

# Enrollment Application | 2019-2020 School Year

Application Must be Postmarked by **Monday, April 1, 2019****Student Information** Kindergarten    1<sup>st</sup>    2<sup>nd</sup>    3<sup>rd</sup>    4<sup>th</sup>    5<sup>th</sup>    6<sup>th</sup>    7<sup>th</sup>**EACH APPLYING STUDENT REQUIRES A SEPARATE APPLICATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_ \*In order to be eligible for Kindergarten, student must be five years old by 12/31/19.

Gender:  Male  Female Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_  Not currently enrolled in school

Home Address: \_\_\_\_\_ Apt. Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Family Information****Parent/Guardian (1)**

Full Name: \_\_\_\_\_

Relationship to Child:  Mother  Father  Other: \_\_\_\_\_

Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_ .com

**Parent/Guardian (2)**

Full Name: \_\_\_\_\_

Relationship to Child:  Mother  Father  Other: \_\_\_\_\_

Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_ .com

**Preferences****a. Siblings (Please note: To qualify as siblings, children must share a parent/legal guardian and live in the same household).**Does the applicant have a sibling who is currently enrolled at Hyde Leadership Charter School-Brooklyn?  Yes  No

If YES, please complete the following:

Sibling's First Name: \_\_\_\_\_ Sibling's Last Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Does the applicant have a sibling who is applying to Hyde Leadership Charter School-Brooklyn?  Yes  No

If YES, please complete the following:

Sibling's First Name: \_\_\_\_\_ Sibling's Last Name: \_\_\_\_\_ Applying for Grd: \_\_\_\_\_

**b. English Language Learners**

- What language is spoken most often by adults in your home?  English  Spanish  Haitian Creole  French  Other: \_\_\_\_\_
- Kindergarten Applicants: My child has difficulty with English because another language is spoken at home.  Yes  No
- 1<sup>st</sup> Grade – 7<sup>th</sup> Grade Applicants: My child's current school has told me he/she is an English Language Learner (ELL).  Yes  No

**Sign and Mail****APPLICATION MUST BE POSTMARKED BY MONDAY, APRIL 1, 2019**

Admission is determined by a lottery. Admission is not limited based on any factor, but a lottery preference is given to:

- Siblings of current and accepted students
- English Language Learners
- Community School District 19 residents

**Your information session date will be assigned according to your last name. There is no fee to apply to or to attend Hyde Leadership Charter School-Brooklyn. A charter school shall not discriminate against or limit the admission of any student on any student on any unlawful basis, including on the basis of ethnicity, national origin, gender, disability, race, creed, religion or ancestry. I affirm that the information contained in this application is true.**

Sign Here: \_\_\_\_\_ Today's Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Mailing Address:** Hyde Leadership Charter School-Brooklyn **Fax:** (718) 495-5827 **Email:** Enroll@hydebrooklyn.org

Attn: Enrollment

330 Alabama Avenue

Brooklyn, New York 11207

HLCS-B Use Only: Date Received \_\_\_\_\_ Staff Initials \_\_\_\_\_

 In Person  Mail  Fax  Email