



EVERGREEN CHARTER SCHOOL
 605 Peninsula Blvd., Hempstead NY 11550
 Phone: (516) 292-2060 – Fax: (516) 292-0575

Re-Registration Form for 2019-2020 School Year

Section A: To be completed by an Evergreen school official

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|---|--|
| Applicable School Year: | 2019 - 2020 |
| Name of Charter School: | EVERGREEN CHARTER SCHOOL |
| Contact Information for Charter School: | Glenda Ramirez 605 Peninsula Blvd., Hempstead NY 11550 Phone # (516) 292-2060 - Fax # (516) 292-0575 E-mail: gramirez@ecsl.org |
| Application Deadline for New Students: | April 1, 2019 |
| Information for Submission of Re-Registration forms: | In person: 605 Peninsula Blvd, Hempstead NY 11550 By Phone (516) 292-2060 Ext. 240 By E-mail: gramirez@ecsl.org By Fax: (516) 292-0575 |

Non-Discrimination Statement: *A charter school shall 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, national origin, religion or ancestry. A school may 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.*



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**Required
 Re-Registration
 for students
 already attending
 Evergreen**

2019-2020 SCHOOL YEAR

Section B: To be completed by Applicant

Note: A separate application must be completed and submitted for each child applying for admission. Please note that proof of address is required with your application. Examples can be a utility bill, lease or a combination of two other documents such as a bank statement and a letter from any company that includes your address. If you have questions, please contact us.

Applicant Student Information:

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|---|---|
| 1. Name (First, Last): | |
| 2. Date of Birth (MONTH/DAY/YEAR): | |
| 3. Gender (circle one): | Male / Female |
| 4. Home Address (street address, city, state and zip code): | |
| 5. School District (or New York City Community School District), if known: | |
| 6. Grade the student will be attending in September of 2019 (circle one) | 1 2 3 4 5 6 7 8 |
| 7. Does the student have health insurance? | Yes _____ No _____ |
| 8. Does the returning student have a sibling(s) who will be applying to enter this school in 2019-2020? (circle one). If yes, list the sibling's name, grade by Sept. 2019 and date of birth: | Yes / No Sibling's Name: Grade by Sept. 2019: K 1 2 3 4 5 6 7 8 Date of Birth: |

Section C: Parent/Guardian Information:

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|---|--------------------|
| 1. Name (First and Last): | |
| 2. Relationship to Student: | |
| 3. Home Address (street address, city, State and zip code): | |
| 4. Home Phone and Cell Phone number: | |
| 5. Email Address: | |
| 6. Is there a Parent or Guardian of the above-named student a member of the Armed Forces and is on Active Duty? | Yes _____ No _____ |

Parent/Guardian Signature: _____ **Date:** _____