

HELLENIC CLASSICAL CHARTER SCHOOL - STATEN ISLAND (HCCS-SI)
UNIVERSAL PRE-KINDERGARTEN (UPK) APPLICATION
2020-2021 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 2016. Complete, sign and return this application directly to the Hellenic Classical Charter School-Statens Island.

Name of UPK location: Hellenic Classical Charter School - Staten Island
School Address: 1641 Richmond Avenue, Staten Island, New York 10314
Phone: (718) 499-0957 – press 2 for HCCS-SI
Fax/Web: (718) 499-0958 ~ www.hccs-nys.org
Lottery Date: **Applications will be accepted on a first come first served basis**

HCCS-SI applications must be delivered to the school by hand, mail, fax or email (officesi@hccs-nys.org)

Section A: Student Information – Please print clearly in ink

Student's Last Name: _____ First Name: _____

Middle Initial: _____ Date of Birth: ____/____/2016 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: _____