

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

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 **Monday, April 1, 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: _____