

20__ - 20__

Pre-Registration Form
New__ Previous__ Student (*Check one*)

Which program would you like to register for? ESOL__ Lab__

1. Last name _____
First name _____ Middle Initial _____
Middle name _____
2. Address _____ Apt.# _____
(street)
_____ Zip code _____
(town)
3. Home Telephone : () _____ Cell () _____
4. E-mail: _____
5. Date of birth: ____/____/____ Age ____ Under 21? Yes__ No__
month / day / year
6. Social Security Number _____ - _____ - _____
7. What country are you from? _____
8. Are you working? yes__ no__
In Great Neck? yes__ no__ P/T__ F/T__
Employer _____ Telephone number () _____
Address _____
- In Case of Emergency Contact:***
9. Name _____ Relationship _____
10. Emergency Telephone number(s) () _____ Cell () _____
11. What was the last grade you completed in school? _____
_____ In Another Country _____ United States