

Bridge to Success, June 2013

Student Information Form

Program Dates: Monday, June 24 – Friday, June 28

Program runs from 9 AM to 3 PM

Mail completed form to:

Bridge to Success

BCC

Mail Stop 61

PO Box 1017

Binghamton, NY 13902

This form is required to finalize registration. Please submit to Theresa Tague at the Learning Assistance Center (Library Room 111) or mail to the address above.

Please print.

First Name _____ Last Name _____

Sex: F M Birth Date: ____/____/____

Broome ID # _____ (on your BCC acceptance letter)

Street Address _____

City, State _____ Zip _____

Email Address (student's email address to be used for in-class activities):

Phone Number _____

Alternate Phone Number _____

High School Name _____

Emergency Contact Name _____

Emergency Contact Phone Number _____

Are you planning on attending BCC in the Fall 2013 semester? ____ Yes ____ No

Major _____

The following question is optional:

Do you have a physical, learning or mental disability? ____ Yes ____ No

If yes, list type of disability. _____

Do you need accommodations? ____ No ____ Yes. If yes, please specify: _____

Student Agreement: I agree to adhere to the BCC Student Rights and Responsibilities* and attend all scheduled classes. The information I have submitted on this application is true to the best of my knowledge.

Student Signature _____

Parent/Legal Guardian Agreement – For students under the age of 18.

The information I have submitted on this application is true to the best of my knowledge.

Parent/Legal Guardian Signature _____

*Available at www.sunybroome.edu/bridge