



COUNTY COMMUNITY COLLEGE

LIBERTY PARTNERSHIPS PROGRAM

Longwood Central School District 2017 - 2018

Non-Discrimination Notice: Suffolk County Community College does not discriminate on the basis of race, color, religion, creed, sex, age, marital status, gender identity or expression, sexual orientation, familial status, pregnancy, predisposing genetic characteristics, national origin, military or veteran status, domestic violence victim status, or disability in its admissions, programs and activities. For more information, see: www.sunysuffolk.edu/nondiscrimination. The following person has been designated to handle inquiries regarding the College's non-discrimination policies: Civil Rights Compliance Officer Christina Vargas, Chief Diversity Officer / Title IX Coordinator, Ammerman Campus, NFL Bldg. Suite 230, 533 College Road, Selden, NY 11784, vargasc@sunysuffolk.edu, (631) 451-4950. Contact Public Safety at any time 24 hours a day / 7 days a week at (631) 451-4242 or 311 from any College phone. Inquiries may also be directed to the United States Department of Education's Office for Civil Rights, 32 Old Slip 26th Floor, New York, NY 10005-2500; Tel. (646) 428-3800; Email: OCR.NewYork@ed.gov. All campus crime statistics are available on the College website at www.sunysuffolk.edu/Safety. Suffolk County Community College is committed to fostering a diverse community of outstanding faculty, staff, and students, as well as ensuring equal opportunity and non-discrimination in employment, education, access to services, programs, and activities, including career and technical education opportunities. A copy of the postsecondary career and technical education courses offered by the College is available and may be obtained on our website at: www.sunysuffolk.edu/explore-academics/college-catalog or by calling the Office of Admissions at 631-451-4000 to request a mailing.

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 registration and will be incorporated into your 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 Office for Continuing Education. The official responsible for the maintenance of this information is Elizabeth Altman, Ammerman Campus, The Annex, 533 College Road, Selden, NY 11784, (631)451-4109.

Student's Name _____

Mailing Address _____
No. & Street Town/City State & Zip

Date of Birth ____/____/____ Grade as of Sept. 2017_____ New York State Resident? __ Yes __ No

Please check one: ____ Longwood Junior High School ____ Longwood High School

Longwood Student ID Number_____ NYSSIS ID Number_____ (Required)

ETHNICITY, RACE, GENDER (This data is required to apply, but your response does not affect your admission.)	
Are you Hispanic/Latino?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Hispanic or Latino, please indicate your ethnicity (select one):	<input type="checkbox"/> Cuban <input type="checkbox"/> Dominican <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> South American <input type="checkbox"/> Central American <input type="checkbox"/> Other Hispanic/Latino
Please indicate your race (select one or more):	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Please indicate your gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female

Parent/Guardian Name: _____ Home Phone: () _____
Cell Phone: () _____ Work Phone: () _____

Parent/Guardian Address _____
No. & Street Town/City State & Zip

Parent/Guardian Email Address _____

Student Email Address _____

EMERGENCY CONTACT INFORMATION

Name: _____ Home Phone: _____

Cell Phone: _____ Relationship to student: _____

Address: _____

No. & Street

Town/City

State & Zip

AUTHORIZATION FOR PARTICIPATION/CONTRACT

I, _____ (student's name) and I, _____ (parent/guardian's name) agree to the following terms of participation:

- We will attend 50% of all parent/student empowerment meetings (at both SCCC and LCSD locations).
- We will fully participate in the programs' activities (50% of club activities & in-school LPP tutoring).
- I (we) also give permission for our son/daughter to participate in program related activities. Offsite activities will require a signed permission slip.
- We understand that if we do not fulfill the minimum requirements of the contract (as noted above), services (including all tutoring, review classes, field trips, internships, etc.) will no longer be available to us and that enrollment status in LPP may be jeopardized.

I (student name) _____ have read and been provided a copy of my Liberty Partnerships Program's Code of Conduct and will abide by all rules and requirements within it while participating in all Liberty Partnerships Program activities on school property and while attending all off site activities.

I (student name) _____ understand that belonging to the Liberty Partnerships Program carries with it a commitment of time and hard work. I will fully commit to putting forth my best effort so that I can reach my full potential as a student.

Student's Signature _____ **Date** _____

Parent's /Guardian's Signature _____ **Date** _____

This form must be signed by at least one parent/guardian who is legally responsible for the child.

ACCESS TO STUDENT RECORDS/RELEASE

I hereby authorize the Longwood School District to release to the Liberty Partnership Program at Suffolk County Community College which includes but is not limited to transcripts, report cards, test scores, attendance records, discipline referrals, and college acceptance letters that will be useful in determining the eligibility of the applicant. I understand all information will remain confidential.

Parent's/Guardian's Signature _____ **Date**

This form must be signed by at least one parent/guardian who is legally responsible for the child.

RELEASE/AUTHORIZATION

Authorization and Release For Use of Name, Voice and Likeness

I, _____, hereby grant Suffolk County Community College (“the College”) irrevocable permission to use my name, voice, quotes, image, visual likeness, portrait, and photograph in all forms and media (including, but not limited to, publications, websites, catalogs, brochures, books, magazines, photo exhibits, motion picture films, and/or videos) (collectively referred to as “Works”) for the following proposes:

- 1). Teaching;
- 2). Admissions applications;
- 3). Professional journals and papers;
- 4). Institutional publicity and public relations;
- 5). Archival purposes; and
- 6). Any other purpose which the College deems fit in the interest of education, knowledge, research, marketing, advertising, or public relations.

I agree that all right and title and interest in and to all such Works and any reproductions or derivative work thereof shall be exclusive property of Suffolk County Community College. I understand that the College may keep or may use the Works and derivative works now and in the future.

I further consent to the use of my biographical material in connection with such photographs or other portraits or likeness of me.

I agree that the College does not owe me any compensation for the acts consented to in this agreement.

I hereby release Suffolk County Community College, its officers, directors, agents and employees from all liability or legal responsibility that may arise from the acts that I have authorized or consented to herein.

I have carefully read and understand the terms and conditions of this Authorization and Release, and agree to be bound by them.

Student’s Signature _____ **Date** _____

Name (print) _____

Parent’s/Guardian’s Signature _____ **Date** _____

Name (print) _____

STUDENT PROFILE

To Be Completed by Guidance Department

NYSSIS Student ID Number _____
(Required)

For the school year ending June 30, 2017

Standardized Test Scores for the 16-17 academic year:
PSAT/SAT/ACT (if applicable) _____
Regents exam title and grades (if applicable) _____
Middle School Assessments for Grades 5-8 (if applicable) _____

Grades/Attendance for the 16-17 academic year:
Grades: Mid-Year Average _____ Year-End Average _____
Attendance: Mid-Year Absence _____ Year-End Absence _____
Number of Suspensions _____

Outcomes for the 16-17 academic year:
Credits Earned _____
Promoted _____ Retained _____

Describe student's behavior that resulted in disciplinary actions _____

Identify problems affecting student's behavior and academic progress _____

Counselor's Signature **Date**

Office Use Only

Reviewed by: _____
Staff Name Staff Signature Date

Eligibility Factor (circle all that apply): A B C D E F G H I J K L

Accepted [] Denied [] Wait List []

Signature (Project Director): _____ **Date:** _____