

**GREAT NECK PUBLIC SCHOOLS
REGISTRATION FORM**

SCHOOL YEAR

BIRTH VERIFICATION

SCHOOL ENTRY DATE

STUDENT'S LAST NAME

STUDENT'S FIRST NAME

M.I.

NICKNAME

M/F

DATE OF BIRTH

ADDRESS

APT #

TOWN

ZIP CODE

HOME TELEPHONE

BIRTH PLACE (City, State, Country)

BROTHERS AND SISTERS

NAME

M/F

DATE OF BIRTH

GRADE

SCHOOL

1. _____
2. _____
3. _____
4. _____

Mother/Guardian: Name: _____ Birthplace: _____

Address(If different from child's): _____ E-mail: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer Name: _____ Work Address: _____

Father/Guardian: Name: _____ Birthplace: _____

Address(If different from child's): _____ E-mail: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer Name: _____ Work Address: _____

PLEASE ATTACH CUSTODY AGREEMENT, IF APPLICABLE

THE ABOVE STATEMENTS MADE BY ME ARE TRUE. A FALSE STATEMENT ON THIS DOCUMENT CONSTITUTES PERJURY, A CLASS A MISDEMEANOR PUNISHABLE BY UP TO SIX MONTHS IN PRISON OR A FINE OF UP TO \$1,000.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

RELATION TO CHILD

DATE

OFFICIAL USE ONLY

SCHOOL

GRADE

I. D. NUMBER

OVER

