

14718 Farragut Road, Brooklyn, New York 11203,

PHONE: (718)-282-6210--(718) 282-8580---(718)-282-4934---FAX: (718)-282-5615

EMAIL: greatoaks264@greatoakselementarry.org

WEBSITE: Greatoakselementary.org

This application is for Kindergarten through eighth grade only. Application must be completed in full and signed to be eligible for acceptance. Inaccurate or false information may void the application and your child's eligibility to enter the school

STUDENT INFORMATION: (Please PRINT clearly in CAPITAL LETTERS and stay inside the boxes) FOR OFFICE USE ONLY:
First Name: Date Received:
Middle Name: Date Started: Amount Paid: \$
Last Name: Staff Initial: Student ID #:
Date of Birth: (mm/dd/yyyy): / / / Gender: Male Female
Last School Attended: Grade:
Email Address: (PLEASE PRINT):
Grade Applying for (2019-2020 School Year): K 1 2 3 4 5 6 7 8 PARENT/GUARDIAN INFORMATION (Please PRINT clearly in CAPITAL LETTERS and stay inside the boxes)
Parent /Guardian First Name:
Parent /Guardian Last Name:
Home Address:
Apt #: City: State: Zip: Zip:
Social Security #:
Home Phone: (
Employer's Name:
Address:
Occupation: Business Phone: ()
Emergency Contact: Relation to Student Relation to Student
Emergency Telephone Contact/s:
Does your child have any physical disabilities? E.g., heart problems, asthma, etc. YES () NO ()
If Yes, Please Specify
Please attach official copies of last report card and standardized test.
Will an adult accompany the student to school? Yes () No ()
By submitting this form, I indicate my desire to have my child enrolled in Great Oaks Elementary School. I understand that admission is not guaranteed, and will be offered only if my Child fulfills all the requirements as stated in the school's policy code.
Parent/Guardian Signature: Date: