Immunization & Meningococcal Disease Information

According to New York State Public Health Law (NYS PHL) §2167, JCC is required to maintain a record of the following for each student: A response to receipt of meningococcal disease and vaccine information signed by the student or student’s parent or guardian. This must include information on the availability of meningococcal meningitis vaccine and either a record of meningococcal meningitis immunization within the past 10 years, or an acknowledgement of meningococcal disease risks and refusal of meningococcal meningitis immunization signed by the student or student’s parent or guardian.

Complete JCC’s Certificate of Immunization/Acknowledgement of Meningitis Information form, available at the JCC health center on the campus you are attending or downloaded from www.sunyjcc.edu. According to New York State Public Health Law, no institution shall permit any student to attend the institution in excess of 30 days without complying with this law. The cost of the vaccine may be covered by the individual’s health insurance policy.

To learn more about meningitis and the vaccine, contact the JCC health center and/or your physician. Additional information about the disease is available at the New York State Health Department (www.health.state.ny.us), the Centers for Disease Control and Prevention (www.cdc.gov/meningitis/index.html), and the American College Health Association (www.acha.org).

**Students born on or after January 1, 1957:** New York State Public Health Law 2165 requires post-secondary students attending colleges and universities to demonstrate proof of immunity to measles, mumps, and rubella. This law applies to anyone born January 1, 1957 or later who is taking six or more semester credits during the academic year.

Complete JCC’s Certificate of Immunization/Acknowledgement of Meningitis Information form should be signed by a physician, unless you are a secondary student and are attending colleges and universities. This law applies to anyone born January 1, 1957 or later who is taking six or more semester credits during the academic year. Failing to do so will result in suspension and a $25 fine. JCC’s Certificate of Immunization/Acknowledgement of Meningitis Information form should be signed by a physician, unless you are attaching other legal proofs such as school records or county clinic records. For questions regarding immunizations, contact the campus health center at the site you are attending:

**Cattaraugus County Campus:** 716.376.7569 or Jamestown Campus, North County Center, Warren Center: 716.338.1013

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**Course Registration Form**

Complete the following:
- ✓ Course Registration Form
- ✓ Student Data Form
- ✓ Certificate of Residence (New York state residents only)

Mail completed forms to:

**Cattaraugus County Campus:** Jamestown Community College, Counseling & Career Planning Center, 260 N. Union St., PO Box 5901, Olean, NY 14760-5901

**Jamestown Campus, North County Center, Warren Center:** Jamestown Community College, Registrar’s Office, 525 Falconer St., P.O. Box 20, Jamestown, NY 14702-0020

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**Tuition & Fees** (subject to change)

Payment Process
Please review registration and payment procedures outlined on pages 4 and 5.
### Student Data Form

**Please PRINT clearly.**

1. **Social Security Number:** [ ] - [ ] - [ ]
2. **Birth Date:** [ ] / [ ] / [ ]
3. **Sex:** [ ] Male  [ ] Female

4. **Are you a U.S. citizen?**  [ ] Yes   [ ] No   **If no, please attach copy of visa, green card, or other appropriate documentation to this form.**

5. **Race classification:**
   - [ ] American Indian or Native Alaskan
   - [ ] Asian
   - [ ] Black or African American
   - [ ] Native Hawaiian or other Pacific Islander
   - [ ] White
   - [ ] Unknown
   **Are you Hispanic or Latino?**  [ ] Yes   [ ] No
   **If yes, please indicate background:**
   - [ ] Dominican
   - [ ] Mexican
   - [ ] Puerto Rican
   - [ ] Central American
   - [ ] South American
   - [ ] Other Hispanic/Latino

6. **Legal Name:**
   - Last name
   - First name
   - Middle name

7. **If you have ever used a different name, please provide it.**
   - Last name
   - First name

8. **Permanent Address:**
   - Street
   - P.O. Box
   - City
   - State
   - Zip code
   - Phone

9. **Temporary Address:**
   - Street
   - P.O. Box
   - City
   - State
   - Zip code

10. **Emergency Contact:**
    - Full Name
    - Phone

11. **Choose the item that best describes your reason for taking classes at JCC (please check only one):**
   - [ ] Transfer to another SUNY college after earning a degree/certificate
   - [ ] Transfer to a non-SUNY college after earning a degree/certificate
   - [ ] Transfer to a SUNY college without earning a degree/certificate
   - [ ] Transfer to a non-SUNY college without earning a degree/certificate
   - [ ] Learn new skills or upgrade existing skills without earning a degree/certificate
   - [ ] Seek enrichment rather than pursue a degree/certificate
   - [ ] Obtain a GED through the accumulation of college credits
   - [ ] Earn a degree/certificate and seek employment rather than pursue further post-secondary education

12. **Are you planning to complete your entire degree online?**  [ ] Yes   [ ] No

13. **Type of high school diploma you earned or will earn:**
    - [ ] Local
    - [ ] Regents
    - [ ] General Equivalency Diploma (GED)
    - [ ] None

   **Date you received or will receive high school diploma or GED:** [ ] / [ ]

14. **Highest degree earned:**
    - [ ] No Degree
    - [ ] Associate in Applied Science
    - [ ] Associate in Science
    - [ ] Bachelor’s
    - [ ] Doctorate
    - [ ] Associate in Arts
    - [ ] Associate in Occupational Studies
    - [ ] Certificate Program
    - [ ] Master’s
    - [ ] Other degrees or informal courses

15. **Have you ever been convicted of a felony?**  [ ] Yes   [ ] No  **If yes, please contact admissions office.**

16. **Optional (check all impairments that apply):**
    - [ ] Mobility impaired
    - [ ] Emotionally impaired
    - [ ] Hearing impaired
    - [ ] Learning disabled
    - [ ] Visually impaired
    - [ ] Other

17. **Optional**
    - **Are you a single parent?**  [ ] Yes   [ ] No
    - **Are you a displaced homemaker?**  [ ] Yes   [ ] No
    - **Do you have a limited English language proficiency?**  [ ] Yes   [ ] No

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The college is periodically requested to provide names and addresses of students to outside organizations such as other colleges and employers. If you prefer that your name and address not be included, please notify the registrar’s office.
Certificate of Residence

New York state residents: If you do not complete and return this form, you must pay out-of-state tuition. If you are paying out-of-state tuition, you DO NOT have to complete this form.

Please follow directions carefully:
- Provide all information requested. Form must be signed, notarized, and submitted to the JCC business office.
- Legal address should list street, road, or route number. RDs and box numbers are not sufficient.
- All Chautauqua County residents must provide township of residence.
- Name of property owner is required by your county treasurer.
- Students must account for at least one year of residency in New York state. Accounts that do not have this form on file will be assessed non-resident status.
- New York state law requires students to file a new certificate of residency every year.

For tuition purposes, New York residency means that you have lived in this state as a permanent resident for 12 months prior to the start of the semester. If you have not lived in New York state for 12 consecutive months, contact the business office as soon as possible. New York State Education Law 6305 requires the college to have a current certificate of residence on record for your student account every academic year. Please complete this form no earlier than 60 days prior to the start of the semester. You can have your signature notarized at your campus business office in person with proof of identification.

If you live in Chautauqua County, Allegany County, Cattaraugus County, and Erie County, complete the top portion of the form and return your notarized application to JCC, PO Box 20, Jamestown, NY 14702-0020. The college will have your certificate certified through the business office. If you live in other counties in New York state, access JCC’s website, www.sunyjcc.edu, for instructions from your county treasurer’s office. Forward the original certified affidavit issued to you from your county treasurer’s office to JCC’s business office. The original signed form must be mailed to JCC.

Thank you for completing the proof of residency requirement which may now make you eligible for the lower New York state resident tuition rate. Please contact the college business office if you have questions: Cattaraugus County Campus: 716.376.7504, Jamestown Campus: 716.338.1003, or North County Center: 716.363.6500.

**CERTIFICATE OF RESIDENCE**

Affidavit (or Affirmation) for Certificate of Residence Pursuant to Section 6305 of the Education Law in connection with attendance at a community college.

<table>
<thead>
<tr>
<th>today’s date</th>
<th>student’s name</th>
<th>social security number</th>
</tr>
</thead>
<tbody>
<tr>
<td>month</td>
<td>day</td>
<td>year</td>
</tr>
<tr>
<td>parent or guardian</td>
<td>last</td>
<td>first</td>
</tr>
<tr>
<td>student’s permanent legal address</td>
<td>street or road</td>
<td>post office/city</td>
</tr>
<tr>
<td>county</td>
<td>state</td>
<td>zipcode</td>
</tr>
</tbody>
</table>

name of property owner

student’s home phone

student’s business phone

How long have you lived at the above address? _______ year(s), _______ months

Citizenship: U.S.   other   If other, list visa type and attach copy.

If you have not lived at the above address stated on this form for one year, list previous address(es):

<table>
<thead>
<tr>
<th>street or road</th>
<th>post office/city</th>
<th>township</th>
</tr>
</thead>
<tbody>
<tr>
<td>county</td>
<td>state</td>
<td>years / months</td>
</tr>
<tr>
<td>name of property owner</td>
<td></td>
<td></td>
</tr>
</tbody>
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</tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

I hereby certify the above address is my permanent legal address, and that I have been a resident of New York state for one (1) year and of the county named above for the last six (6) months preceding my enrollment at Jamestown Community College, Jamestown, NY.

student’s signature

stamp of notary public: date_________________________ signature of notary public___________________________________________________________________

**DO NOT WRITE BELOW THIS LINE**

To whom it may concern:

This is to certify that ____________________________ is presently residing in the City or Town (specify) of ____________________________ and has resided in the State of New York for a period of at least one year and in the County of ____________________________, for at least six months immediately preceding the date hereof.

dated at ____________________________, New York this __________ day of ____________________________ 20________

town or city clerk’s signature____________________________________________________________________