



## 2018-2019 ENROLLMENT FORM

<b>HOW TO SUBMIT THIS ENROLLMENT FORM:</b>		<b>*ENROLLMENT FORMS MUST BE RECEIVED BY MARCH 1, 2018</b>	
<b>SEND BY FAX or EMAIL</b>		<b>SEND BY MAIL or DROP-OFF</b>	
(267) 687-7295 or EnrollKPEA@kippphiladelphia.org		KIPP Philadelphia Elementary Academy (KPEA) 2409 W. Westmoreland Street Philadelphia, PA 19129	
		<a href="http://www.kippphiladelphia.org/enroll">http://www.kippphiladelphia.org/enroll</a> or <a href="http://prod.schoolmint.net/signin/kippphiladelphia">prod.schoolmint.net/signin/kippphiladelphia</a>	
<b>Today's Date</b> <small>Month/Day/Year</small>	<b>Student's Legal First Name</b>	<b>Student's Legal Last Name</b>	<b>Student's Date of Birth</b> <small>Month/Day/Year</small>
<b>Student's Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Parent/Guardian Name</b> <small>(First &amp; Last Name of one person)</small>	<b>Relationship to Student</b> <small>(Examples: Mother, Father)</small>	
<b>House Number &amp; Street Address</b> <small>(Example: 4780 Baltimore Avenue)</small>	<b>Apt #</b>	<b>City</b>	<b>ZIP Code</b> <small>(5 digits)</small>
<b>Home Phone</b> _____ - _____ - _____	<b>Cell Phone</b> _____ - _____ - _____	<b>Work Phone</b> _____ - _____ - _____	
<b>E-mail Address</b> <small>(Example: p.smith@gmail.com) This email address will be used to create a login on our Online Enrollment System, you can track/update your student's enrollment information and receive notifications from the schools.</small>		<b>What is the best way to contact you?</b> <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	
<b>What grade is the student in <u>THIS</u> school year?</b> <small>(Grade in school year 2017-2018)</small>	<b>What grade will the student be in <u>NEXT</u> school year?</b> <small>(Grade in school year 2018-2019)</small>	<b>What school does the student currently attend?</b>	
<input type="checkbox"/> None <input type="checkbox"/> Pre-K <input type="checkbox"/> K <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th	<input type="checkbox"/> K <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th		
<b>Does the student have a BROTHER or SISTER living in the same household who <u>currently attends</u> one of the following schools?</b>			
<small>(Check all that apply and if yes, write the sibling's name, date of birth, and current grade (SY 2017-18) on the lines below.)</small>			
<input type="checkbox"/> KIPP Philadelphia Elementary Academy (K-4) <input type="checkbox"/> KIPP Philadelphia Preparatory Academy (5-8)			
<b>Sibling 1</b>	<b>Sibling 2</b>	<b>Sibling 3</b>	
_____ (First and Last Name) _____ (Date of birth)	_____ (First and Last Name) _____ (Date of birth)	_____ (First and Last Name) _____ (Date of birth)	
_____ (Grade in SY2017-18)	_____ (Grade in SY2017-18)	_____ (Grade in SY2017-18)	
<b>Does the student have a BROTHER or SISTER living in the same household who is also <u>applying</u> to one of the following schools?</b>			
<small>(Check all that apply. If yes, write the sibling's name, date of birth, and next year grade (SY 2018-19) on the lines below. Note: You <u>MUST</u> complete a separate Enrollment Form for each student.)</small>			
<input type="checkbox"/> KIPP Philadelphia Elementary Academy (K-4) <input type="checkbox"/> KIPP Philadelphia Charter School (5-8)			
<b>Sibling 1</b>	<b>Sibling 2</b>	<b>Sibling 3</b>	
_____ (First and Last Name) _____ (Grade in SY 2018-19)	_____ (First and Last Name) _____ (Grade in SY 2018-19)	_____ (First and Last Name) _____ (Grade in SY 2018-19)	
<b>Is the student the child of a KPPA Alumni?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
<small>If <b>yes</b>, please write the <b>KPPA Alumni parent's name</b> and <b>graduating year</b>. NOTE: An alumni is a former student who completed 8<sup>th</sup> grade at KPPA.</small>			
_____ (Parent First and Last Name)		_____ (Graduated year)	
<b>How did you hear about us?</b> <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			
<small>If Other, please describe:</small>			
<b>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 Philadelphia Elementary Academy (KPEA). 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.</b>			
<b>Parent/Guardian Signature:</b>			<b>Date:</b> ____ / ____ / ____
<small>*Enrollment Forms MUST be submitted to KIPP Philadelphia Elementary Academy (KPEA) by MARCH 1, 2018. If by March 1, 2018 KPEA 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, KPEA will continue to accept Enrollment Forms on a first-come, first-serve basis until all slots are filled.</small>			