

# Suffolk County Community College

## Career Readiness Application

Congratulations on your nomination to SCCC's Career Readiness Program. Please complete the information requested below and sign where indicated.

### Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M\_\_\_\_ F \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_

mm/dd/year

Student's Cell # \_\_\_\_\_ Student's Email \_\_\_\_\_

Student Soc Sec. # \_\_\_\_\_

*Your Social Security Number is used to coordinate the collection of information for all your student records. Authority to collect the Social Security Number is granted under Section 355 of the New York Education Law.*

Parent's name: \_\_\_\_\_ Parent's Cell# \_\_\_\_\_

Parent's Email \_\_\_\_\_

**Campus Applying To:** Ammerman (Selden) \_\_\_\_\_ Eastern (Riverhead) \_\_\_\_\_ Grant (Brentwood) \_\_\_\_\_

**Area of Interest:** Manufacturing Technology \_\_\_\_\_ HVAC \_\_\_\_\_ Automotive \_\_\_\_\_ Early Childhood \_\_\_\_\_

Health/Nursing \_\_\_\_\_ Information Technology \_\_\_\_\_ Culinary \_\_\_\_\_ Other \_\_\_\_\_

Submit this application to your high school Guidance Office no later than \_\_\_\_\_.

## Suffolk County Community College Career Readiness Program Agreement

Your participation in the program assumes certain obligations on the part of both the college and you as a student. The information below describes these obligations. Please review this information carefully and sign indicating your agreement with and willingness to abide by the conditions set forth. A signature of a parent or guardian is also required.

The college agrees to:

- Assign students to classes appropriate to their ability and interests and provide qualified faculty to teach such courses.
- Assist students in the scheduling of their classes
- Monitor student progress and communicate problems and issues to the students, parents, and high school as needed.
- Schedule meetings with the high school's students and staff to determine that the program is meeting students' needs
- Report course grades back to the high school in a timely fashion
- Integrate students into the life of the college as much as their schedules allow
- Provide all the support services of the college as needed

The student agrees to:

- Attend all classes and arrive in the classroom before the starting time for classes
- Do the coursework (reading, homework, papers, tests, participation, etc.) at the level expected of a college student
- Behavior in a manner consistent with the college's **Student Code of Conduct (See page 112 of the Student Handbook. <http://www3.sunysuffolk.edu/forms/Handbook.pdf> )**
- Obtain a college ID card prior to or on the first day of class and carry the card on your person whenever on campus

I agree to the above obligations as a condition of my enrollment and continued participation in the program. It is understood that violations of the above may result in disciplinary action, which could include removal from the program. I understand that all students have confidentiality rights according to the Family Educational Rights and Privacy Act (FERPA). As a condition for enrollment in this program, I specifically waive these rights and authorize college personnel to communicate academic and personal information with my parents or guardians and with appropriate school district personnel.

**I have received a copy of this agreement.**

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Student's Signature

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Date (MM/DD/YEAR)

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Parent's Signature

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Date (MM/DD/YEAR)

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**Please retain this copy of the agreement for your records.**

## Meningitis Fact Sheet

**WHAT IS MENINGOCOCCAL MENINGITIS?** Meningococcal disease is a severe bacterial infection of the bloodstream or meninges (a thin lining covering the brain and spinal cord). It is a relatively rare disease and usually occurs as a single isolated event. Clusters of cases or outbreaks are rare in the United States.

**HOW IS THE GERM MENINGOCOCCUS SPREAD?** Meningococcal disease is transmitted through the air via droplets of respiratory secretions and direct contact with an infected person. Direct contact, for these purposes, is defined as oral contact with shared items such as cigarettes or drinking glasses or through intimate contact such as kissing. Although anyone can come in contact with the bacteria that cause meningococcal disease, data also indicates certain social behaviors, such as exposure to passive and active smoking, bar patronage, and excessive alcohol consumption, may put students at increased risk for the disease. Patients with respiratory infections, compromised immunity, those in close contact to a known case, and travelers to endemic areas of the world are also at increased risk.

**WHAT ARE THE SYMPTOMS?** The early symptoms usually associated with meningococcal disease include fever, severe headache, stiff neck, rash, nausea, vomiting, and lethargy, and may resemble the flu. Because the disease progresses rapidly, often in as little as 12 hours, students are urged to seek medical care immediately if they experience two or more of these symptoms concurrently. The disease is occasionally fatal.

**HOW SOON DO THE SYMPTOMS APPEAR?** The symptoms may appear two to 10 days after exposure, but usually within five days.

**WHAT IS THE TREATMENT FOR MENINGOCOCCAL DISEASE?** Antibiotics, such as penicillin G or ceftriaxone, can be used to treat people with meningococcal disease.

**SHOULD PEOPLE WHO HAVE BEEN IN CONTACT WITH A DIAGNOSED CASE OF MENINGOCOCCAL MENINGITIS BE TREATED?** Only people who have been in close contact (household members, intimate contacts, health care personnel performing mouth-to-mouth resuscitation, day care center playmates, etc.) need to be considered for preventive treatment. Such people are usually advised to obtain a prescription for a special antibiotic (either rifampin, ciprofloxacin, or ceftriaxone) from their physician. Casual contact as might occur in a regular classroom, office or factory setting is not usually significant enough to cause concern.

**IS THERE A VACCINE TO PREVENT MENINGOCOCCAL MENINGITIS?** Presently, there is a vaccine that will protect against some of the strains of meningococcus. It is recommended in outbreak situations, and for those traveling to areas of the world where high rates of the disease are known to occur. For some college students, such as freshmen living in dormitories, there is a modestly increased risk of meningococcal disease; students and parents should be educated about meningococcal disease and the availability of a safe and effective vaccine.

**HOW EFFECTIVE IS THE VACCINE?** The meningococcal vaccine has been shown to provide protection against the most common strains of the disease, including serogroups A, C, Y and W-135. The vaccine has shown to be 85 to 100 percent effective in serogroups A and C in older children and adults.

**IS THE VACCINE SAFE? ARE THERE ADVERSE SIDE EFFECTS TO THE VACCINE?** The vaccine is very safe and adverse reactions are mild and infrequent, consisting primarily of redness and pain at the site of injection lasting up to two days.

**WHAT IS THE DURATION OF PROTECTION?** The duration of the meningococcal vaccine's efficacy is approximately three to five years.

**COST AND AVAILABILITY OF THE VACCINE:** If you wish to receive the meningococcal meningitis vaccine (Menomune™), it is available either through your private health care provider or a private travel clinic. While the cost of a vaccine can be in the range of \$80 – \$120, you are encouraged to obtain information cost from your health care provider. Note that the vaccine is not available at SCCC.

**ADDITIONAL INFORMATION:** To learn more about meningitis and the vaccine, contact your physician or campus Health Services Office.

Additional information is also available at the NYS Department of Health ([WWW.HEALTH.STATE.NY.US](http://WWW.HEALTH.STATE.NY.US)), the Centers for Disease Control and Prevention ([WWW.CDC.GOV/NCIDOD/DBMD/DISEASEINFO](http://WWW.CDC.GOV/NCIDOD/DBMD/DISEASEINFO)), and the American College Health Association ([WWW.ACHA.ORG](http://WWW.ACHA.ORG)).

## Health History and Meningitis Acknowledgement Form

Name \_\_\_\_\_ ID/SS# \_\_\_\_\_

Maiden name (if applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

*Health History to be completed by student:*

Do you have now or have you ever had a history of:

	Y	N
Alcohol/ drug dependency		
Smoking		
Asthma		
Chronic lung disease		
Tuberculosis		
High blood pressure		
Heart disease/ heart murmur		
Cancer/ tumors		
Thyroid problem		
Diabetes		
Sinus problems		
Frequent/ severe headaches		
Severe head trauma		
Stroke		
Seizures		
Paralysis		
Cerebral palsy		
Psychiatric/ emotional disorder		
Anorexia/ bulimia		

	Y	N
Stomach/ intestinal disorders/ Ulcers		
Hernia		
Gall bladder problems		
Liver problems/ Hepatitis		
Kidney/ bladder problems		
Bone disease		
Joint problems/ arthritis		
Lyme disease		
Back/ neck problems		
Vision problem <b>not</b> corrected with glasses		
Hearing loss		
Surgery		
Transplant		
Amputation		
Sexually transmitted disease		
Chicken Pox		
Mononucleosis		
Other		
Other		

Please explain all "yes" answers (use another sheet is needed):

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Please list any allergies you may have (food, medicine, insects, environmental, other):

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Indicate any medication you take on a regular basis (include birth control and vitamins):

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**EMERGENCY CONTACT:**

Please provide the name and telephone number of the person(s) to be notified in case of an emergency:

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**REQUIRED ACKNOWLEDGEMENT OF MENINGITIS INFORMATION (see [Meningitis Fact Sheet](#)):**

It is **mandatory** that you check *one* of the following boxes and sign below, or you will not be permitted to continue your enrollment at SCCC as per NYS Public Health Law 2167:

I have / My child (for students under the age of 18) has received the meningococcal meningitis immunization (Menomune™) within the past 10 years. Date received \_\_\_\_\_ (Appropriate documentation should be submitted to the Health Services Office.)

I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I (my child) will **NOT** obtain the immunization against meningococcal meningitis disease.

To the best of my knowledge the above statements are true.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (i.e., if student is under age 18)