

**HELLENIC CLASSICAL CHARTER SCHOOL (HCCS)  
UNIVERSAL PRE-KINDERGARTEN (UPK) APPLICATION  
2019-2020 SCHOOL YEAR**

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**DIRECTIONS:**

Please print clearly in blue or black ink only. Please note that only Parent/Guardians who are New York City residents may submit an application for children born in 2015. Complete, sign and return this application directly to the Hellenic Classical Charter School.

**Name of UPK location:** The Hellenic Classical Charter School  
**School Address:** 646 Fifth Avenue Brooklyn, New York 11215  
**Phone /Fax/Web** (718) 499-0957 ~ fax: (718) 499-0959 ~ www.hccs-nys.org  
**Lottery Date:** Tuesday, April 9, 2019 (tentative)

**Deadline:** HCCS applications must be delivered to the school by hand, mail, fax or email (joy.petrakos@hccs-nys.org) no later than 5:00 p.m. on **Friday, March 29, 2019.**

**Section A: Student Information – Please print clearly in ink**

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Middle Initial: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/2015 Circle One: Male/Female  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: NY Zip: \_\_\_\_\_

**Siblings**

Does the applicant have a sibling ATTENDING HCCS? Circle one: YES/NO  
If so, please list name and grade: \_\_\_\_\_  
Does the applicant have siblings APPLYING to HCCS? Circle one: YES/NO  
If so, please list name, grade applying for and DOB. \_\_\_\_\_

**Section B: OPTIONAL INFORMATION - Please print clearly in ink**

**HEALTH INSURANCE**

Does the student have health insurance?  
\_\_\_ Yes If yes, what type of coverage is it? \_\_\_ Private Health Insurance \_\_\_ Medicaid \_\_\_ Child Health Plus B  
\_\_\_ No If no, would you like to be contacted about getting coverage? \_\_\_ Yes \_\_\_ No

**HOME LANGUAGE**

In which language(s) would you like to receive written and/or oral communication regarding the Pre-Kindergarten Admissions Process? Please check all that apply: English Greek Arabic Bengali Chinese Haitian Creole Korean Russian Spanish Urdu Other, Please Specify: \_\_\_\_\_

**SECTION C: PARENT INFORMATION – Please print clearly**

**I understand that daily attendance and promptness are required. I must arrange for a responsible adult to bring my child to school and pick him/her up daily. I understand that no transportation is provided.**

Parent/Guardian Last Name: \_\_\_\_\_  
Parent/Guardian First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Primary Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone :(\_\_\_\_) \_\_\_\_\_ Cell Phone :(\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_