

## College of Health Related Professions Community Connect Day High School Registration Form

SUNY Downstate Medical Center must receive this completed form with the NYC Department of Education consent and photograph consent forms to confirm your registration. This form must be completed by a school official. Students will not be permitted to enter the campus without a chaperon and the aforementioned completed forms.

Last Name	First	First Name		Job Title
Name of School				
School's Address: Street			City	
State	Zip Code	School's Telephone Number	er	
Name of Chaperon/Person Escorting the High School Students			Telepho	ne # of Chaperon
Number of Studer	nts			
List Names of Stud	dents separated by a c	omma ","		
List Names of Stud	dents separated by a c	omma ","		
List Names of Stud	dents separated by a c	omma ","		
Mode of Transpor	rtation to get to SUNY	Downstate (Mass Transit is preferre	d. Parking is very limi	ted)
Completed NYC D	epartment of Education	on Consent Forms (YES or NO)		