



TEL: (212) 342-6110, ext. 2203
 (212) 342-6110, ext. 2224
 E-MAIL: stem@ccny.cuny.edu

STEM INSTITUTE
The City College of New York
THE CITY UNIVERSITY OF NEW YORK
 Convent Avenue and 140th Street, Room 2M11
 New York, NY 10031

STEM Institute 2020 AFTER-SCHOOL/REGENTS PREP PROGRAM Application

In collaboration with the Harold O. Levy Campus

Please visit our website for more information: www.steminstitutenyc.org

STUDENT INFORMATION

Name: _____ Sex: F M
 (Last Name) (First Name)

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Student ID # (OSIS #): _____ Student Cell Phone #: _____

Student's email address: _____
 (Please print)

Date of Birth: _____ Primary Language: _____

Ethnicity: Black Non-Hispanic Hispanic White Non-Hispanic American Indian
 Asian-Pacific Islander Other (Please specify): _____

Have you attended a STEM Institute program before? No Yes, If Yes, When: _____

Do you live or attend school in Northern Manhattan? No Yes

PARENT/GUARDIAN INFORMATION

Parent/Guardian's Name: _____ Occupation: _____

Phone #: _____ Email Address: _____

How did you hear about us: _____

EDUCATION INFORMATION

Current Grade: _____ When Entered 9th Grade: _____ Expected Graduation: _____

HS Avg.: _____ Math Avg.: _____ SAT Scores: Math: _____ Verbal: _____

ACT Score(s): Math _____ Reading: _____ English: _____ Chemistry: _____ Phys: _____

****ACT Score(s) are optional**

Household size? _____ School DBN: _____ School Tel: _____

School Name: _____ Counselor Name: _____

Counselor's email: _____

School Address: _____ City: _____ State: _____ Zip: _____



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ABOUT THE PROGRAM:

The STEM Institute, in collaboration with the Harold O. Levy Campus: Inwood Early College High School; High School of Excellence & Innovation; and Harold O. Levy School 52, as well as with Washington Heights Academy, is offering a new After-School/Regents Prep Program. The program will begin on **Monday, January 27, 2020** and it will run through the end of the academic year.

Algebra I & Living Environment Regents Prep classes will be offered at the Harold O. Levy School 52. The Algebra I classes will be held on Mondays and Wednesdays from 3:30 pm to 5:00 pm in rooms 315 and 316. The Living Environment classes are still pending dates, times, and locations, and enrollment and offerings are contingent upon enrollment. The first half of instruction time will be dedicated to reviewing material and solving problems with TAs, and the remainder of the time will be dedicated to having Instructors from The City College of New York work with both students and TAs to provide support for classroom material and homework. The official school address for this program is: **650 Academy Street, New York, NY 10034.**

Please check off either one or both course selections below:

- Algebra I
- Living Environment

Parental Permission

Students: Please have your parents fill out this form, and return it to your high school counselor. They can email it to us at stem@ccny.cuny.edu.

Dear Counselor,

I consent to my son/daughter _____ attending the STEM Institute’s 2020 **After-School/Regents Prep Program** located at the Harold O. Levy Campus.

Sincerely,

 Signature of Parent/Guardian

 Date

(See Next Page)



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Office of Communications and Media Relations
 52 Chambers Street, New York, NY 10007
 Tel: 212.374.5141 Fax: 212.374.5584

CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE A STUDENT FOR NON-PROFIT USE
 (e.g. educational, public service, or health awareness purposes)

Student Name: _____ School: _____

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the Student named above by _____ The STEM Institute _____.

I also grant to _____ The STEM Institute _____ 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.

Signature of Parent/Guardian (if Student is under 18): _____ Date: _____

Address of Parent/Guardian: _____

OR

Signature of Student (if 18 or over): _____ Date: _____

Address of Student: _____