



Dr. Errin Hatwood, Director
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Pre-Registration Form

- New Student
 Previous Student

1. First Name: _____

Last Name: _____ Middle Initial: _____

2. Address: _____ Apt. # _____
(Street)

(City) (Zip code)

3. Telephone Numbers: Cell _____ Home _____

4. E-mail: _____

5. Are you under 21? Yes ___ No ___

6. Date of Birth: ____/____/____ Age ____
month / day / year

7. County of Origin: _____

8. Are you employed? Yes ___ No ___

9. Do you work in Great Neck? Yes ___ No ___ P/T ___ F/T ___

Employer Name: _____

10. What was the last grade you completed in school: _____
(Grade) (Country)

In Case of Emergency Contact:

11. Name: _____ Relationship: _____

12. Telephone Numbers: Cell _____ Home _____