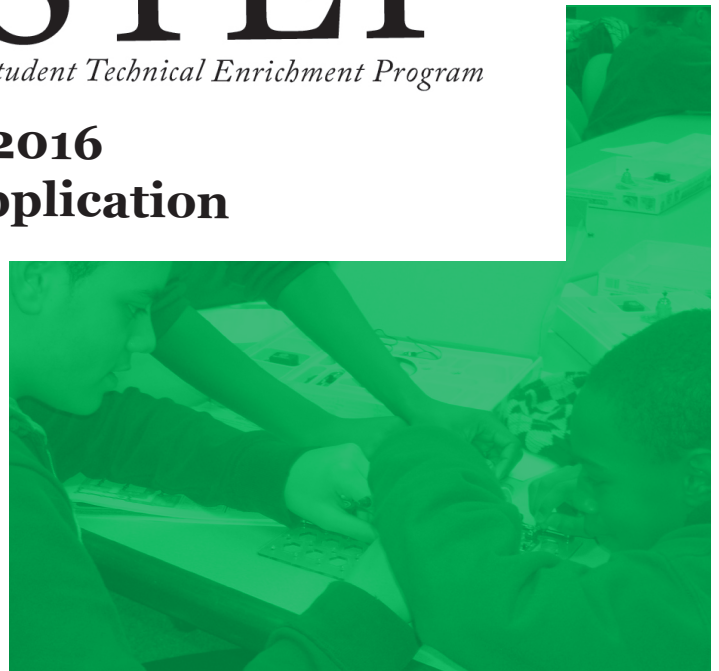
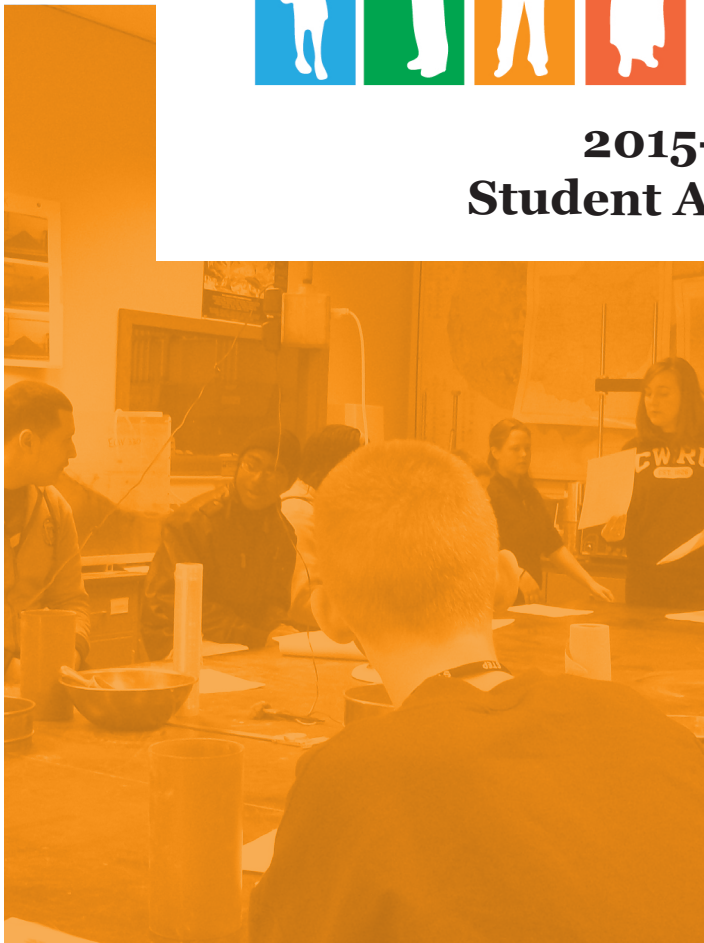




# STEP

*Student Technical Enrichment Program*

## 2015-2016 Student Application



CITY OF CLEVELAND  
Mayor Frank G. Jackson





## Student Technical Enrichment Program (STEP)

is an educational outreach program designed to peak students' interest in career fields involving mathematics, science, engineering and other technically related fields. Through the use of Saturday tours to different sites, the students are able to see first hand the ways in which various jobs use these backgrounds as a foundation to complete a job function within their community. It is a primary goal of the program to develop and strengthen the future workforce in the field of mathematics, science, technology and engineering. The students will discover that mathematics and science are fun, that it is interesting to learn about these subjects in school, and how it directly affects their everyday lives.

**You are eligible to apply to become a STEP student if you will be in the 7th or 8th grade in August 2015.**

**Please complete this application by Friday, September 4<sup>th</sup> and mail to:**

NEORS – Attn: Ramona Lowery (STEP program)  
 3900 Euclid Avenue, Cleveland, Ohio 44115  
[www.neorsd.org/neo\\_step\\_program](http://www.neorsd.org/neo_step_program)  
 Email: [loweryr@neorsd.org](mailto:loweryr@neorsd.org) Phone: 216.881.6600 x6424

### STUDENT APPLICATION

Student Name						
Email						
Address			City	State	Zip	
Telephone			Date of Birth	Age	Sex	
Parent/Guardian						
Email			Telephone			
Address			City	State	Zip	
Employer			Employer's Telephone			
Emergency Contact						
Name			Relationship			
Address			Phone			
Name			Relationship			
Address			Phone			
School you will be attending in Aug. 2015?					Grade you will be in Aug. 2015?	
What is your shirt size? <i>(Please Circle)</i>			S	M	L	XL
Have you participated in STEP previously?			YES	NO		
Student's Signature					Date	
Parent's Signature					Date	

**EMERGENCY MEDICAL AUTHORIZATION**

Student Name

Address

City

State

Zip

Telephone

Date of Birth

Age

Sex

**PARENT/GUARDIAN CONSENT**

Purpose - To enable parents to authorize emergency treatment for children who become ill or injured while under S.T.E.P. authority, when a parent or guardian cannot be reached. Please grant consent by filling out Part 1: To Grant Consent below. If you do not authorize emergency treatment complete part 2: Refusal To Consent information below:

**PART 1: TO GRANT CONSENT**

In the event reasonable attempts to contact \_\_\_\_\_ at \_\_\_\_\_ (phone number) or \_\_\_\_\_ (other Parent) at \_\_\_\_\_ (phone number) have been unsuccessful, I hereby give my consent for; (1) the administration of any treatment deemed necessary by Dr. \_\_\_\_\_ (preferred Physician) or Dr. \_\_\_\_\_ (preferred dentist), or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the pupil to \_\_\_\_\_ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained BEFORE the surgery IS PERFORMED. Please provide facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature

Date

**PART 2: REFUSAL TO CONSENT**

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the S.T.E.P. authorities to take no action or to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature

Date



**ACTIVITY PERMISSION SLIP**

**PERMISSION REQUESTED**

Permission is requested for any trips during the Student Technical Enrichment Program (STEP), Oct. 2015 to Mar. 2016, for which the pupil would leave the City of Cleveland’s Carl B. Stokes Public Utilities Building/Cleveland Division of Water under the care of the STEP Coordinator or other authorized STEP Committee or Sub-Committee Members. The dates and locations of trips are as listed on the program schedule given out at the orientation meeting. In case of a change in the program schedule, parents/guardians will be notified prior to that activity.

TENTATIVE TOUR DATES	Tours depart from Cleveland Water at 9 a.m. and return to Cleveland Water at 2 p.m.
<b>September 19, 2015</b>	<b>Orientation: 10:00AM - 11:30AM</b> Northeast Ohio Regional Sewer District 4747 East 49th Street, Cuyahoga Heights, OH 44125 <b>Registration/Refreshments: 9:30AM - 10:30AM</b>
<b>October 17, 2015</b>	
<b>November 21, 2015</b>	
<b>December 12, 2015</b>	
<b>January 16, 2016</b>	<b>Tour location schedule will be distributed during Parent/Student Orientation on Saturday, September 19, 2015</b>
<b>February 20, 2016</b>	
<b>March 19, 2016</b>	
<b>April 16, 2016</b>	<b>Graduation @ Cleveland Division of Water</b> 1201 Lakeside Ave. Cleveland, OH 44114

**SIGNATURE**

\_\_\_\_\_ (Student’s Name) has my permission to participate in the S.T.E.P. related activities indicated above.

Parent’s Signature	Date
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