



College of Staten Island – College Now
Program Information – Spring 2018

Registration Checklist:

- The following information **MUST** be presented at the time of registration:
 - A copy of a current transcript (UNOFFICIAL)
 - PSAT/SAT/ACT SCORES** (If needed to document the student has fulfilled course prerequisites)
 - A copy of the student's Social Security card (**If never issued a Social Security number, the college will assign a temporary ID number**)
 - A completed College Now Registration form and Cover Sheet
 - A completed College Now Parent/Guardian Consent form
 - A completed Immunization Certification form – NO DOCTOR SIGNATURE NEEDED.
Parent/Guardian signature 3-B ONLY

Please return completed applications to the College Now office, building 1A, room 208 or email to collegenow@csi.cuny.edu or fax to 718-982-2326.

Sophomores are no longer eligible to take College Now courses
during the fall and spring semesters
Juniors and Seniors ONLY

The following page contains a description of each course, course prerequisite and schedule

Please call the College Now office if you have any questions | 718-982-2711

| 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 | EX EDUCATION | | |
| | | | WELCOME LTR | | |

COLLEGE NOW COURSE COVER SHEET
Spring 2018

CUNY ID

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

LAST NAME: _____ FIRST NAME: _____

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

What College Now courses have you previously taken?

| Registering for: | Students must meet the following criteria: | Please provide the appropriate test score(s): | | |
|------------------|---|---|---------|------|
| | | ELA | SAT/ACT | PSAT |
| PSY 100 | ELA Regents grade 75 or 480 SAT Verbal or 27 PSAT Reading or 20 ACT English section. | | | |

The course is given at CSI St. George location:

120 Stuyvesant Place
Staten Island, NY 10301

Course is held on Saturdays, 9:00 AM to 12:15 PM

START DATE: February 10, 2018



Please PRINT clearly and legibly.

Student OSIS Number [] [] [] [] [] [] [] [] Student CUNY EMPLID []
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 [] [] [] [] [] [] High School []
Semester [Spring 2018] CUNY College [College of Staten Island]
Course ID [] Course Name [] Check if course is 'waiver funded' []
Course Level: [X] College Credit [] College non-credit [] Pre-college CN Course / CNFC [] CN Workshop
Course Location: [X] College Campus [] High School Campus
Instructor's Primary Affiliation: [] College Full Time Faculty [X] 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

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

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) _____ | | | | |
| Last name | First name | Middle Initial | | |
| 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* | | |
|---|--|--|--------------------------------------|------|
| 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 (<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, AND on or after April 22, 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 (<i>Dated lab results MUST be attached</i>) | 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 the College of Staten Island Health & Wellness Services (Health Center).

Part 3: Meningococcal Meningitis **To be completed by the student**

Instructions: *Please check one box in Section A below and sign and date in Section B*

A. I have (for students under the age of 18: My child has):

had meningococcal immunization within the past 5 years. The vaccine record is attached.

[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.]

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.

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.

B. _____

Student/ Parent Signature if student is under 18 years. _____/_____/_____
mm dd yyyy

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/

- 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, 1C-Room 112, 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: _____