



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

**2020-2021 SCHOOL YEAR**

**Accepted Student Registration Form**

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

<b>Applicable School Year:</b>	<b>2020 – 2021</b>
<b>Name of Charter School:</b>	EVERGREEN CHARTER SCHOOL
<b>Contact Information for Charter School:</b>	Julissa Cuesta 605 Peninsula Blvd., Hempstead NY 11550 Phone: (516) 292-2060 ext.240- Fax: (516) 292-0575 E-mail: <a href="mailto:JCuesta@ecsl.org">JCuesta@ecsl.org</a>
<b>Registration Deadline for New Students:</b>	<b>June 30th, 2020</b>
<b>Information on Submission of Registrations:</b>	In person: 605 Peninsula Blvd, Hempstead NY 11550  By Phone (516) 292-2060 Ext. 240  By E-mail: <a href="mailto:Admissions@ecsl.org">Admissions@ecsl.org</a>  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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**Section B: To be completed by Applicant**

*Note: A separate application must be completed and submitted for each child applying for admission. If you have questions please contact us.*

**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, zip code):	
5.*School District (or New York City Community School District), if known:	
6.*Grade Applying for:	
7.*Does the applicant student have a sibling(s) who is currently enrolled in this charter school? (Circle one). If yes, list at least one sibling's name, current grade and date of birth.	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.*Phone Number(s):	
5.*Does the student have Health insurance ?	Yes _____ No_____
6.*Email Address:	
7. *Is the above named student connected to an Active Duty, Guard, Reserve military family?	Yes _____ No_____

**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.*