

GREAT NECK PUBLIC SCHOOLS  
CHANGE OF INFORMATION

(Last Name of Student) (First Name) (Grade) (DOB) (I.D. #)

(Name of Student) (First Name) (Grade) (DOB) (I.D. #)

(Parents Name) (Reason for Change) (Effective Date of Change)

(Current School) (New School) (Spec. Ed) YES NO

(Past Street Address) (Town) (Zip) (Apt. #)

(New Address) (Town) (Zip) (Apt. #)

(Home Phone) (Bus. Phone) (Entire Family Moved) (YES) (NO)

(Proof of Residency check one) (Deed) (Lease) (Closing Statement) (Affidavit)

**RE-ENTRY.**

(Original Registration Date Month / Year) (Date of Withdrawal from Great Neck Month / Year)

**Comments:**

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\_\_\_\_\_  
\_\_\_\_\_

(Person Completing Form) (School) (Telephone Ext.) (Date)

pc: Registration, Phipps  
Transportation, Phipps  
Food Service, Phipps  
PPS  
School: