



# GARDEN CITY COMMUNITY COLLEGE

## Student Intake Form

The information provided on this form will be kept confidential, and will not be shared with anyone without your permission or an educational need to know. If you need assistance with this form or the registration process, please contact the office using the information above.

Name: \_\_\_\_\_ ID# \_\_\_\_\_ Date: \_\_\_\_\_

Local Address: \_\_\_\_\_

Cell phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

GCCC Email address: \_\_\_\_\_@student.gcccks.edu

\*Your @student.gcccks.edu is the official form of communication used.

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you receive any of these services? (Check all that apply):

- Vocational Rehabilitation
- Veterans Administration
- Independent Living Center
- Social Security

Other – Please list:

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

Please check all that apply:

Undergraduate     Graduate

Transfer – If you are a transfer student, did you receive accommodations? If yes, please list:

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

Please list the types of accommodations or services you have previously utilized that you feel would be most helpful to you at GCCC.

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

Return this completed form to the Coordinator of Accommodations at GCCC along with a copy of your medical documentation that states your disability and recommended accommodations, IEP, 504 Plan, or accommodation letter from a previous college. Schedule a time for an intake interview with the Coordinator to discuss potential services.