

Please provide an additional emergency contact:

Name _____

Address _____

Tel. # _____

Relationship _____

Are there any medical conditions that you would like us to be aware of?

PLEASE RETURN COMPLETED APPLICATION TO:

STEP
COLUMBIA UNIVERSITY CDM
630 WEST 168TH STREET, P & S Box 20
NEW YORK, NY 10032

Telephone No. (212) 305-3573
Fax No. (212) 305-3142

ATTENTION: DR. MARLENE KLYVERT

ALL INFORMATION IN THIS REPORT WILL BE KEPT IN THE STRICTEST CONFIDENCE.

STUDENT TRANSCRIPT

PARENT SHOULD COMPLETE THIS PART.

I. STUDENT NAME _____

SCHOOL STUDENT ATTENDS _____

GRADE _____

PARENT OR GUARDIAN'S SIGNATURE GIVING PERMISSION FOR THE RELEASE OF INFORMATION FROM THE SCHOOL TO STEP.

PLEASE SIGN IN THE SPACE BELOW.

PARENT SIGNATURE _____

PRINT NAME _____

SECTION II SHOULD BE COMPLETED BY SCHOOL OFFICIAL

NAME OF SCHOOL _____

ADDRESS _____

TELEPHONE _____

TEACHER OR COUNSELOR TO CONTACT

PLEASE ENTER STUDENT'S CUMULATIVE GRADES CALCULATED FROM MARKS RECEIVED DURING THE ACADEMIC AND/OR SPRING SEMESTER (i.e. A, B, C, F).

7th GRADE ENGLISH_____ MATH_____ SCIENCE_____

8th GRADE ENGLISH_____ MATH_____ SCIENCE_____

9th GRADE ENGLISH_____ MATH_____ SCIENCE_____

SCORES FROM THE LAST STANDARDIZED EXAM TAKEN

ENGLISH_____ MATH_____ SCIENCE_____

PLEASE WRITE ANY COMMENTS YOU FEEL WOULD BE BENEFICIAL IN HELPING US TO WORK WITH THIS STUDENT _____

SCHOOL OFFICIAL_____

