

2024-2025 STUDENT APPLICATION

Cleveland STEP gives students the opportunity to visit premier institutions, learn from STEM professionals, and make connections with educational institutions, local businesses, and other students. Students work together to perform exciting experiments, encouraging them to pursue a career in science, math, engineering or technology.

WHO: Students entering the 6th through 9th grades at any

school in the Cleveland Water or NEORSD service areas

WHAT: Free, fun, safe and age-appropriate activities vetted by

STEM professionals

WHEN: 9AM to 1 PM one Saturday of each month

September through April





Please complete this application and send to education and outreach @clevelandeater.com. \\

For more information, please visit clevelandwater.com/clevelandSTEP or call our Education and Outreach Office at 216.664.3173.

FOR BEST RESULTS PLEASE DOWNLOAD THIS FORM AND COMPLETE IT USING A PDF EDITOR, NOT YOUR WEB BROWSER.

		STUE	DE	NT A	P P	LICATIO	N				
Student Name						Mobile Phone					
Email						Home Phone					
Address						City		State		Zip	
Date of Birth						Age		Sex		Grade	
School you will be attending in August 2024?									you will be ust 2024?		
What is your adult shirt size? (Please Check One)	S		I M	1		l L	□ XL		2XL		3XL
Have you participated in Cleveland STEP previously?	YES		NC	O		How did you hear about Cleveland Step? ☐ Facebook ☐ Twitter ☐ School/Community Presentation ☐ Cleveland Water Website ☐ Community Event ☐ Current or Former Student ☐ Other					
Parent/Guardian Name						Mobile Phone					
Email						Home Phone					
Address						City		State		Zip	
Emergency Contacts											
Name						Relationship					
Address						Mobile Phone					
Name						Relationship					
Address						Mobile Phone					

STUDENT ESSAY

NEW STUDENTS, please write several paragraphs explaining why you would like to be a student in Cleveland STEP (Student Technical Enrichment Program) including what you hope to get out of your participation in this program.

RETURNING STUDENTS, please explain why you would like to continue your participation in Cleveland STEP.







PARENT/GUARDIAN CONSENT

Purpose: To enable parents to authorize emergency treatment for children who become ill or injured while under Cleveland STEP 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 below.

PART 1: TO GRANT CONSENT					
In the event reasonable attempts to contact	at	(phone number)			
or(other	r Parent/Guardian) at	(phone number)			
have been unsuccessful, I hereby give my consent for; (1) the administration of any treatment deemed necessary by					
Dr (preferred Phy	vsician) 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					
student to	(preferred hospital) or any ho	spital 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/Guardian Signature (Please sign or type your full na	ame. If you do not consent, put "N/A")	Date			
PART 2: REFUSAL TO CONSENT					
I do NOT give my consent for emergency medical treatment wish the Cleveland STEP authorities to take no action or to:	of my child. In the event of illness or injur	y requiring emergency treatment, I			
Parent/Guardian Signature (Please sign or type your full na	ame. If you do consent, put "N/A")	Date			







ATTENDANCE

Absences: Each student is expected to attend **ALL** monthly sessions. If the student is not able to attend a session, he/she must notify Ms. Laquania Graham at least one day in advance (by Friday) prior to the scheduled class date by calling 216.857.7068 or emailing Laquania_Graham@clevelandwater.com. Two unexcused absences are cause for dismissal from the program.

Tardiness: Each student is expected to be on time. Every student should arrive prior to 9 a.m. Multiple deviations from the start and end time is cause for dismissal from the program.

Departure: All sessions will end promptly at 1:00 PM. Students are dismissed promptly at 1:00 PM.

Final Session: Required attendance includes participation in the Final Session Student Presentations in April 2025.

CONDUCT

Students are expected to display proper conduct at ALL TIMES. Proper conduct includes, but is not limited to:

- Quiet and courteous behavior during sessions
- Respect and politeness to our program and tour leaders

DRESS CODE

Students are expected to wear their Cleveland STEP-provided sweatshirt, comfortable shoes, and slacks to all sessions. Clothing should be neat, clean, and appropriate for professional environments.

The following is **not acceptable** dress for this program:

- Sagging, torn, or inappropriately-fitting pants
- Decorative hats
- Clothing imprinted with offensive, foul and/or abusive language
- Gang paraphernalia

JOURNAL/HOMEWORK ASSIGNMENTS

- Assignments are an important component of the Cleveland STEP experience. All homework assignments are to be completed monthly.
- Assignments are based on each month's session and activities.
- Assignments will be given to the students at the end of each session. Homework is to be completed and returned at the next month's session, even if the student misses the previous session.
- Cleveland STEP student leaders will be available to assist students with questions about homework or journal assignments.
- Homework and journals are posted online on the Cleveland STEP website (clevelandwater.com/ClevelandSTEP).

I have read the guidelines, rules and expectations provided above. I agree to abide by these rules and regulations at all times, including attendance, as well as completion of all homework assignments, journal entries and program projects, prior to the April final session. Furthermore, I fully understand that failure to follow these guidelines may result in the student's dismissal from the program. In consideration for the services provided, I covenant on behalf of myself and my child not to bring any legal action against the City or NEORSD, its employees and agents for any injury, loss or damage resulting from participation in this activity.

Student Signature (Please sign or type your full name)	Date	
Parent Signature (Please sign or type your full name)	Date	







AUTHORIZATION FOR USE OF PHOTOGRAPHS AND VIDEO WAIVER RELEASE

l,	give the ☐ City of	Cleveland and Dortheast Ohio Region	onal Sewer District
Please print name of parent /leg	al guardian of Cleveland STEP Participant		
the irrevocable right to us	e a photograph, video image or other likeness of _		("my Image")
		Cleveland STEP Participant (Please Print Clearly	<i>y</i>)
for the sole purpose of inc	cluding my Image in any Cleveland STEP medium	s including but not limited to departmenta	al literature, brochures,
flyers and/or promotional	materials. Materials bearing my Image may be dis	stributed for free to the public and posted	on websites and social
media sites. I waive any ri	ght to inspect or approve any finished product inc	corporating my Image.	
I have carefully reviewed	d and understand the above provisions.		
☐ I decline consent.	☐ I give my consent.		
Parent / Guardian Signatu	ire	Date	
	Please sign or type your full name		
Address	City	State	
Zin Code	Phone		
	1 110116		

Completed applications can be emailed to educationandoutreach@clevelandwater.com