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 Kavanagh (315)268-3791 or email at kkavanag@clarkson.edu.

**2018-2023 STEP (IMPETUS) Application**

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

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| Student Name: | | |  | | | | | | | | | | | | | | | | |
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| Mailing Address: | | | |  | | | | | | | | | | | | | | | |
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| 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- | | |  | | |  | | | |
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| Parent/Guardian Name(s): | | | | | |  | | | | | | | | | | | | | |
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| Parent/Guardian Address: | | | | | |  | | | | | | | | | | | | | |
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| Parent E-mail Address: | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Daytime Telephone Number: | | | | | | | ( ) | |  | | | | | Cell/Work Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Gender: | ☐ Male Female ☐ | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Ethnicity: | | ☐ African-American\* ☐ Asian/Pacific Islander ☐ Hispanic/Latino | | | | | | | | | | | | | | | | | |
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|  | | ☐ Native American Indian/Alaskan Native ☐ Caucasian ☐ Other | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| *\*(Includes all individuals of African decent)* | | | | | | | | | | | | | | | | | | | |
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| School District Name: | | | | |  | | | | | | | | | | | | | | |
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| *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 | | |
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| 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 |
|  | | | |

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| --- |
| I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby certify that\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is free/reduced lunch eligible. School District Official Name of Student  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature School District Official Date |

**NEWSLETTER SIGNUP**

\_\_\_\_\_\_\_ Check here if you would like to receive our newsletter, which contains updates about program activities, summaries of what your students have been doing, links to our social media, and other important information.

Please indicate a preferred email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_ Check here if you do not want to receive our newsletter.

**EMERGENCY MEDICAL PERMISSION**

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| **PURPOSE**: To enable parents to authorize emergency treatment for students who become ill or injured, when parents cannot be reached. | | | | | | | | | | | | | | | | | | | | | | | |
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| Student’s Name: |  | | | | | | | | | | | | Date of Birth: | | | | | |  | | | | |
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| Student’s Home Address: | | |  | | | | | | | | | | | | | | | |  | | | | |
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| Parent/Guardian Home Phone: | | | | ( ) | | | |  | | | | Business Phone: | | | | | | ( ) | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Parent/Guardian Other Phone(s): | | | | ( ) | | | |  | | | |  | | | | | | ( ) | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Family Doctor Name: | |  | | | | | | | | | | Doctor Phone: | | | | | | ( ) | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Family Dentist Name: | |  | | | | | | | | | | Dentist Phone: | | | | | | ( ) | | |  | | |
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| 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 | | | | | | | |
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| 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**. | | | | | | | | | | | | | | | | | | | | | | | |
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| Does student have allergies: | | | Yes ☐ | | No ☐ | | | | If yes list: | |  | | | | | | | | | | | | |
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| Please list any or all medications taken by student: | | | | | | | | | |  | | | | | | | Time: | | |  | | Dosage: |  |
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|  | | | | | | | | | | | | | |  | | |  | | | | | | |
| Signature of Parent | | | | | | | | | | | | | |  | | | Date | | | | | | |

***STUDENT PHOTOGRAPHS/VIDEOS/SOCIAL MEDIA***

Dear Parent/Guardian:

Periodically, photographs and videos of student and student activities are requested for use by the press and other news media, and also by the BOCES web site designer or the IMPETUS web site and social media, 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 Kavanagh

Director of Clarkson STEP Program, Clarkson University



**Please Check only ONE Item:**

In consideration of the engagement as a model of the minor named below, and for good and valuable consideration herein acknowledged as received, upon the terms hereinafter stated, I hereby grant to Clarkson University (CU), its legal representatives and assigns, and those acting with CU's authority and permission, the irrevocable and unrestricted right and permission to copyright in CU's name or otherwise, and use, publish, and republish photographic portraits, pictures or videos of the minor or in which the minor may be included, in printed material and electronically, in whole or in part, or composite or distorted in character or form, without restriction as to changes or alternations, in conjunction with the minor’s own or a fictitious name, or reproductions thereof in color or otherwise, made through any medium, and in any and all media now or hereafter known for illustration, promotion, art, editorial, advertising, trade or any other purpose whatsoever. I also consent to the use of any printed matter in conjunction therewith.

I hereby waive any right that the minor or I may have to inspect or approve the finished product or products and the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

I hereby release, discharge and agree to save harmless CU, its legal representatives and assigns, and all persons acting under CU’s permission or authority or those for whom CU is acting, from any liability by virtue of any blurring, distortion, alternation, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said picture, video or in any subsequent processing thereof, as well as any publication thereof, in printed material or electronically, including without limitation any claims for libel or invasion of privacy.

I hereby warrant that I am of full age and have the right to contract for the minor in the above regard. I have read the above authorization, release and agreements, prior to its execution, and I am fully familiar with the contents thereof. This release shall be binding upon me and my heirs, legal representatives, and assigns.

[ ] 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.

[ ] 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