



Application for STEM Summer in the City 2016 Students Currently in grades 2 – 10

When completing the online application, please make sure to select your child's grade to complete the right application.

For faster processing please complete the application at
<http://schools.nyc.gov/Academics/Science/NYCSummerSTEM>
This is a mobile friendly application so you can fill it out via a PC, tablet or smart phone

STEM Summer in the City is a free, five 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 and trips to NYC cultural institutions. Selected participants will attend the program according to the following schedule:

Program runs from July 7th to August 11th 2016
Monday through Thursday from 8:30am to 2:30pm

Though the program is voluntary, if your child is selected, he/she is expected to attend every day for the full 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 so that it can be entered in the online application 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 3rd Grade 4th Grade 5th Grade

6th Grade 7th Grade 8th Grade 9th Grade 10th Grade

Date of Birth* _____ Gender* Female Male

Please print as month, day, year (e.g. Jan 15, 2004)

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

Site Preference #1 * - Please make your choice for your first site preference in the online application.

Bronx Brooklyn Manhattan
 Queens Staten Island

Site Preference #2 * - Please make your second preference for the location of the program in the online application.

BronxBrooklyn Manhattan QueensStaten Island **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*: _____

SIBLING INFORMATIONDo you have a second child who will be entering the STEM Summer in the City lottery? Yes No

Please provide your child's name and student ID. You need to have an application completed for EACH child that is applying for the STEM Summer in the City program. If one of your children is selected via the lottery AND there are applications submitted for your other children, all will be offered seats in the lottery. Please make sure to put each of your children's names on each other's applications so that we can make this association.

Please provide this child's name. _____
First Name Last Name

Child #2 Student ID _____

The 9-digit school identification number. If you are unsure, contact the Parent Coordinator or log on to your NYC School account.

Note: You will be asked if you have additional children that will be entering the STEM Summer lottery. Click No after you have entered all your children's names and ID numbers.

PARENT/GUARDIAN INFORMATIONParent/Guardian Name* _____
First Name Last NameRelationship to Student* Mother Father Legal GuardianDoes the student live with you? * Yes NoParent/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 2:30 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

Consent to Travel Locally

Please select one option: *

- I hereby give my consent to the Summer STEM 2016 Program to include my student in any educational field trips within the confines of New York City, as long as I have been notified in advance.

- I do not give permission for my student to travel locally for an educational field trip with the program and understand that on days where field trips are scheduled my student will remain at home.

Please certify your decision by signing below:*

Parent/Guardian Signature

Applications must be received by: **Monday, May 20, 2016**

Please work with the parent coordinator at your child's school to enter this application online. You can find the application forms on <http://schools.nyc.gov/Academics/Science/NYCSummerSTEM>
[Please select your child's grade to complete application. Thank you.](#)