

FOR OFFICIAL USE ONLY					
COPIES/ FORMS RECEIVED			ENTRIES	DATE	Initial
COVER SHEET		SAT/ACT/PSAT		EXCEL DB	
CUNY REG FORM		SS COPY		REGISTERED	
CONSENT		IMMUNIZATION		EXTERNAL ID	
TRANSCRIPT		STUDENT GRP		EXTERNAL ED	

**COLLEGE NOW COURSE COVER SHEET**  
**Spring 2018**

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?

**CSI High School**

SOC 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

 Spring 2018

CUNY College

 College of Staten Island

Course ID

 SOC 100

Course Name

 Sociology

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**

Spring 2018

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 \_\_\_\_\_  
(day and hours)

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 for 6 credits or more (or its equivalent) must also complete Part 3 - Meningococcal Vaccination Response on reverse side.*

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

### 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:**

- (1) Immunization cards from childhood (yellow card), signed and stamped.
- (2) Immunization records from college, high school or other schools you attended.
- (3) Signed and stamped immunization record from your health care provider, clinic or 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 the College Health Services or 311.
- (4) Copy of lab report, (also known as titer or serology), showing immunity to measles, mumps and rubella.
- (5) 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*					
<b>Provider: All dates must include month, day, and year. Please mark an (X) in the appropriate boxes</b>									
<b>A.</b>		<b>Measles, mumps and rubella must be live vaccine and given no more than 4 days prior to first birthday.</b>					<b>month</b>	<b>day</b>	<b>year</b>
		MMR ( <i>measles, mumps, rubella</i> ) – if given as combined dose instead of individual vaccine.							
		<input type="checkbox"/> Dose 1: No more than 4 days prior to first birthday, <b>AND</b> on or after April 22, 1971 <input type="checkbox"/> Dose 2: At least 28 days after 1 <sup>st</sup> vaccine							
<b>O R</b>		<input type="checkbox"/> <b>Measles</b> (Rubeola) Dose 1: Immunized on or after Jan. 1, 1968 and first birthday <b>AND</b>							
		<input type="checkbox"/> <b>Measles</b> (Rubeola) Dose 2: Immunized at least 28 days after the first dose							
		<input type="checkbox"/> <b>Rubella</b> Immunized after 1969 and on or after first birthday							
		<input type="checkbox"/> <b>Mumps</b> Immunized after 1968 and on or after first birthday							
<b>O R</b>		<b>Titer</b> (blood test) showing positive immunity ( <i>Dated lab results MUST be attached</i> )					<b>month</b>	<b>day</b>	<b>year</b>
		<input type="checkbox"/> <b>Measles</b>							
		<input type="checkbox"/> <b>Mumps</b>							
		<input type="checkbox"/> <b>Rubella</b>							
<b>B.</b>	<b>Health care provider information: (Please include official stamp)</b>								
	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 the College of Staten Island Health & Wellness Services (Health Center).

Part 3: Meningococcal Meningitis	To be completed by the student
<b>Instructions:</b> <i>Please check one box in Section A below and sign and date in Section B</i>	
<b>A.</b>	<p>I have (for students under the age of 18: My child has):</p> <p><input type="checkbox"/> had meningococcal immunization within the past 5 years. The vaccine record is attached.</p> <p><i>[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.]</i></p> <p><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><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>
<b>B.</b>	<div style="border-top: 2px solid yellow; height: 20px; width: 100%;"></div> <div style="display: flex; justify-content: space-between; align-items: center;"> <span>Student/ Parent Signature if student is under 18 years.</span> <div style="border-top: 2px solid yellow; height: 20px; width: 150px;"></div> </div> <div style="text-align: right; margin-top: 5px;"> <span>mm</span> / <span>dd</span> / <span>yyyy</span> </div>

**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:* [www.csi.cuny.edu/studentaffairs/healthservices/](http://www.csi.cuny.edu/studentaffairs/healthservices/)

**Additional information is also available on the following websites:**

- [www.health.state.ny.us](http://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](http://www.acha.org) (American College Health Association)

**TO SUBMIT IMMUNIZATION RECORDS:**

**Mail to:** College of Staten Island, Health & Wellness Services, 1C-Room 112, Staten Island, NY 10314

**Fax to:** 718.982.2966

**Email:** [HealthCenter@csi.cuny.edu](mailto:HealthCenter@csi.cuny.edu)

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