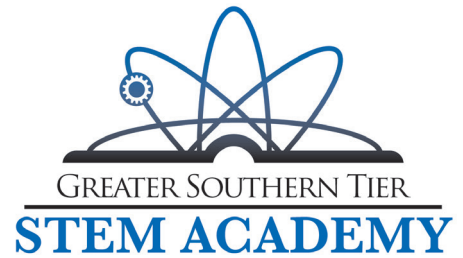


Parent/Guardian Form

To be filled out by applicant's parent or guardian. Please answer all questions
You may attach additional paper as necessary.



Parent name: _____

Level of Education completed: ____ HS/Equivalency ____ Associate's ____ Bachelor's ____ Master's or higher

Parent name: _____

Level of Education completed: ____ HS/Equivalency ____ Associate's ____ Bachelor's ____ Master's or higher

On a scale of 1-5 (1 being the least, 5 being the most), please rate your desire for your student to commit to this opportunity.

1 2 3 4 5

Please describe: _____

Please share any information that you feel is important for us to know about your child as a learner and how he/she might need to be supported: _____

Please indicate your child's top two strengths and top two challenges: _____

I agree that my child may enroll in the GST BOCES STEM Early College High School Program. I realize that students participating in the program must be enrolled as a non-matriculated student at Corning Community College and that his/her grades in the college level classes will become part of his/her college transcript. I also understand the academic calendar for STEM students may be different from their home school and may require summer coursework.

Parent/Guardian Signature: _____ Date: _____