

# 2014 – 2015 Application

## Applicant Information

Student Name (First, Middle, Last):

Preferred Name:

Address: City: State:

**ZIP:**

Phone: Student Cell Phone:

Student Email Address:

Birth Date:

Languages (other than English) spoken at home:

## Family Information

Parent/Guardian 1

**Name**

Parent/Guardian 2

**Name**

Relationship to applicant:

Relationship to applicant:

Home Address:

Home Address:

City, State, ZIP:

City, State, ZIP:

Home Phone:

Home Phone:

Cell Phone:

Cell Phone:

Business Phone:

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone:

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Place of employment:

Place of employment:

Best way to contact you:

Best way to contact you:

1. Why are you and your child applying to KIPP San Francisco College Prep?
2. Please write a brief statement of recommendation for your child. What are your child’s strengths? What are your child’s weaknesses? Please be thoughtful as this will help inform how we support your child in ninth grade.
3. What enrichment programs or activities outside of school does your child participate in?

Does the applicant have any siblings who currently attend a KIPP school? If so, please list their names below:

|  |  |  |
| --- | --- | --- |
| **Name** | **Age** | **Grade Level** |
|  |  |  |
|  |  |  |
|  |  |  |

**Were you referred by a current KIPP student? \_\_\_\_\_\_\_\_\_** yes **\_\_\_\_\_\_\_\_\_** no

**If yes, who referred you to KIPP? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Confidentiality

*The undersigned agrees that all school records and information pertaining to the application of the named student to any of the participating schools shall be completely confidential and shall not be disclosed to anyone, including the student and his/her family. The undersigned, on behalf of the above named student and his/her parents or guardians, further agrees not to seek access to such confidential information, including recommendations and evaluation materials before or after completion of the high school admission process for the above named student.*

Parent/Guardian Signature: Date:

**Please return this application to:**

**KIPP San Francisco College Preparatory**

**Attn: Joel Portillo**

**655 DeHaro Street**

**San Francisco, CA 94107**

**Or fax to: 415-826-9182**