



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 Full Name: _____

Student's Birth Date: _____

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: _____