

KIPP: Reach College Preparatory

1901 NE 13th Street, OKC, OK. 73117
Phone (405) 425-4622 Fax (405) 425-4624

Office Use Only
State ID# _____
District ID # _____
School ID# _____

Returning Student Application 2015-2016

Student Information

(All information must be completed fully)

First Name: _____ Middle: _____ Last Name: _____

Mailing Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

E-Mail Address _____

Phone: (____) ____-____ Student Social Security # _____-____-_____

Student's Date of Birth (mm/dd/yyyy): ____/____/____

Student's Place of Birth (city) _____ (state) _____ (country) _____

Student's gender: (Check one only) F= Female M= Male

Student's Primary Race/Ethnicity: (Check one only)

0998 = Alaskan Native or American Indian (Please specify):

Cherokee Chippewa Choctaw Navajo Pueblo
 Sioux Other: _____

0999 = Asian (Please specify)

Asian Indian Chinese Filipino Japanese Korean
 Vietnamese Other: _____

1000 = Black or African American (Please specify if known)

Other: _____

1001 = Hawaiian or other Pacific Islander (Please specify)

Guamanian Hawaiian Samoan Other: _____

2304 = Hispanic or Latino (Please specify):

Argentinean Colombian Cuban Dominican Mexican American
 Nicaraguan Puerto Rican Salvadoran Spaniard Other: _____

1002 = White (Please specify if known)

Other: _____

Select student grade for 2015-2016 school term: (Check one only)

5 = 5th Grade 7 = 7th Grade
 6 = 6th Grade 8 = 8th Grade

This is the _____ time the student has ever entered this grade level (check one only).

1 = First Time 2 = Second Time 3 = Third Time

Parent/Guardian/Family Information

Parent/Guardian 1

First Name: _____ Middle: _____ Last Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ WorkPhone: _____ Relationship to student: _____

Parent/Guardian 2

First Name: _____ Middle: _____ Last Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ WorkPhone: _____ Relationship to student: _____

Guardianship of Student: Both parents: _____ Mother: _____ Father: _____ Other (specify) _____

Does the student have any siblings? (optional)

Name	Age	Current School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact Information #1

First Name: _____ Last Name: _____

Address: _____ Apt#: _____

City, State, Zip: _____

Emergency Phone Number: _____ This is (Check One Only) Cell Work Home

Relationship to student: _____

Emergency Contact Information #2

First Name: _____ Last Name: _____

Address: _____ Apt#: _____

City, State, Zip: _____

Emergency Phone Number: _____ This is (Check One Only) Cell Work Home

Relationship to student: _____

Emergency Contact Information #3

First Name: _____ Last Name: _____

Address: _____ Apt#: _____

City, State, Zip: _____

Emergency Phone Number: _____ This is (Check One Only) Cell Work Home

Relationship to student: _____