

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 _____.

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

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 20th:

☐ 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 June 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: _____