

DIVISION OF MATHEMATICS
AND COMPUTER SCIENCE

Dear Parent/Guardian of _____,

Your son/daughter is being recommended to apply for the IMPETUS for Career Success program with Clarkson University. The program is part of a Science and Technology Entry Program (STEP) that is being coordinated with St. Lawrence-Lewis BOCES.

Students must be recommended by a teacher and/or administrator from the school district.

The primary goal of IMPETUS, *Integrated Mathematics and Physics for Entry to Undergraduate STEM*, for Career Success is to provide improved and increased opportunities for underrepresented minorities and students from economically disadvantaged rural areas to realize their potential for college entry as STEM (Science, Technology, Engineering and Mathematics) majors and for eventual career success in technically oriented professions. The main components of the IMPETUS program are:

- Roller Coaster Summer Camp on Clarkson University Campus (standards driven content, inquiry-based learning and research).
- Academic Year Program integrating mathematics, physics, and computing using the roller-coaster theme
- Support and after-school activities throughout the year for up to 150 students and teachers in 18 school districts in St. Lawrence-Lewis Counties.
- Students working with tutors/mentors from C-STEP, Clarkson Professional Societies (STEP-5 Alliance), and prior STEP students (who are now attending Clarkson University).
- A STEM career opportunities program coordinated with professional advisors from Clarkson University Career Center and visitors to Clarkson's Career Fairs.
- Teacher professional development through participation in workshops and the Summer Program as district team coaches.

Please **fully** complete the attached application and return it to your child's teacher/administrator. Upon review of your child's application we may need to verify your family income. We will notify you if additional information is needed.

Congratulations on the recommendation to join IMPETUS for Career Success. If you have any questions or concerns regarding the application or the program, please feel free to contact Dr. Kathleen Fowler (315)268-3791 or email at kfowler@clarkson.edu.

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2015-2020 STEP (IMPETUS) Application

To be kept on file, subject to review by SED (State Education Department)

Student Name: _____

Mailing Address: _____

Student E-mail Address: _____

School District Name: _____

Telephone Number: () _____

NYS resident? Yes No Number of members in household: _____

Last 4 digits of student Social Security Number: XXX-XX- _____

Parent/Guardian Name(s): _____

Parent/Guardian Address: _____

Parent E-mail Address: _____

Daytime Telephone Number: () _____ Cell/Work Number _____

Gender: Male Female

Ethnicity: African-American* Asian/Pacific Islander Hispanic/Latino

Native American Indian/Alaskan Native Caucasian Other

**(Includes all individuals of African decent)*

School District Name: _____

Student report cards must also be kept on file for all terms the student participates in STEP.

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Participation Signatures

I, _____, agree to participate in the Science and Technology Program (STEP) at Clarkson University. As a participant, I will be on time and attend all activities as scheduled. I understand that my signature on this document constitutes an agreement between myself and Clarkson University.

Student Signature

Date

I (we) _____ give permission for _____
Name(s) of parent/guardian Name of Student

To participate in the Science and Technology Entry Program (STEP) at Clarkson University.

I (we) authorize Clarkson University to obtain and review school records. I (we) understand that all information will be kept confidential.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

I _____ hereby certify that _____ is free/reduced lunch eligible.
School District Official Name of Student

Signature School District Official

Date

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EMERGENCY MEDICAL PERMISSION

PURPOSE: To enable parents to authorize emergency treatment for students who become ill or injured, when parents cannot be reached.

Student's Name: _____ Date of Birth: _____

Student's Home Address: _____

Parent/Guardian Home Phone: () _____ Business Phone: () _____

Parent/Guardian Other Phone(s): () _____ () _____

Family Doctor Name: _____ Doctor Phone: () _____

Family Dentist Name: _____ Dentist Phone: () _____

In the event reasonable attempts to contact me at the above phone numbers have been unsuccessful, please contact one of the following:

NAME	PHONE NUMBER	RELATIONSHIP TO CHILD
_____	_____	_____
_____	_____	_____

If those attempts have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by the emergency room physician or dentist. This authorization does not cover major surgery unless the medical opinions or two other licensed physicians or dentists, concurring in the necessity of such surgery, are obtained **BEFORE** the surgery **IS PERFORMED**.

Does student have allergies: Yes No If yes list: _____

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Please list any or all medications taken by student: _____ Time: _____ Dosage: _____
 _____ Time: _____ Dosage: _____
 _____ Time: _____ Dosage: _____

Signature of Parent

Date

STUDENT PHOTOGRAPHS/VIDEOTAPES

Dear Parent/Guardian:

Periodically, student photographs or videotapes are requested for use by the press and other news media, and also by the BOCES web site designer, in order to feature an educational program or topic concerning our schools. Such photographs or videotapes will not be provided without your permission.

Please complete the form below.

You may request to change your permission status at any time by submitting a revised form.

Thank you for your cooperation.

Dr. Kathleen Fowler
Director of Clarkson STEP Program, Clarkson University

Please Check only ONE Item:

[] I give permission for the release of my photographs/videotapes to the media or to the BOCES or Clarkson University web site designer for print, broadcast, or other publication purposes.

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[] I do not give permission for the release of any of my photographs/videotapes to the media or to the BOCES or Clarkson University web site designer for print, broadcast, or other publication purposes.

Student's Name _____

Parent/Guardian Signature _____

Date _____