projectSTEP

Symphony Hall 301 Massachusetts Avenue Boston, MA 02115 (617) 267 – 5777

STUDENT APPLICATION 2010

FOCUS ON THE BOSTON SCHOOLS

_____ _____ _____ ☐ African American

Student Name Age Date of Birth ☐ Latino

☐ Native American

_____

Street City ZIP

_____

Parent(s) or Guardian(s) Names

_____

Home Telephone Work Telephone E-mail

_____ _____ _____ _____

School Town Grade Boy or Girl

_____ _____

Name of school personnel recommending student (if applicable) Position

Parent's Statement of Commitment:

I have read and understand the FOCUS program description. I would like my son/daughter, _____ to apply to the program. I understand that if accepted, I am committed to bringing my child regularly to classes and to keep the *FOCUS* program updated with any changes in the above information.

_____

Parent's Signature

_____

Date

Please return this form along with the <u>$35 registration fee</u> (check or money order payable to Project STEP) <u>before January 11, 2010</u> to:

Project STEP
Symphony Hall
301 Massachusetts Avenue
Boston, MA 02115