

**COLLEGE NOW COURSE COVER SHEET
Fall 2019**

FOR OFFICIAL USE ONLY				CUNYFirst <input type="checkbox"/>	
COPIES/FORMS RECEIVED			CF ENTRIES	DATE	INITIAL
COVER SHEET		SAT/ACT/PSAT		EXTERNAL ID	
CUNY REG FORM		SS COPY		REGISTERED	
CONSENT FORM		IMMUNIZATION		EXCEL DB	
TRANSCRIPT		STUDENT GRPS			

CUNY ID

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LAST NAME: _____ **FIRST NAME:** _____

What grade are you presently in? (please circle): Junior Senior

What College Now courses have you previously taken? _____

How did you hear about the College Now program?

CSI Representative High School Personnel Friend/Family Online Other _____

CSI HS

CIN 100



Please PRINT clearly and legibly.

Student CUNY EEMPLID

Student OSIS Number

Social Security Number

First Name

Last Name

Middle Initial

Street Address

Apt. #

City

State

Zip

Email Address

Home Phone

 -

Date of Birth (MM / DD / YYYY)

 / /

Sex (M/F)

Cell Phone

 -

Race / Ethnicity

1. Are you Hispanic / Latino? Yes No
2. Select one or more races:
- American Indian / Alaska Native Asian
- Black / African American Native Hawaiian / Other Pacific Islander White

What is your parent or guardian's highest level of education? (select one):

- Post Graduate or Professional College Degree Some College Education High School Graduate
- Some High School 8th Grade or Less I don't know

TO BE COMPLETED BY COLLEGE NOW STAFF

HS ETS Code

 5 3 4 6

High School

 CSI High School

Semester

 Fall 2019

CUNY College

 College of Staten Island

Course ID

 CIN 100

Course Name

 Introduction to Film

Check if course is 'waiver funded'

Course Level: College Credit

College non-credit

Pre-college CN Course / CNFC

CN Workshop

Course Location:

College Campus

High School Campus

Instructor's Primary Affiliation: College Full Time Faculty

College Part Time / Adjunct Faculty

High School Teacher



Parent/Guardian Notification and Consent

The City University of New York

The College of Staten Island

Fall 2019

I am aware that _____ is participating in the City University of
(print name of student)

New York College Now program and that the instructional activities will take place at

(name of high school or CUNY college) which is located at _____
(street address of high school or CUNY college)

My child is registering for _____ Semester _____
(course title) (fall, spring or summer)

The day (s) and hours the course will take place _____
Friday afternoons, 1:40 - 4:40pm

If the course takes place at a CUNY college, I understand that my child may travel to the college site by various forms of public and private transportation. I understand that there may be risks involved in my child's departure from his/her home or school without adult supervision, and I assume those risks on behalf of my child and myself.

To help increase awareness of College Now for other city students, I give permission for The City University of New York (CUNY) to use my child's

- image or photograph
- name
- high school affiliation, and/or
- written and/or recorded oral statements made in or about College Now

Solely for CUNY's non-commercial purposes, including promotion of the College Now program and use on CUNY TV and cuny.edu, in any manner or media, now and in the future, throughout the world. YES _____ NO _____

If for any reason your child cannot continue to attend this course, it is his/her responsibility to inform the College Now office in order to go through a formal drop procedure. Failure to do so will lead to a permanent failing grade on his/her college transcript.

I understand and accept all of the conditions outlined above.

Signature of parent/guardian

Date

Printed name of parent/guardian

Telephone

Name of emergency contact (please print)

Emergency contact telephone

I consent to the use of my image or photograph, name, high school affiliation, and/or written and/or recorded oral statements made in or about College Now as described above.

Signature of student

Printed name of student

Date

IMMUNIZATION RECORD

Immunization records are required prior to registration

Please complete this form and return it to Health & Wellness Services, 1C-Room 112 or fax to 718.982.2966.

Document *must* be legible to be processed. Students are responsible for obtaining an official translation of foreign records prior to submission. *Students born prior to January 1, 1957 are exempt from the measles, mumps, and rubella requirement. All students registering *must also complete Part 3 - Meningococcal Vaccination Response on reverse side.*

Part 1: Student Information				-- To be completed by the student --			
Name (please print)							
		Last name		First name		Middle Initial	
Date of Birth	EMPL ID #	Daytime phone		Email address			
mm / dd / yyyy	-----	()					

Information to Complete Immunization Requirements

Measles, Mumps, Rubella:

New York State Public Health Law 2165 requires all students entering a post-secondary institution to provide their health services center with proof of immunity to measles, mumps and rubella. This law applies to students born on or after January 1, 1957, who are registered for 6 or more credits (or its equivalent) regardless of degree or non-degree status at a CUNY campus.

ACCEPTABLE PROOF OF IMMUNITY MAY INCLUDE:

- Immunization cards from childhood (yellow card), signed and stamped.
- Immunization records from college, high school or other schools you attended.
- Signed and stamped immunization record from your health care provider or clinic. Note: Immunization records obtained from a public health department immunization information system. Students born after 1994 who were raised in New York City can check the Citywide Immunization Registry for their records by calling 311.
- Copy of lab report, (also known as titer or serology), showing immunity to measles, mumps and rubella.
- Proof of honorable discharge from the armed services within 10 years from the date of application will enable the student to attend school pending actual receipt of the immunization records from the armed services.

****If you attended a CUNY college, your immunization record will be available at your new school****

Part 2: Immunization History				-- To be completed by a health care provider -- *Documentation must be included*					
Provider: All dates must include month, day, and year. Please mark an (X) in the appropriate boxes									
A.	Measles, mumps and rubella must be live vaccine and given no more than 4 days prior to first birthday.						month	day	year
	MMR (measles, mumps, rubella) – if given as combined dose instead of individual vaccine.								
	<input type="checkbox"/> Dose 1: No more than 4 days prior to first birthday, AND on or after April 23, 1971 <input type="checkbox"/> Dose 2: At least 28 days after 1 st vaccine								
O R	<input type="checkbox"/> Measles (Rubeola) Dose 1: Immunized on or after Jan. 1, 1968 and first birthday AND								
	<input type="checkbox"/> Measles (Rubeola) Dose 2: Immunized at least 28 days after the first dose								
	<input type="checkbox"/> Rubella Immunized after 1969 and on or after first birthday								
	<input type="checkbox"/> Mumps Immunized after 1968 and on or after first birthday								
O R	Titer (blood test) showing positive immunity (Dated lab results MUST be attached)						month	day	year
	<input type="checkbox"/> Measles								
	<input type="checkbox"/> Mumps								
	<input type="checkbox"/> Rubella								
B.	Health care provider information: (Please include official stamp)								
	Name: _____				Address: _____				
	Signature: _____		License #: _____		Phone :() _____				



New York State Public Health Law requires that all college and university students enrolled for at least six (6) semester hours or the equivalent per semester, or at least four (4) semester hours per quarter, complete and return the following form to Health & Wellness Services, 1C- Room 112. *CUNY requires all students to complete the form.*

Part 3: Meningococcal Meningitis	To be completed by the student
Instructions: <i>Please check one box in Section A below and sign and date in Section B</i>	
<p>A. I have (for students under the age of 18: My child has):</p> <p style="margin-left: 40px;"><input type="checkbox"/> had meningococcal immunization within the past 5 years. The vaccine record is attached.</p> <p>[Note: The Advisory Committee on Immunization Practices recommends that all first-year college students up to age 21 years should have at least 1 dose of Meningococcal ACWY vaccine not more than 5 years before enrollment, preferably on or after their 16th birthday, and that young adults aged 16 through 23 years may choose to receive the Meningococcal B vaccine series. College and university students should discuss the Meningococcal B vaccine with a healthcare provider.]</p> <p style="margin-left: 40px;"><input type="checkbox"/> read, or have had explained to me, the information regarding meningococcal disease. I (my child) will obtain immunization against meningococcal disease within 30 days from my private health care provider.</p> <p style="margin-left: 40px;"><input type="checkbox"/> read, or have had explained to me, the information regarding meningococcal disease. I understand the risks of not receiving the vaccine. I have decided that I (my child) will not obtain immunization against meningococcal disease.</p>	<p>B. _____</p> <p>Student/ Parent Signature if student is under 18 years. mm / dd / yyyy</p>

How do I get more information about meningococcal disease and vaccination?

- Contact your primary care provider or your Student Health Services at 718.982.3045 or *visit our website at:* <http://www.csi.cuny.edu/campus-life/student-services/health-and-wellness-services>

Additional information is also available on the following websites:

- www.health.state.ny.us (New York State Department of Health)
- <http://www.cdc.gov/vaccines/vpd-vac/> (Centers for Disease Control and Prevention)
- www.acha.org (American College Health Association)

TO SUBMIT IMMUNIZATION RECORDS:

Mail to: College of Staten Island, Health & Wellness Services, 2800 Victory Blvd., Staten Island, NY 10314
Fax to: 718.982.2966
Email: HealthCenter@csi.cuny.edu

Part 4: For Office of Health Services Staff Use Only		
Processed by: _____	rec: _____	ent: _____
Staff Name: _____	Staff Signature: _____	Date: _____