KIPP HEARTWOOD Academy
No Shortcuts. No Excuses.

Student Enrollment Application
2010-2011

OFFICE USE ONLY

Date Received:_____

Received By:_____Waitlist #_____

CTE Date:_____Sibling____ In District____

Enrollment Date: _____

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

KIPP Heartwood Academy is a tuition-free, public college-preparatory middle school in Alum Rock (East San Jose). KIPP is now accepting applications for students who will be **fifth graders** thru **eighth graders** during the 2010-2011 school year. Please return this completed application to the KIPP Heartwood Academy by fax (926-5478) or mail (1250 S. King Rd., San Jose, CA 95122). The **registration deadline** for the lottery is **March 18, 2010**. You will be contacted after March 22, 2010 to confirm enrollment. *Please note that openings for students entering 6th- 8th grade are very limited.*

PLEASE CIRCLE THE GRADE LEVEL FOR WHICH YOUR STUDENT IS APPLYING: **5TH** **6TH** **7TH** **8TH**

Student Information

Name
Last First Middle

Birthdate (MM/DD/YYYY)
___ ___ / ___ ___ / _____

Gender Circle one
Male Female

Address Number and Street Apt.# City State Zip Code

Last School Attended *(Before KIPP)* | **Last District Attended** | **No. of years attended**

Last School Address | **Last School phone number** | **Current Grade (2009-2010)**

Student Birthplace | **What was the date your student first entered in the U.S.?** Month _____ Year _____ | **What was the date your student first started school in the U.S.?** Month _____ Year _____

What is your student's Ethnicity? *Please check one*
☐ Hispanic or Latino
☐ Not Hispanic or Latino

What is your student's Race? *Check all that apply*
☐ American Indian or Alaskan Native ☐ Chinese ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Hawaiian
☐ Asian Indian ☐ Laotian ☐ Cambodian ☐ Hmong ☐ Other Asian ☐ Guamanian ☐ Samoan
☐ Tahitian ☐ Other Pacific Islander ☐ Filipino ☐ African American or Black ☐ White

Child's first language | **Language used most frequently in the home** | **What language does your child speak most frequently?**

Parent and Guardian Information

Primary Parent / Guardian Name
Last First Middle

Relationship to student | **Lives with child?** Circle one ☐ Yes ☐ No | **Court Approved Guardianship** ☐ Yes ☐ No

Work phone | **Home phone** | **Cell phone**

Describe highest education level. *Please check one*
☐ Not a High School Graduate ☐ High School Graduate ☐ Some College or Associate's Degree
☐ College Graduate ☐ Graduate Degree or Higher

Contact KIPP Heartwood Academy
1250 S. King Road • San Jose, CA 95122
T) 408.926.5477 • F) 408.926.5478 • www.kippbayarea.org

Other Parent / Guardian Name
Last First Middle

Relationship to student	**Lives with child?** Circle one ☐ Yes ☐ No	**Court Approved Guardianship** ☐ Yes ☐ No

Work phone	**Home phone**	**Cell phone**

Describe highest education level. *Please check one*

☐ Not a High School Graduate ☐ High School Graduate ☐ Some College or Associate's Degree
☐ College Graduate ☐ Graduate Degree or Higher

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 the student been expelled or is the student in the process of being expelled from any school?
☐ Yes ☐ No

Has the student been suspended or is in the process of being suspended from any school?
☐ Yes ☐ No

What special services had your student received at school? *Check all that apply*
Special Education: ☐ Resource (RSP) ☐ Special Day Classes (SDC) ☐ Speech/Language ☐ 504

Has your student ever been given the CELDT Test (Calif English Language Development Test)? ☐Yes ☐No ☐I don't know

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 Heartwood Academy? (Please check all that apply)
☐ Friend / Family member (Name:_____) ☐ Other: _____

Do you know any other 4th 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 Heartwood Academy, 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 Alum Rock Union Elementary 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: _____

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