



KIPP San Jose Collegiate Student Enrollment Application 2012-2013

OFFICE USE ONLY

Date Received: _____

Received By: _____ Waitlist # _____

CTE Date: _____ Sibling _____ In District _____

Please complete one entire application per child. Incomplete applications will not be accepted.

KIPP San Jose Collegiate is a tuition-free, public college-preparatory high school in East San Jose. KIPP is now accepting applications for students who will be in **9, 10, and 11 grades** during the 2012-2013 school year. Please return this completed application to the KIPP San Jose Collegiate office or by fax (408)937-3755 or mail (1790 Educational Park Drive, San Jose, CA 95133). The **registration deadline is March 2, 2012**. You will be contacted after March 12, 2012 to confirm enrollment.

PLEASE CIRCLE THE GRADE LEVEL FOR WHICH YOUR STUDENT IS APPLYING: **9TH** **10TH** **11TH**

Student Information

Name
Last _____ First _____ Middle _____

Birthdate (MM/DD/199Y) **Gender** Circle one
 _____ / _____ / 199 _____ Male Female

Address Number and Street Apt.# City State Zip Code

Current School **Current grade** (2011-2012) **No. of years attended**

Child's Ethnicity (Hispanic, African American, Vietnamese, Indian, etc.) **What was the date your child first started school in the U.S.?**
 _____ Month _____ Year _____

Child's first language **What language does your child speak most frequently?**

Language used most frequently in the home **Languages spoken by the adults in the home**

Parent and Guardian Information

Primary Parent / Guardian Name
Last _____ First _____ Middle _____

Relationship to student **Lives with child?** Circle one
 _____ Yes No

Work phone **Home phone**

Cell phone **E-mail address**

Other Parent / Guardian Name
Last _____ First _____ Middle _____

Relationship to student **Lives with child?** Circle one

	Yes	No
Work phone	Home phone	
Cell phone	E-mail address	

Other Children

Name	Current grade	Current school
Name	Current grade	Current school
Name	Current grade	Current school

School History To help us best meet the needs of your child, please complete the following section.

Has your child ever received testing for special education at school? Circle one.	Yes	No
Does your child currently have an Individualized Education Plan (IEP)? Circle one.	Yes	No
Is your child currently receiving any special services at school? Circle one. If yes, what services?	Yes	No
Does your child receive Free or Reduced Lunch? Circle one.	Yes	No

Parent / Guardian Questions

How do you think your child will benefit from the KIPP experience?

How did you first hear about KIPP San Jose Collegiate? (Please check all that apply)

Friend / Family member (Name: _____) Other: _____

Do you know any other 8th, 9th or 10th grade student who might be interested in attending KIPP?

Name of Parent _____ Phone number _____ Name of Child _____

Release Statements Thank you for taking the time to fill this application out fully. Please read the following and sign below.

I certify that all the answers given in this enrollment application are true, accurate and complete. I understand that if my child is enrolled, my having given false information may result in my child being dismissed from the school.

In the event that my child has the opportunity to enroll in KIPP San Jose Collegiate, I hereby authorize KIPP to share and / or request any and all records, data or information determined to be relevant to the education of my child with the East Side Union High School District, any other school systems in which my child has previously attended, or any other offices whose activities bear directly on the services my child is provided at KIPP.

Name of parent: _____ Parent signature: _____