



**APPLICATION FOR
KIPP: SUMMIT ACADEMY**
2010 - 2011 School Year

GRADE
DATE / /

PLEASE PRINT- STUDENT'S LEGAL NAME:

First Middle Last

Male Female Birth Date: Month/ Day/ Year

Parent/Guardian First Name Last Name Home Phone Cell Phone

Parent/Guardian First Name Last Name Home Phone Cell Phone

Residence Address Apt # City State Zip Code

Do you currently have a child or relative attending a KIPP school? _____
Which KIPP School? _____
Child or Relative's Name? _____
Relationship to student applying: _____

Student's Current School: _____ Current Grade Level: ____
Current School City: _____ Current School District: _____
Grade Applying for (circle one): 5th 6th 7th 8th



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PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS:

_____ I understand that this application **does not guarantee that my child will be enrolled in KIPP Summit Academy**. I further understand that KIPP Summit Academy will hold a lottery to determine which students will attend the school.

_____ I am aware that both my child and I must sign and abide by the schools **"Commitment to Excellence"** prior to enrolling in the school.

_____ I am aware of KIPP Summit Academy's longer school day.

_____ I am aware of KIPP Summit Academy's homework policy that requires one to two hours of homework per night, and I understand the parent's role of signing all homework, tests, quizzes, and weekly envelopes.

_____ I am aware of KIPP Summit Academy's uniform policy, which requires students to be dressed in proper uniform everyday.

_____ I am aware that preference will be given to students who reside in the San Lorenzo Unified School District.

Parent/Guardian Signature: _____

Date: _____