

EASTERN CAMPUS – Riverhead
DRIVER AND TRAFFIC SAFETY EDUCATION COURSE
APPLICATION FORM – FALL 2018

PLEASE PRINT CLEARLY

STUDENT I.D. # _____ (For office use only)

The Personal Privacy Protection Law requires this notice to be provided when collecting personal information from individuals. The information on this application will be used by SCCC to evaluate your request for admission and will be incorporated into your student records if/when you enroll. Failure to provide any required information could prevent your application from being processed. The authority to collect this information is found in Section 355(2)(h) of the Education Law. This application will be maintained in the College Records Office and/or by the Continuing Education Office, as appropriate. The official responsible for the maintenance of this information is the College Registrar and/or the Continuing Education Office, Suffolk County Community College, 533 College Road, Selden, NY 11784.

PERMIT OR DRIVER'S LICENSE ID# (REQUIRED) _____ (Learner's permit number must be included on the application, called in or emailed before the first day of class. Please call 631-451-4399 or e-mail santiaju@sunysuffolk.edu with the number).

FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____

HOME ADDRESS _____ DATE OF BIRTH _____

TOWN _____ STATE NY ZIP _____ HOME TELEPHONE # _____

HIGH SCHOOL _____ PARENT/GUARDIAN E-MAIL _____

GENDER (Your response to this question is optional and does not affect your admission to the course): **M** **F**

PLEASE CHOOSE ONE DRIVING TIME

1ST CHOICE:

XDT-100 Classroom (Orient Bldg, rm 100)	XDT-200 Driving (Parking Lot #5)
<p>Tuesday CRN: 97099 <input type="checkbox"/> 4:30p.m. – 6:00p.m.</p> <p>Classroom begins on September 18, 2018 Driving begins on September 15, 2018</p>	<p>Saturday CRN: 97100 <input type="checkbox"/> 7:00 a.m. – 8:30 a.m. CRN: 97101 <input type="checkbox"/> 8:30 a.m. – 10:00 a.m. CRN: 97102 <input type="checkbox"/> 10:00 a.m. – 11:30 a.m. CRN: 97103 <input type="checkbox"/> 11:30 a.m. – 1:00 p.m.</p>

2ND CHOICE: DRIVING CRN: _____

Have you ever been suspended, dismissed or expelled from college for disciplinary reasons? Yes ___ No ___ N/A ___

PARENT/GUARDIAN PERMISSION: I hereby give my son/daughter permission to register in the non-credit State-certified Driver and Traffic Safety Education Course to be offered at Suffolk County Community College beginning **September 15, 2018**.

 Parent/Guardian Signature

 Date

This application **must** be accompanied by your payment. If paying by check, please make check payable to **Suffolk County Community College**, in the amount of **\$538.00** which includes a \$9.00 accident insurance fee. Please **mail** the completed form and your check to SCCC, Registrar's Office, Crooked Hill Road, Brentwood, NY 11717. If you wish to register and pay in person, you may do so at any campus Registrar- acceptable methods of payment are check, Master Card or Visa, cash or money order.

PLEASE REMEMBER:

- **Applications MUST be received by August 31, 2018.**
- **NO changes to your schedule will be permitted after September 4, 2018.**
- **Due to limited availability, the college reserves the right to make changes to any student's schedule within the selected time frame. Please indicate any special requests on the application for lecture only and we will try our best to honor them.**