



SYRACUSE CITY SCHOOL DISTRICT

Department of Student Registration
Anthony Q. Davis, Sr., Superintendent of Schools

SYRACUSE STEAM HIGH SCHOOL

Application Form

Onondaga County, the City of Syracuse, the Syracuse City School District, Onondaga, Cortland, and Madison County (OCM) BOCES, and other partnering districts are collaborating on the region's first-ever STEAM High School. The high school will offer a rigorous academic curriculum with a focus on Science, Technology, Engineering, Arts, and Math.

Submission of the STEAM High School application does not guarantee placement. You must complete this STEAM High School Application and submit your application to your home school district counselor.

Please note: The application is not complete without parent permission and consent (see section 3).

SECTION 1: STEAM PROGRAM APPLICANT (ALL FORM FIELDS ARE REQUIRED - PLEASE PRINT)

Student First Name: _____ Student Middle Name: _____

Student Last Name: _____ Date of Birth: _____

Address 1: _____ Unit: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____ - _____ Current Grade Level: _____

Primary Language Spoken in Household: _____

Gender Identity:

- Female Male Non-binary
- Non-conforming Genderqueer Gender fluid
- Prefer to self-describe: _____
- Prefer not to answer

Race/Ethnicity:

- American Indian or Alaska Native
- Asian Black or African American
- Hispanic or Latino Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White Other (please specify): _____
- Prefer not to answer

Academic Supports:

ELL: Yes No

IEP: Yes No 504: Yes No

Partnering District Information:

School Currently Attending : _____

District Currently Attending : _____

Are you submitting applications for multiple students in your family: Yes No

If **Yes**, you are required to submit a separate application for each child. Please list any additional children below for whom you are submitting an application. If **No**, please skip this section.

1) Student First and Last Name: _____ Date of Birth: _____

2) Student First and Last Name: _____ Date of Birth: _____

3) Student First and Last Name: _____ Date of Birth: _____

SECTION 2: STEAM PROGRAM SELECTION (CHOOSE TWO, RANK YOUR CHOICES 1 AND 2)

Please select the program(s) that your child is interested in and rank your choices 1 and 2.

Below is a list of concentrations offered at SYRACUSE STEAM HIGH SCHOOL. Each student attending SYRACUSE STEAM HIGH SCHOOL will be enrolled in a concentration. **Students must select a first and second choice when applying.**

Each student applying is required to attend an in-person or virtual interview with SYRACUSE STEAM HIGH SCHOOL representatives. The meeting is designed to answer questions about the school, its academic classes, STEAM concentration, and to assess the students’ interest and preparedness to attend SYRACUSE STEAM HIGH SCHOOL. The meeting will run approx. 15 minutes. Parents/guardians are welcome to attend but are not required.

Rank	Concentration	School
	Animation and Game Design	STEAM
	Business Entrepreneurship	STEAM
	Construction Management	STEAM
	Data Analytics	STEAM
	Entertainment Engineering	STEAM
	Performing Arts *	STEAM
	Robotic Automation	STEAM
	Semiconductor Manufacturing Tech	STEAM
	Visual Arts **	STEAM

***Students applying for the Performing Arts Concentration are required to take part in a showcase.**

The showcase is designed to assess the students’ foundational skills in their performing arts specialty. The showcase can be scheduled in person, virtually, or students can upload a video. It should last no more than 10 minutes.

****Students applying to the Visual Arts Concentration are required to bring two pieces of art that they have created during middle school.**

SECTION 3: PARENT PERMISSION AND CONSENT (REQUIRED - By signing this form you give permission.)

- Print Parent/ Guardian Name *Required:* _____
- Parent/ Guardian Signature *Required:* _____ Date: _____
- Email *Required:* _____ Phone # *Required:* (____) _____ - _____
- I give SCSD consent to interview my child if I am unable to attend the Interest Interview: Yes No
- *Required* Are you a: SCSD District Employee Partnering District Employee Not Applicable
- Preferred Method of Communication: Email Phone Call

SECTION 4: SCHOOL SIGNATURE OF ACKNOWLEDGMENT (REQUIRED)

School Counselor Name _____ School Counselor Signature _____

School Principal Name _____ School Principal Signature _____

School Superintendent Name _____ School Superintendent Signature _____

SECTION 5: (OPTIONAL) APPLICATION COMPLETION ASSISTANCE

****For Official Use Only** Official Designee Submission Completion and Confirmation (Please Print)**

I, _____ am completing this form on behalf of _____.

official designee name *parent/guardian name*

I have received their permission to complete this form via an email, phone call or text message that I received on _____.

date of receipt