



**Mid-Plains Community College  
Student Housing Contract 2009-2010**

Name \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone # \_\_\_\_\_ Students's Cell Phone # \_\_\_\_\_

Student E-Mail address \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact: Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Please check the appropriate boxes:     Male     Female     New Student     Returning Student

<u>McCook Community College Brooks Hall</u>	<u>North Platte Community College North Campus</u>	<u>North Platte Community College South Campus</u>
<input type="checkbox"/> <b>Room and Board Plans:</b> <input type="checkbox"/> Room and 15-meal plan \$2,300 per semester <input type="checkbox"/> Room and 19-meal plan \$2,450 per semester  <input type="checkbox"/> <b>Private Room:</b> additional \$400 per semester	<input type="checkbox"/> <b>Room and Board Plans:</b> <input type="checkbox"/> Room and 5-meal plan \$1,700 per semester <input type="checkbox"/> Room and 10-meal plan \$2,150 per semester <input type="checkbox"/> Room and 14-meal plan \$2,350 per semester  <input type="checkbox"/> <b>Private Room:</b> additional \$400 per semester	<input type="checkbox"/> <b>Room and Board Plans:</b> <input type="checkbox"/> Room and 5-meal plan \$1,800 per semester <input type="checkbox"/> Room and 10-meal plan \$2,250 per semester <input type="checkbox"/> Room and 14-meal plan \$2,450 per semester  <input type="checkbox"/> <b>Private Room:</b> additional \$400 per semester

<b>Office Use Only: \$200 Room Reservation Fee/Damage Deposit</b> Receipt #: _____    Date: _____    Student ID#: _____  <input type="checkbox"/> <b>Full-Time Student – First Semester</b> <input type="checkbox"/> <b>Full-Time Student – Second Semester</b>
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**IMPORTANT:** Please read this contract in its entirety. Your signature indicates that you understand and agree to these terms.

**Contract Terms:** Mid-Plains Community College, hereinafter "College," agrees to provide the above-named individual, hereinafter "Student," with housing accommodations under the following terms and conditions:

- The contract is for the full academic year (August – May).
- A \$200.00 room reservation fee/damage deposit will be collected prior to assignment of college residence housing. If contract is broken for any reason during the full academic year, the \$200.00 room reservation fee/damage deposit WILL BE FORFEITED.
- The Student's right to housing accommodations shall begin on the Saturday before classes begin and shall terminate on the last day of classes.
- College housing will be closed any time there are no classes for five (5) consecutive days. Accommodation during breaks may be arranged with the Director of Housing on each campus at an additional cost.
- Students residing in college housing must be continually registered for a minimum of 9 credit hours per semester and maintain MPCC standards of progress to live in college housing.
- If the College is unable to provide the Student with a room for the year, the reservation fee/damage deposit will be refunded.
- Payment and/or arrangements for payment should be made through the Business Office prior to first day of term/class.

**Miscellaneous Provisions:**

- The College is not responsible for the loss or damage of any personal effects. College housing is to be locked when unoccupied. If insurance coverage is desired, it is the sole responsibility of the Student to acquire such insurance to cover his/her property.
- Students are responsible for keeping their rooms neat and clean.
- The assignment of housing units is made for all Students without regard to race, creed, or national origin. It is understood that there is no guarantee that any Student will be assigned a specific room.



# Emergency Medical Information Form

\_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Student Name (Last, First, Middle)

Address (Permanent): \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Please list below the names of three individuals or families (parents, guardians, grandparents, etc.) whom you wish to be contacted in the event of a medical emergency:

(1) \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

(2) \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

(3) \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## **Confidential Medical History:** Please check if you have a history of any of the following diseases:

Diabetes  Asthma  Epilepsy  Hemophilia

Food Allergies (Please list): \_\_\_\_\_

Religious convictions against any medical procedures (example: Blood Transfusions) (Please explain): \_\_\_\_\_

Other (Please explain): \_\_\_\_\_

Currently Taking Medication (Please List): \_\_\_\_\_

Family Physician (at Permanent Address): \_\_\_\_\_

Physician's Work Phone: \_\_\_\_\_ Physician's Home Phone: \_\_\_\_\_

Local (McCook or North Platte ) Physician: \_\_\_\_\_

Physician's Work Phone: \_\_\_\_\_ Physician's Home Phone: \_\_\_\_\_

Name of Your Medical Insurance Company: \_\_\_\_\_ Group Number: \_\_\_\_\_

Name of Subscriber: \_\_\_\_\_ Relationship: \_\_\_\_\_

In the event of a serious or life-threatening situation where the parents/guardians or the other people listed on this form are unable to be contacted, I hereby give my permission for an authorized Mid-Plains Community College employee to act in their behalf.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (If student is under 19 years of age)

\_\_\_\_\_  
Date

Student Name: \_\_\_\_\_

**Roommate Questionnaire** *It is very important that you complete this questionnaire as truthfully as possible. We will use the information you give us to match you with a roommate who is most compatible to your living environment.*

1. Do You Smoke?  Yes  No
2. How do you feel about a roommate who smokes?  Intolerable  Prefer Not  Indifferent  Prefer they smoke
3. Do you like your room to be a gathering place?  Yes  No  Sometimes
4. Do you prefer to study with Noise (TV/music)?  Yes  No
5. Where do you think you will do most of your studying?  Your room  Lounge  Library
6. What time do you like to go to sleep?  Before Midnight  Around Midnight  After Midnight
7. Do you like your room to be neat?  Yes  No
8. What type of person would you feel most comfortable with?  Outgoing  Studious  Quiet
9. Have you declared a major?  Yes, my major is: \_\_\_\_\_  No, I am undecided
10. What are your hobbies/interests? \_\_\_\_\_
11. Are you a member of an MPCC College Athletic Team?  Yes, Sport: \_\_\_\_\_  No
12. Do you have a specific roommate request?  Yes, Name: \_\_\_\_\_  No

**READ - SIGN**  
**Meningococcal Meningitis Information Confirmation Form**

I have received and reviewed the information provided by Mid-Plains Community College about the potentially fatal meningococcal meningitis disease. I understand the College encourages all on-campus housing students to obtain the vaccine to protect against contracting bacterial meningitis.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Parent/Guardian Signature  
(needed if student is under 19)

\_\_\_\_\_  
(Date)

**MPCC Vehicle Registration Form**

- I will be bringing a vehicle on campus  I will NOT be bringing a vehicle on campus

Vehicle Information: License Plate # \_\_\_\_\_ State Issued: \_\_\_\_\_  
Car Make: \_\_\_\_\_ Car Model: \_\_\_\_\_

**PLEASE NOTE:** All residential students must register their vehicles with the MPCC Office of Student Life so they may park on-campus. Students will be assigned parking permits that need to be displayed in your vehicle at no additional cost.

Students that park in areas that are designated as staff, fire zones, or non-parking spaces will be subject to parking sanctions established by MPCC. Do not park or drive your vehicles on sidewalks or any non-paved area. No personal mechanic work may be performed on your vehicle in college housing parking lots. In addition, washing your personal vehicle is not permitted on college property. Students that park in areas that are identified as parking for staff and fire zones are subject to parking sanctions established by MPCC. These terms are subject to change at the discretion of the college.

**Please note that you are not guaranteed a parking space on-campus.**

*I have read and understand the above terms and conditions regarding parking and vehicle registration at MPCC.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Permit Information (Office use only)**

Permit #: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Issued by: \_\_\_\_\_



## Meningococcal Meningitis Disease

**Beginning with school year 2003-2004, each postsecondary educational institution is required by Legislative Bill 513 to provide each student who will reside in on-campus housing and the student's parent or guardian with (a) detailed information on the risks associated with the potentially fatal meningococcal disease; (b) discuss the availability and the effectiveness of a vaccine against the disease; (c) recommend that each student receive the meningococcal vaccination; and (d) offer information on the availability of an indigent patient fund to assist qualified persons with the cost of the vaccine. Each postsecondary educational institution shall request a confirmation signed by the student, parent or guardian that the information provided has been received and reviewed.**

Mid-Plains Community College is dedicated to the welfare of their students. We want our students and their parents to know that meningococcal meningitis is caused by bacteria which invade the lining surround the brain (the meninges). It is called meningococcal septicemia or meningococemia when it enters the blood stream, **destroying organs and tissue in a matter of hours**. The following statistics were shared on the National Meningitis Association webpage ([www.nmaus.org](http://www.nmaus.org)):

- Nearly one-third of the 2,000 to 3,000 annual cases in the U.S. result in fatalities or severe disabilities such as limb amputations and organ damage.
- Students have shown a recent increase in the number of adolescent cases and deaths in the 1990's.
- **Students in residence hall environments are at increased risk.**
- **There is a safe, approved vaccine, which can help prevent the majority of adolescent cases.** The Menomune Vaccine lasts for 3-5 years and is 85-95% effective against serogroups A,C,Y, and W-135.

There are two major divisions of meningitis – viral (caused by virus) and bacterial (caused by one of the several types and strains of bacteria residing in the throat or nasal passages). The bacterial form of meningitis is extremely dangerous, fast-moving, and has the most potential for being fatal. For many survivors the long-term effects also can be debilitating, recurrent, and include multiple amputations. Many (but not all) types of bacterial meningitis can be prevented by vaccination. Viral meningitis has similar symptoms to bacterial meningitis, but is neither as deadly nor as debilitating for the most part. There is no vaccine protection against viral meningitis.

Meningitis is spread through close contact where saliva is transmitted such as coughing, sneezing, kissing or sharing drinks or cigarettes. The bacteria cannot live outside the body for very long, so the disease is not as easily transmitted as a cold virus. Ways to help prevent spreading the disease include following good hygiene practices such as washing hands, not sharing water bottles or other drinks, avoiding cigarettes, and generally not transmitting or sharing items that have been in one's mouth.

**Mid-Plains Community College encourages all students planning to live in the Residence Halls to get the meningitis vaccination.** Contact your local hospitals and doctors offices and inquire if they have the vaccine available or find locations offering the vaccination by going on-line to [www.nmaus.org](http://www.nmaus.org) clicking on the button "Finding the Vaccine". You may also wish to contact your local hospitals, doctors' offices, or Health and Human Service Agencies about the availability of payment assistance or indigent patient funds to assist qualified persons with the cost of the vaccine.



## ***TO BRING ~ OR NOT TO BRING????***

***What To Bring:*** The following is a check-list of what you need or may want to bring to your new room. If possible, check with your roommate, after he/she has been assigned, to avoid any duplication which might limit space.

- |   |  |
|---|--|
| <input type="checkbox"/> Pillows  | <input type="checkbox"/> Lamps                               |
| <input type="checkbox"/> Linens (twin size – some beds are XL in length - we recommend you purchase the XL) | <input type="checkbox"/> Desk References (i.e. Dictionary)   |
| <input type="checkbox"/> Blankets   | <input type="checkbox"/> Alarm Clock                         |
| <input type="checkbox"/> Comforter/Bedspread  | <input type="checkbox"/> Stereo                              |
| <input type="checkbox"/> Clothes Hangers  | <input type="checkbox"/> Television                          |
| <input type="checkbox"/> Laundry Basket/Bag   | <input type="checkbox"/> Personal Computer                   |
| <input type="checkbox"/> Laundry Supplies   | <input type="checkbox"/> Personal Toiletries                 |
| <input type="checkbox"/> Iron   | <input type="checkbox"/> Wastebasket                         |
| <input type="checkbox"/> Dorm Size Refrigerator (no larger than 4.6 Cubic Ft.)                              | <input type="checkbox"/> Telephone                           |
|   | <input type="checkbox"/> Pictures/Posters (no nails in wall) |

***What NOT To Bring:*** The following items are NOT allowed in individual rooms:

- Alcohol Bottles – full or empty
- Candles/Incense/Candle Warmers
- \*Microwaves
- \*Hot plate/toasters/grills or other cooking utensils
- Fire arms/explosives/weapons
- Pets (fish are allowed)

***\*Items denoted with an asterisk are allowed only in apartment style housing located at North Platte Community College.***

**NOTE TO PARENT/GUARDIAN:**

If you would like to receive a copy of the MPCC Parent Connection Resident Hall E-Newsletter, please provide the Office of Student Life with a current e-mail address. You may reach us at [kirchers@mpcc.edu](mailto:kirchers@mpcc.edu). Thank you.