

Jericho High School

99 Cedar Swamp Road

Jericho, N. Y. 11753

(516) 203-3600

Henry L. Grishman, Superintendent

Joan Rosenberg, Principal

Lois M. Smith, Curriculum Associate – Guidance

Att: Students Registering for St. John's University 2017 SPRING Semester Course

Attached are the following:

- Course Name Course Number, Course Instructor Identification Roster
- Registration Permit (to be completed and signed by student)
- Sample Registration Permit (all underlined areas MUST be completed)
- Tuition Remittance Form (to be completed by student with check for tuition and attach to registration permit)

Please read carefully when filling out **REGISTRATION FORM**. As indicated in the SAMPLE form. **ALL** items **underlined** need to be completed.

REMINDER:

Registration Permit **and** Tuition Remittance Form **with** check **MUST** be made payable to: St. John's University and given to the guidance secretary by **Friday, February 3rd**.

NO late registrations will be accepted.

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2017 Spring SJU Course/Instructor Roster

CRN	St. John's Course Name	Instructor
15326	Art 1086 Intermediate Photography	Louise Millman
15329	Fre 2040C Intermediate French Conversation	Caroline Kennedy
15332	Chi 2040C Intermediate Chinese	April Song
15339	Lat 2040C Intermediate Latin	Georgete Gropineau
15338	Spa 2040C Intermediate Spanish Conversation	Amy Pryhocki
15341	Spe 1000C Public Speaking	Charu Vardhan
15335	Eng 1100C Literature in a Global Context	Nadine Bouler
15340	Soc 1000C Intro to Sociology	Anthony Scarnati

All courses are for 3 credits.

For **World Languages**: **Must** have taken FALL course in order to take SPRING course.

If you have any questions, please contact the High School Counseling Center 516-203-3600 x3336.

ALL UNDERLINED ITEMS
MUST BE COMPLETED



ST. JOHN'S
UNIVERSITY

COLLEGE ADVANTAGE PROGRAM

FOR OFFICE USE ONLY
Student X _____
Term SPRING '17

SAMPLE

Please print all information clearly.

* Have you previously enrolled in the College Advantage Program? Yes No

SS #: _____ (OPTIONAL—TAX PURPOSES ONLY) Phone Number: _____ E-mail Address: _____

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City/Town: _____ State: _____ Zip: _____

Date of Birth: _____ Male Female Citizen: Yes No Non-citizen (Type of Visa and Country): _____

Name of High School: JERICHO HS High School Code: 332628

Year in School (please check one): Senior Junior Expected High School Graduation Date: Month: JUNE Year: 2017 (SR)
JUNE 2018 (JR)

Please check one: Hispanic or Latino Not Hispanic or Latino

Select one or more categories to indicate what you consider yourself to be:

American Indian or Alaskan Native

- Native American or Alaskan Native
- Asia**
- Asian or Far East
- Indian Subcontinent
- Asian, Other _____

Hispanic

- Hispanic, Cuban
- Hispanic, Mexican
- Hispanic, Puerto Rican
- Hispanic, South/Central American
- Hispanic, Other _____

Native Hawaiian or Other Pacific Islander

- Native Hawaiian
- Pacific Islander

White

- Arab, N. African, Middle East
- Caucasian, All Other Heritage

Religious Affiliation

Please check one:

- Baptist
- Buddhist
- Episcopal
- Greek Orthodox
- Hindu
- Islamic
- Jehovah's Witness
- Jewish
- Lutheran
- Methodist
- Mormon/LDS
- Pentecostal
- Presbyterian
- Protestant
- Roman Catholic
- Russian Orthodox
- Seventh Day Adventist
- Sikh
- Non-Denominational
- None

REGISTRATION SEE ATTACHED TEACHER LIST / COURSE NAME #

C.A. COURSE/INSTRUCTOR

St. John's Equivalent Course

St. John's Course Code

(to be completed by SJU)

COURSE TITLE / INSTRUCTOR	CREDIT	ST. JOHN'S COURSE CODE
Course Title: _____ Instructor: _____	_____	Course Code: _____
Course Title: _____ Instructor: _____	_____	Course Code: _____
Course Title: _____ Instructor: _____	_____	Course Code: _____
Course Title: _____ Instructor: _____	_____	Course Code: _____

3 CREDITS PER COURSE

Total Academic Credits: _____

Student's Signature: _____ Date: _____

Liaison's Signature: _____ Date: _____

COURSE TITLE / INSTRUCTOR MUST BE COMPLETED

QUESTIONS: 718-990-6565



ST. JOHN'S UNIVERSITY

COLLEGE ADVANTAGE PROGRAM

Please print all information clearly.

*Have you previously enrolled in the College Advantage Program? Yes No

SS #: _____ Phone Number: _____ E-mail Address: _____
(OPTIONAL—TAX PURPOSES ONLY)

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City/Town: _____ State: _____ Zip: _____

Date of Birth: _____ Male Female Citizen: Yes No Non-citizen (Type of Visa and Country): _____

Name of High School: _____ High School Code: _____

Year in School (please check one): Senior Junior Expected High School Graduation Date: Month: _____ Year: _____

FOR OFFICE USE ONLY

Student X _____

Term _____

Please check one: Hispanic or Latino

Not Hispanic or Latino

Select one or more categories to indicate what you consider yourself to be:

American Indian or Alaskan Native

Native American or Alaskan Native

Asia

Asian or Far East

Indian Subcontinent

Asian, Other _____

Hispanic

Hispanic, Cuban

Hispanic, Mexican

Hispanic, Puerto Rican

Hispanic, South/Central American

Hispanic, Other _____

Native Hawaiian or Other Pacific Islander

Native Hawaiian

Pacific Islander

White

Arab, N. African, Middle East

Caucasian, All Other Heritage

Religious Affiliation

Please check one:

Baptist

Mormon/LDS

Buddhist

Pentecostal

Episcopal

Presbyterian

Greek Orthodox

Protestant

Hindu

Roman Catholic

Islamic

Russian Orthodox

Jehovah's Witness

Seventh Day Adventist

Jewish

Sikh

Lutheran

Non-Denominational

Methodist

None

REGISTRATION

C.A. COURSE/INSTRUCTOR

St. John's Equivalent Course
(to be completed by SIU)

Credit

St. John's Course Code
(to be completed by SIU)

Course Title: _____

Instructor: _____

Course Title: _____

Course Code: _____

Course Title: _____

Instructor: _____

Course Title: _____

Course Code: _____

Course Title: _____

Instructor: _____

Course Title: _____

Course Code: _____

Course Title: _____

Instructor: _____

Course Title: _____

Course Code: _____

Total Academic Credits: _____

Student's Signature: _____ Date: _____

Liaison's Signature: _____ Date: _____

SJU 2017
Tuition Remittance Form

Student Name _____

Student Address _____

I am registering with St. John's University College Advantage Program for the following course(s):

<u>SJU Course Number/Name</u>	<u>Instructor</u>

Remittance is at the rate of **\$325.00** per course for the **SPRING 2017** semester.

THIS FORM AND YOUR CHECK SHOULD BE MADE PAYABLE TO ST. JOHN'S UNIVERSITY AND ATTACHED TO YOUR REGISTRATION PERMIT. THERE ARE NO LATE REGISTRATIONS.

REGISTRATION PERMIT AND TUITION CHECK MUST BE GIVEN TO THE GUIDANCE SECRETARY BY FRIDAY, FEBRUARY 3rd.

AGAIN, NO LATE REGISTRATIONS WILL BE ACCEPTED.