother Father Legal Guardian Emergency Contact

Secondary Primary Phone * (____) _____ - _____

Secondary Cell Phone * (____) _____ - _____

Preferred Method of Contact* Phone Text Email Only for emergencies

By signing below*, I certify that all of the information on this form about my student is true and accurate.

PARENT/GUARDIAN CONSENT FORM – Please acknowledge the items below by checking each box.

I hereby give permission for my student to participate in the NYC Summer STEM Program*

- I commit to ensuring my student is present for all days of the program
- I agree that in the event of an injury or illness, a staff member may act on my behalf and at my expense in obtaining medical treatment for my child
- I understand that my student is expected to behave responsibly and respectfully to other students, program staff, and to follow DOE policies
- I understand that students who violate DOE's policies may be excluded from the program
- I understand that if my student is mandated for summer school, they are ineligible for this summer program
- I understand that I am responsible for the actions of my student, and I release DOE from all claims and liabilities that arise in connection with the program
- I understand that lunch will be provided but any student with food allergies or dietary restrictions should bring his/her own food
- I understand that dismissal is at 2:15 each day, Monday – Thursday

By signing below*, I certify my consent to all of the above and certify my student's permission to participate in this program.

CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE A STUDENT FOR NON-PROFIT USE

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes by the NYC SUMMER STEM 2015 School Program Staff.

I also grant to the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release the New York City Department of Education and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Parent/Guardian Signature

Applications must be received by: **Monday, June 15, 2015**

Deliver or mail your application to:

NYC Department of Education
52 Chambers Street, Room 205
New York, NY 10007
Attn: NYC STEM Summer 2015