



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

2019-2020 SCHOOL YEAR

Admission Form

Section A: To be completed by an Evergreen's school official

Applicable School Year:	2019 – 2020
Name of Charter School:	EVERGREEN CHARTER SCHOOL
Contact Information for Charter School:	Glenda L. Ramirez 605 Peninsula Blvd., Hempstead NY 11550 Phone: (516) 292-2060 ext.240 Fax: (516) 292-0575 E-mail: gramirez@ecsl.org
Application Deadline for New Students:	April 1, 2019
Lottery Date and Location	This will occur on April 4th , 2019 at our school at 7pm. The lottery is open to the public.
Information for Submission of Applications:	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.



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

2019-2020 SCHOOL YEAR

Section B: To be completed by Applicant

Note: A separate admission form must be completed and submitted for each child applying for admission. If you have any questions about our school or the admission process, please call 516-292-2060.

Applicant Student Information:

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: _____ Current School: _____

6.* Grade that the student would be entering in **September 2019**: (Circle one) **K 1 2 3 4 5 6 7 8**

7.*Does the applicant student have a sibling(s) who is currently enrolled at Evergreen Charter School? (Circle one) Yes / No

If yes, list at least one sibling's name, current grade and date of birth.

Name: _____ Grade: _____ Date of Birth: _____

* Is the applicant the child of a staff member? (Circle one) Yes/ No

Section C: Parent/Guardian Information:

1.*Name (First, Last): _____

2.*Relationship to Student: _____

3.*Home Address (street address, city, _____
state, zip code): _____

4.*Home Phone: _____ Cell Phone: _____

5.*Email Address: _____

You must notify Evergreen Charter School if you address or phone number changes to ensure we have a way of communicating with you.

Parent/Guardian Signature: _____ Date: _____

**** The items marked with an asterisk (*) are the only items that may be required in order to apply to this charter school. Any items not marked by an (*) are optional.***