BERGEN COMMUNITY COLLEGE
SCHOOL OF CONTINUING EDUCATION, CORPORATE & PUBLIC SECTOR TRAINING
STUDENT REGISTRATION FORM – HIGH SCHOOL SUMMER PROGRAM

PLEASE PRINT ALL INFORMATION LEGIBLY AND COMPLETE BOTH PAGES OF THIS FORM. INCOMPLETE OR UNREADABLE FORMS WILL NOT BE PROCESSED.

Social Security No. | Last Name | First Name | Date of Birth | Male/Female
--- | --- | --- | --- | ---

Home Address | City | State | Zip Code | County
--- | --- | --- | --- | ---

Home Phone Number | Alternate Phone Number | E-Mail Address
--- | --- | ---

Name of High School | Does this student have an IEP? (Yes/No)
--- | ---

Course # | Section # | Course Title | Start Date | Cost
--- | --- | --- | --- | ---

Check or CC Charge to Bergen Community College

VISA/MC/DISCOVER______________________________________ EXP. DATE ____________________________

SIGNATURE________________________________ DATE ________________

Name as appears on card

Mail or fax registration form with payment to:
BERGEN COMMUNITY COLLEGE
School of Continuing Education
400 Paramus Road, TEC-115
Paramus, NJ 07652-1595
Fax 201-447-7861

MANDATORY FOR ALL STUDENTS:

School Principal Signature | Print Name/Name of High School | Phone # | Date
--- | --- | --- | ---

MANDATORY FOR ALL NEW WORK FOR CREDIT COURSES:

Classroom teacher or Subject Department Supervisor Signature | Print Name/Name of High School | Phone # | Date
--- | --- | --- | ---

MANDATORY FOR ALL STUDENTS WITH IEPs:

Signature of Child Study Team Case Manager | Print Name | Phone # | Date
--- | --- | --- | ---

Please indicate which of the following you are providing:
☐ Copy of IEP attached
☐ Letter describing requested accommodations attached

This registration form and one of the above documents must be submitted to the School of Continuing Education at Bergen Community College AT LEAST 30 days prior to the start of class.

MANDATORY FOR ALL STUDENTS WITH 504 ACCOMMODATION PLANS:

Signature of 504 District Coordinator | Print Name | Phone # | Date
--- | --- | --- | ---

This registration form and both a copy of 504 Accommodation and a letter describing the requested accommodations must be submitted to the School of Continuing Education at Bergen Community College AT LEAST 30 days prior to the start of class.

REFUND POLICY: NO REFUNDS WILL BE GIVEN AFTER THE FIRST DAY OF CLASSES. The last day to withdraw is June 15, 2012. There are no refunds after June 15, 2012. All refund requests must be in writing.

FOR OFFICE USE

Rec. | Ent. | Date
--- | --- | ---
PLEASE PRINT ALL INFORMATION LEGIBLY. INCOMPLETE OR UNREADABLE FORMS WILL NOT BE PROCESSED.

Student’s name: ____________________________

PARENT/GUARDIAN CONTACT INFORMATION

Name: ____________________________ Relationship: ____________________________
Home Phone: ________________________ Work Phone: ____________________________ Cell Phone: ____________________________

Name: ____________________________ Relationship: ____________________________
Home Phone: ________________________ Work Phone: ____________________________ Cell Phone: ____________________________

STUDENT MEDICAL INFORMATION (PLEASE PRINT)

DOES THE STUDENT HAVE A MEDICAL CONDITION(S)?  YES ___ NO ___
IF YES PLEASE LIST: ____________________________

DOES YOUR CHILD TAKE MEDICATION FOR ANY REASON?  YES ___ NO ___
IF YES PLEASE LIST: ____________________________

PLEASE READ CAREFULLY

In the event of a student becoming ill or hurt, or in the event of an emergency closing, please list below the order in which you want Bergen Community College to contact you. List the person’s name and relationship. No other calls will be made once a listed person has been reached. Be sure to inform this person that you have listed his/her name to pick up your student if you cannot be reached.

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<tr>
<th>Order</th>
<th>Person being called (Name/Relationship)</th>
<th>Phone Number</th>
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In case of injury, Bergen Community College does not provide medical or accident coverage. Such coverage is the responsibility of the parents or guardians. I authorize Bergen Community College to administer first aid and/or transport the above registered student to a physician or hospital for necessary treatment.

Signature of Parent/Guardian ____________________________ Print Name/Relationship ____________________________ Date ________________

STUDENT CODE OF CONDUCT

Students in the High School Summer Program are expected to abide by all college rules and regulations, as well as by the guidelines outlined in the student handbook (available online at www.bergen.edu/summerschool), including the attendance, cell phone, and smoking policies.

Students are expected to demonstrate appropriate behavior at all times. Students will use respectful language when addressing teachers, staff, and other students. Appropriate dress is expected at all times.

Students who do not follow the direction of the instructors, staff and principal, who disrupt class activities, interfere with the learning of other students, or who are deemed in any way to create a dangerous situation for themselves or others will be subject to suspension or expulsion from the program.

Students expelled from the program, or whose suspension causes them to exceed the allotted number of absences/time tardy, will not receive a tuition refund.

The principal is the final arbiter of all disciplinary issues.

I HAVE READ, UNDERSTOOD, AND I AGREE TO THE STUDENT CODE OF CONDUCT:

Student Signature ____________________________ Date ________________

Parent/Guardian Signature ____________________________ Date ________________