

# KIPP Academy of Opportunity

*"We must be the change we want to see in the world."*

*-Mahatma Gandhi*

Interest Form 09-10

Child's Name: \_\_\_\_\_

Child's Current School: \_\_\_\_\_ Grade You Wish to Apply for: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone/Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Best Way to Contact You:  Mail  Email  Telephone  Cell/Work Phone

Please describe why you are interested in KIPP Academy of Opportunity.

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Please describe any special programs that you would like to see provided for your child.

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Questions/Comments:

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## **Please read the following carefully.**

Completing this form ensures that you will be contacted immediately once our lottery process begins. This form does not guarantee your child's enrollment in KIPP Academy of Opportunity.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit form to: **KIPP: Academy of Opportunity, 7019 South Van Ness Ave., Los Angeles, CA 90047**  
Telephone: (323) 778-0125 Fax: (323) 778-0162