

Student Enrollment Application - Holyoke Community Charter School

2200 Northampton Street, Holyoke, MA 01040 - Tel. 413-533-0111 - www.hccs-sabis.net
A Member of the SABIS® School Network

Please complete one application for each child you wish to enroll and complete all of the information on this form. Please attach copy of proof of residency (utility bill, phone bill...) and return with completed application in person or by mail. The Holyoke Community Charter School is a tuition-free public school serving students in grades K- 8

STUDENT INFORMATION (Please Print)

1. Student's Name (Last, First, Middle) _____
2. Address _____ City _____ State _____ Zip _____
3. Date of Birth _____ / _____ / _____ 4. Social Security Number _____ / _____ / _____
5. The student will be in grade _____ in September 2010 (*Children entering kindergarten must be 5 years old by September 1, 2010*)
6. Current School _____ City and State of current School _____

The information requested in items 7-12 will **NOT** be used for selection purposes. It will remain confidential. This information will assist the school in evaluating the effectiveness of its enrollment process, and to plan for type of services needed.

7. How did you hear about us? Flyer Poster Friend/Family Door to Door Radio Newspaper TV Mailing
8. Child's Gender: Male Female 9. Current lunch program: Free Reduced Not Applicable
10. Child's Ethnic Background: African American Asian Caucasian Hispanic Multiracial Native American
11. Language spoken at home _____
- Has the child ever participated in either of these programs? ESL Bilingual Special Education
(Please indicate all that apply)

12. Are Special Education Services needed? Yes No Does the child have a current IEP? Yes No

PARENT/GUARDIAN INFORMATION

13. Parent/Guardian 1 _____ Relationship _____ Address _____
Main Phone _____ Alternate Phone _____ Email: _____
14. Parent/Guardian 2 _____ Relationship _____ Address _____
Main Phone _____ Alternate Phone _____ Email: _____

15. Are any brothers or sisters applying or are already accepted to the Holyoke Community Charter School? Yes _____ No _____
If yes, please list their names and grades below. *You must fill out a new application for each student applying.*

- Brother or Sister's Name _____ Grade applying or accepted for September 2010 _____
- Brother or Sister's Name _____ Grade applying or accepted for September 2010 _____
- Brother or Sister's Name _____ Grade applying or accepted for September 2010 _____

Parent/Guardian Signature _____ Date _____
I attest that this information is true and accurate

The Holyoke Community Charter School does not discriminate on the basis of race, color, national origin, creed, sex, ethnicity, sexual orientation, mental or physical disability, age, ancestry, athletic performance, special need, proficiency in the English language or a foreign language, or prior academic achievement. 603 CMR 1.06(1).

Date Received: _____ / _____ / _____	Time: _____	Mailed: <input type="checkbox"/>	Hand-delivered: <input type="checkbox"/>	Residency Proof: <input type="checkbox"/>	Outreach: <input type="checkbox"/>	Sibling: _____
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