



HAMILTON GRANGE  
Est. 2014

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

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

## STEM Institute 2020 AFTER-SCHOOL/REGENTS PREP PROGRAM Application

*In collaboration with the **Hamilton Grange Middle School (MS 209)***

Please visit our website for more information: [www.steminstitutenyc.org](http://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 will child begin 9th Grade: \_\_\_\_\_

Overall Avg.: \_\_\_\_\_ Math Avg.: \_\_\_\_\_ Science Avg.: \_\_\_\_\_ English Avg.: \_\_\_\_\_

NY State Test Score(s): Math \_\_\_\_\_ Science: \_\_\_\_\_ English: \_\_\_\_\_

**\*\*5<sup>th</sup> or 8<sup>th</sup> grade scores valid**

Household size? \_\_\_\_\_ School DBN: \_\_\_\_\_ School Tel: \_\_\_\_\_

School Name: \_\_\_\_\_ Counselor Name: \_\_\_\_\_

Counselor's email: \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



HAMILTON GRANGE  
Est. 2014

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

**STEM INSTITUTE**  
**The City College of New York**  
**THE CITY UNIVERSITY OF NEW YORK**  
Convent Avenue and 140<sup>th</sup> Street, Room T-2M11  
New York, NY 10031

### ABOUT THE PROGRAM:

The STEM Institute, in collaboration with Hamilton Grange Middle School (MS 209), is offering a new After-School/Regents Prep Program. The program will begin on **Tuesday, January 28, 2020** and it will run through the end of the academic year.

**Algebra I Regents Prep** classes will be offered at the Hamilton Grange Middle School on Tuesdays and Thursdays from 3:00 pm to 4:30 pm in room 320. 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: 500 West 138<sup>th</sup> Street, New York, NY 10031.

---

### 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](mailto: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 Hamilton Grange Middle School.

Sincerely,

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

(See Next Page)



HAMILTON GRANGE  
Est. 2014

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



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: \_\_\_\_\_