

HELLENIC CLASSICAL CHARTER SCHOOL (HCCS) APPLICATION
2019-2020

Name of Charter School: The Hellenic Classical Charter School
School Address: 646 Fifth Avenue Brooklyn, New York 11215
Lottery Date: Tuesday, April 9, 2019 (tentative)

Deadline: HCCS applications must be delivered to the school by fax (718.499.0959), hand, mail, or email to joy.petrakos@hccs-nys.org no later than 5pm on **Monday, April 1, 2019**. Please contact the school directly to see if any additional information is required prior to the deadline.

Student Information - PLEASE PRINT

Student's Last Name: _____
First Name: _____ Middle Initial: _____
Date of Birth: ____-____-____ Circle One: Male/Female
Address: _____
City: _____ State: _____ Zip: _____

Entering grade for September 2019: Please circle: K 1 2 3 4 5 6 7 8

Current School: _____

Community School District where student resides (NYC residents only): _____
(Check your Community School District by calling the number 311 or online by entering your address at: (<http://gis.nyc.gov/dcp/at/fl.isp>))

Parent/Guardian Information

Last Name: _____
First Name: _____ Middle Initial _____
Primary Phone: (____) _____ Work Phone : (____) _____ Cell Phone : (____) _____
Email: _____
Last Name: _____
First Name: _____ Middle Initial _____
Primary Phone: (____) _____ Work Phone : (____) _____ Cell Phone : (____) _____
Email: _____

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. _____

English Language Learners (ELL) & Special Education (SPED) Applicants:

As per the HCCS lottery policy, HCCS gives preference to ELL applicants and welcomes students with special needs.

Please indicate if your child is an ELL or a special education student.

English Language Learners Applicant Circle one: YES/NO
Special Education (SPED) Applicant Circle one: YES/NO

Agreement

I affirm that the information I have submitted above is true to the best of my knowledge. Additionally, I understand that submitting this application does not guarantee admission to HCCS.

Print Name: _____ Signature: _____

Date (month/day/year): ____/____/____

Instructions for Completing the Hellenic Classical Charter School (HCCS)

Application

2019-2020

These instructions will assist you in completing the HCCS Application. HCCS applications must be delivered to the school by fax (718.499.0959), hand, mail, or email to joy.petrakos@hccs-nys.org no later than 5pm on **Friday, March 29, 2019**.

1. Student information

- a. Enter the student's last name, followed by their first name and middle initial.
- b. Enter the student's date of birth, student ID # (if known), and indicate whether the student is male or female.
- c. Enter the student's legal address.
- d. List the grade the student will be entering for the 2019-2020 school year, the school the student is currently attending, and, for New York City residents only, the community school district where the student currently lives.
 - i. If you are unaware of the student's community school district, you may find the community school district by entering the student's address at this website: (<http://gis.nyc.gov/dcp/at/fl.jsp>) or by calling 311 and providing the operator with your address.

2. Parent/Guardian Information: This information will be used to contact you regarding questions that the school may have AND to provide you with lottery information including the results of the lottery drawing.

- a. Enter the parent/guardian last name, followed by their first name and middle initial.
- b. Enter the parent/guardian primary phone number, work phone number, cell phone number, and email address if applicable.
- c. Repeat (a) and (b) for a second parent/guardian if applicable.

3. Siblings: Students with siblings presently attending HCCS are given preference when applying for admission.

- a. Indicate yes or no regarding whether the applying student has a sibling already attending HCCS.
- b. If the student listed on the application has a sibling that already attends HCCS, enter the name, grade, and date of birth of the sibling.

4. English Language learners (ELLs) and Special Education (SPED) Applicants: This information is optional. As per the HCCS lottery policy, HCCS gives preference to ELL applicants and welcomes students with special needs.

5. Non-Discrimination Statement: HCCS does not discriminate against or limit the admission of any student on any unlawful basis, including on the basis of ethnicity, national origin, gender, disability, intellectual ability, measures of achievement or aptitude, athletic ability, race, creed, gender, national origin, religion or ancestry. HCCS does not require any action by a student or family (such as an admissions test, interview, essay, attendance at an information session, etc.) in order for an applicant to either receive or submit an application for admission to that school.

6. Agreement

Print your name, sign your name, and enter today's date if you (1) agree that the information entered on the HCCS Application is correct to the best of your knowledge and (2) understand that submitting this application does not guarantee admission to HCCS.