



2018-2019 Enrollment Form

HOW TO SUBMIT THIS ENROLLMENT FORM:		*ENROLLMENT FORMS MUST BE RECEIVED BY MARCH 1, 2018	
SEND BY FAX or EMAIL		SEND BY MAIL or DROP-OFF	
(215) 307-3271 or EnrollKDCA@kippphiladelphia.org		KIPP DuBois Collegiate Academy (KDCA) 5070 Parkside Avenue Philadelphia, PA 19131	
		www.kippphiladelphia.org/enroll or prod.schoolmint.net/signup/kippphiladelphia	
Today's Date <small>Month/Day/Year</small>	Student's Legal First Name	Student's Legal Last Name	Student's Date of Birth <small>Month/Day/Year</small>
Student's Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Parent/Guardian Name <small>(First & Last Name of one person)</small>		Relationship to Student <small>(Examples: Mother, Father)</small>
House Number & Street Address <small>(Example: 4780 Baltimore Avenue)</small>	Apt #	City	ZIP Code <small>(5 digits)</small>
Home Phone _____-_____-_____	Cell Phone _____-_____-_____	Work Phone _____-_____-_____	
E-mail Address <small>(Example: p.smith@gmail.com) This email address will be used to create a login on our Online Enrollment System, where you can track/update your student's enrollment information and receive notifications from the schools.</small>		What is the best way to contact you? <small>(Please check one box)</small> <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Work Phone	
What grade is the student in THIS school year? <small>(Grade in school year 2017-2018)</small> <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th	What grade will the student be in NEXT school year? <small>(Grade in school year 2018-2019)</small> <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th	What school does the student currently attend?	
Does the student have a BROTHER or SISTER (who is living in the same household) who currently attends KDCA? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, write the sibling's name, date of birth, and current grade (SY 2017-18) below.			
Sibling 1 _____ <small>(First and Last Name)</small> _____ <small>(Date of birth)</small> _____ <small>(Grade in SY2017-18)</small>	Sibling 2 _____ <small>(First and Last Name)</small> _____ <small>(Date of birth)</small> _____ <small>(Grade in SY2017-18)</small>	Sibling 3 _____ <small>(First and Last Name)</small> _____ <small>(Date of birth)</small> _____ <small>(Grade in SY2017-18)</small>	
Does the student have a BROTHER or SISTER (who is living in the same household) who is also applying to KDCA? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, write the sibling's name and the grade s/he is entering next school year (SY2018-19) below.			
Sibling 1 _____ <small>(First and Last Name)</small> _____ <small>(Grade in SY 2018-19)</small>	Sibling 2 _____ <small>(First and Last Name)</small> _____ <small>(Grade in SY 2018-19)</small>	Sibling 3 _____ <small>(First and Last Name)</small> _____ <small>(Grade in SY 2018-19)</small>	
Is the student the child of a KDCA Alumni? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, please write the KDCA Alumni parent's name and graduated year. <small>NOTE: An alumni is a former student who completed 12th grade at KDCA</small>			
_____ <small>(Parent First and Last Name)</small>		_____ <small>Graduated Year</small>	
How did you hear about us? <input type="checkbox"/> Press <input type="checkbox"/> TV <input type="checkbox"/> Mail <input type="checkbox"/> Website <input type="checkbox"/> Friend <input type="checkbox"/> Family <input type="checkbox"/> Teacher <input type="checkbox"/> Online Search <input type="checkbox"/> Other If Other, please describe:			
Accurately completing this Enrollment Form means that you will be contacted if your child is selected in our lottery. Turning in this form does NOT mean your child is automatically enrolled in KIPP DuBois Collegiate Academy (KDCA). By signing and submitting this Enrollment Form, you agree that all information on this form is true and without fraud. If your child is enrolled by using false or misleading information on this form, it may result in the discharge of your child(ren) from the school.			
Parent/Guardian Signature:			Date: ____ / ____ / _____
*Enrollment Forms MUST be submitted to KIPP DuBois Collegiate Academy (KDCA) by MARCH 1, 2018. If by March 1, 2018 KDCA receives more Enrollment Forms than available seats, we will hold a randomized lottery in early March to determine admission. If fewer students apply than available seats, KDCA will continue to accept Enrollment Forms on a first-come, first-serve basis until all slots are filled.			