



College Prep Public Schools

**Lottery Entry Request Form for KIPP ENC Public Schools**

Completion of this form demonstrates your desire to enroll your child at KIPP ENC Public Schools. When more students request enrollment than we have spots, student names are entered into a lottery that takes place in April each year.

School Applying to: \_\_\_\_\_ Student's Current School: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_

Student's Birth Date: \_\_\_\_\_ Student's Gender: Male  Female

Student's Current Grade: \_\_\_\_\_ Do you have a sibling who attends KIPP? Yes  No

KIPP ENC Sibling Name: \_\_\_\_\_ KIPP ENC Sibling Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Telephone Number (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Telephone Number (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_

Email Address: \_\_\_\_\_ Contact Preference: Email  Text  Both

It is extremely important that we be able to contact you after the enrollment lottery is held. Please list at least three alternate contacts in case you move or change phone numbers:

Name	Relationship	Phone number/email
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please let us know who referred you to KIPP ENC Public Schools so we can thank them: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*School Use Only*  
Date Received: \_\_\_\_\_ Method of Delivery: \_\_\_\_\_ Notification of receipt: \_\_\_\_\_ Entry Date: \_\_\_\_\_