



# HAMPDEN CHARTER SCHOOL OF SCIENCE EAST&WEST

Hampden Charter School of Science  
20 Johnson Road Chicopee, MA 01022  
Phone. (413) 593-9090 Fax. (413) 294 2648  
info@hampdencharter.org  
www.hampdencharter.org

DEAR PARENT(S) AND APPLICANT: Thank you for your interest in Hampden Charter School of Science East and/or West. Please fill out this application form completely. Information you supply may not be given to any other companies. Applications received unsigned or incomplete may not be considered for acceptance. The primary districts that our schools serve are for **HCSS-East**: Chicopee, Ludlow, West Springfield, and Springfield and for **HCSS-West**: Agawam, Holyoke, West Springfield, Westfield.

Only students who live in these districts receive preference to that specific school and not to the other (unless you live in West Springfield—then you have preference to both schools). Any resident of Massachusetts, including students who may be homeless, are eligible to apply and to attend HCSS East or West.

<b>STUDENT INFORMATION</b>	
<b>To which school(s) are you applying?</b>	
Hampden Charter School of Science-East (HCSS-East):	___
Hampden Charter School of Science-West (HCSS-West):	___
Both Schools:	___
<b>To which grade are you applying?</b>	
Grade 6:___	Grade 9:___
Grade 7:___	Grade 10*:___
Grade 8: ___	*available only in HCSS-East for 2018-19 school year)
<b>First Name:</b>	
<b>Middle Name:</b>	
<b>Last Name:</b>	
<b>Gender:</b> Female ___ Male ___ Non-Binary _____	<b>Date of Birth (mm/dd/yyyy):</b> ___/___/_____
<b>Home Address:</b> _____	
<b>City/State/Zip:</b> _____	
<b>Current School:</b> _____ <b>Current Grade:</b> _____	



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<b>PARENT/GUARDIAN 1 INFORMATION</b>	
Name: _____	Relation to Student: _____
E-mail: _____	Phone: _____
<b>PARENT/GUARDIAN 2 INFORMATION (Optional)</b>	
Name: _____	Relation to Student: _____
E-mail: _____	Phone: _____

Signature: _____	Date: ___/___/_____
I/We understand that any false information or misrepresentations of facts may result in rejection of this application or future dismissal of the applicant.	

Does the applicant have a sibling* who currently attends HCSS-East? No___ Yes___
If yes, Name(s): _____ Grade(s): _____
<small>*Sibling preference for admission is only applies to students who share a common parent through birth or legal adoption. Students must provide documentation (i.e.: birth certificate, legal records) to receive preference. Sibling preference will only be applied for the campus which the sibling attends</small>

How did you hear about HCSS-East and/or HCSS-West? _____
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**Complete and submit an application** for each child by mail to **20 Johnson Rd. Chicopee, MA 01022**  
For further information, please contact HCSS Main office at 413-593-9090

Hampden Charter School of Science-East and West do not discriminate on the basis of race, color, national origin, creed or religion, sex, gender identity, 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. Any and all information requested here is not intended and will not be used to discriminate.



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For students who do not receive an offer of admission, this application form for admission will be destroyed at the end of the school year in accordance with 603 CMR 23.00. The applicant has the right to receive a copy of this application form before it is destroyed.