



**Enrollment Application 2015-2016**

655 De Haro Street, San Francisco, CA 94107 •415.643.6951 (p) •415.826.9182 (f)

**Parent/Guardian Information**

Parent/Guardian **First Name** Parent/Guardian **Last Name** Relationship to Student (Example: Mother, Father)

\_\_\_\_\_

Parent/Guardian **First Name** Parent/Guardian **Last Name** Relationship to Student (Example: Mother, Father)

\_\_\_\_\_

Cell Phone Home Phone Email Address

\_\_\_\_\_

Street Address Apt # City ZIP Code

\_\_\_\_\_

Is one of the parents employed by KIPP Bay Area Schools?  Yes  No

How did you hear about us?  Friend/Family  Advertisements  Someone from KIPP  Other:

What language is spoken most often by adults in the house?  English  Spanish  Other

**Student Information**

Student's **First Name** Student's **Middle Name** Student's **Last Name**

\_\_\_\_\_

Student's Date of Birth (Month / Day / Year) Student's Gender Student's **Current School**

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  Female  Male \_\_\_\_\_

Current Grade Grade applying to Does the student have a brother or sister\* who is a current student at KIPP San Francisco College Prep?  Yes  No

\_\_\_\_\_  9  10  11  12 \_\_\_\_\_

Note: You must complete a separate application for every student

\*Siblings are defined ONLY by sharing a biological parent or legal guardian. If Yes, what is the sibling's\* name? \_\_\_\_\_

**Additional Information**

KIPP is legally allowed to give enrollment preference to students eligible for free or reduced price lunch. Answering the below question is optional and it might increase, though it does not guarantee, your child's chances of admission. Information submitted is subject to be verified.

To determine your eligibility for Free or Reduced Lunch, please use the attached **income-eligibility table**. Does your student qualify for free or reduced-price lunch?  Yes  No

Do you know anyone who might be interested in attending KIPP?

Parent name: \_\_\_\_\_ Phone number: \_\_\_\_\_ Student Name: \_\_\_\_\_

**AGREEMENT**

I certify that all the answers given in this enrollment application are true, accurate and complete. I understand that if my child is accepted because of false information, my child's admission may be rescinded. I understand that submitting this application **does not guarantee** that the student will be accepted. I understand that my contact information may be shared for recruitment efforts.

Parent/Guardian Name Signature Date

\_\_\_\_\_

**Income Eligibility Guidelines  
for Free and Reduced-Price Meals or Free Milk  
in Child Nutrition Programs  
(Effective from July 1, 2014, to June 30, 2015)**

Participants **from households with incomes at or below** the following levels are free and reduced-price **(FRL)** meals eligible:

<b>Income Eligibility Scale</b>		
<b>Household size</b>	<b>Yearly Income</b>	<b>Monthly Income</b>
<b>1</b>	\$ 21,590	\$ 1,800
<b>2</b>	29,101	2,426
<b>3</b>	36,612	3,051
<b>4</b>	44,123	3,677
<b>5</b>	51,634	4,303
<b>6</b>	59,145	4,929
<b>7</b>	66,656	5,555
<b>8</b>	74,167	6,181
<b>For each additional family member, add:</b>		
	\$ 7,511	\$ 626