Verrazzano Honors Freshman Response Form

Please complete and return by May 1st.

Name: _____ _____ _____
Last First Middle

Cell #: _____ **Home #:** _____

Student Email address:_____

Please check one:

☐ I accept The Verrazzano School's offer of admission.

☐ I decline The Verrazzano School's offer of admission. I plan to attend _____.

<u>If you are accepting our offer,</u> please complete and submit all required materials to The Verrazzano School office in Building 1A-304 by <u>May 1st</u>.

MMR and meningitis response form: You cannot be registered for classes without this.

__ I have included my immunization form with this response.
__ I will mail my immunization form separately to The Verrazzano School.
__ I have already submitted my immunization records to CSI.

Mandatory Verrazzano Freshman Orientation on August 21st:

__ I understand that I must attend the Verrazzano Freshman Orientation. I am confirming my attendance and have included my signed waiver forms.

I understand that, if accepting The Verrazzano School's offer of admission, I must complete all Verrazzano requirements for the class year into which I have been accepted to remain in good standing and graduate with Verrazzano distinction. I understand I am required by the College of Staten Island and The Verrazzano School to attend Verrazzano Freshman Orientation in August to be part of The Verrazzano School. By signing below, I acknowledge that I must maintain good standing to receive the benefits of The Verrazzano School.

Signature:_____ **Date:** _____