

# KIP ACADEMY HOME SCHOOL

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*Online Public School Option  
Students enrolled in a virtual school are supported by KIP*

## ENROLLMENT APPLICATION



**The World at Our Fingertips!**

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2470 Bruce Street - Lithonia, GA 30058  
(770) 482 - 6112 - Office  
(770) 482-8035 - Fax  
swoods@kiplc.com -Email  
[www.kiplc.com](http://www.kiplc.com) - Website  
Sharon D. Woods - Director

### **Mission Statement**

*KIP Learning Center is committed to providing the most beneficial environment for the academic and social success of the children we serve and their families. We believe that the future of our children depends on their achievements during their formative years.*

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## STUDENT ENROLLMENT FORM

**Application Fee: Required with each new application. \$50.00 (non-refundable)**

Referred by \_\_\_\_\_

Date \_\_\_\_\_ Start Date \_\_\_\_\_

STUDENT'S LEGAL NAME \_\_\_\_\_  
First Middle Last

Sex \_\_\_\_\_ Social Security Number \_\_\_\_\_ Birth Day \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of Birth \_\_\_\_\_ Current Age \_\_\_\_\_ Grade Applying for \_\_\_\_\_  
City State

Address: \_\_\_\_\_  
Street City State Zip County

Home Phone Number \_\_\_\_\_ School last attended \_\_\_\_\_ Grade \_\_\_\_\_  
School City State

Reason for Leaving \_\_\_\_\_

Student resides with: \_\_\_Both Parents \_\_\_Mother \_\_\_Father \_\_\_Guardian \_\_\_Other \_\_\_\_\_

Student's grades have been:  Superior  Above Average  Average  Below Average

Has student failed any grade levels?  No  Yes Which grade(s)? \_\_\_\_\_

If yes, please explain:  
\_\_\_\_\_

Has student ever been suspended or expelled from previous school(s)?  No  Yes

If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Has student ever been evaluated for or diagnosed with any physical, emotional, psychological and/or learning disabilities?  No  Yes

If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Does this student require any special help to meet academic requirements?  No  Yes  
If yes, please explain:

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Reason for choosing KIP ACADEMY:

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**FAMILY INFORMATION**

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Father \_\_\_\_\_  
Name Employer Occupation

\_\_\_\_\_ Home Phone Number Work Phone Number Cellular Phone Number

\_\_\_\_\_ Home Address (if different than student)

\_\_\_\_\_ Email

Mother \_\_\_\_\_  
Name Employer Occupation

\_\_\_\_\_ Home Phone Number Work Phone Number Cellular Phone Number

\_\_\_\_\_ Home Address (if different than student)

\_\_\_\_\_ Email

Marital Status: \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Remarried \_\_\_ Spouse Deceased \_\_\_ Single

Step Mother's Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Step Father's Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Other children in the family currently enrolled or applying to KIP:

	Name	Currently Enrolled Grade	OR	Grade Applying for
1.	_____	_____		_____
2.	_____	_____		_____
3.	_____	_____		_____
4.	_____	_____		_____

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**GENERAL INFORMATION**

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1. Does the applicant have a current Georgia School Certificate of Immunization (Form 3231)?  
 Yes  No  
If "yes", please attach to this application. A copy of this form, as required by law, must be submitted to KIP before the applicant can attend school. KIP also requires a copy of each child's birth certificate along with an Ear, Eye and Dental Certificate (Form 3300). If these forms are currently on file, please disregard.
  
2. Has the applicant ever repeated a grade?  Yes  No If "yes", explain:  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Has the applicant or anyone in the family ever attended KIP?  Yes  No If "yes", explain (include years of attendance): \_\_\_\_\_  
\_\_\_\_\_
  
4. Has the applicant ever had any discipline or emotional problems in school?  Yes  No If "yes", explain:  
\_\_\_\_\_  
\_\_\_\_\_
  
5. Is there any reason the applicant cannot go back to the school last attended?  Yes  No If "yes", explain:  
\_\_\_\_\_  
\_\_\_\_\_

The information provided by me in this application is to the best of my knowledge complete, accurate and true. I understand that all students in grade K-12<sup>th</sup> and their parents may be interviewed by the administration before final acceptance. I agree to abide by the school's policies, procedures and requirements contained in the Parent-Student Handbook. I understand that the application fee is **non-refundable**.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Relationship to Applicant

\_\_\_\_\_  
Date

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## Authorization of Release of Educational Records

Parents/Guardians:

Please consent to authorization by signing below and sending this to the guidance counselor or principal at the student's current school.

Student's Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Grade \_\_\_\_\_

Child's Last School \_\_\_\_\_

Last school's Address \_\_\_\_\_

In accordance with federal regulations regarding the privacy rights of parents and students under The Family Education and Privacy Act of 1974, the undersigned hereby consents to the release of all students' educational records for the above named student, including recommendations and such other information as may be requested, to KIP Academy. **Please forward all records to the record's department address printed below.**

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date

## Principal or Guidance Counselor

The student named above has made application for admission to KIP Academy. We would appreciate your prompt response in sending the following:

1. A copy of the student's complete test profile.
2. A transcript of student's records-to-date, including grades for courses in progress.
3. All health records, including immunization, vision and hearing tests.
4. Special Education Records (if any)
5. Attach: Recommendations
  - Behavior
  - Attendance
  - Parents Involvement

**Name of School:** KIP ACADEMY  
**Street Address:** 2470 Bruce Street – Lithonia, GA 30058  
**Office Number:** (770) 482-6112

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## NOTICE OF CONDITIONAL ENROLLMENT

KIP ACADEMY has extended conditional enrollment to \_\_\_\_\_  
This enrollment is conditional due to the following:

- \_\_\_\_\_ Marginal entrance test scores
  - \_\_\_\_\_ Disciplinary History
  - \_\_\_\_\_ Non-arrival of former school records
  - \_\_\_\_\_ Communications from previous school
  - \_\_\_\_\_ Other Specify:
- 
- 

This conditional enrollment releases KIP ACADEMY from any responsibility to further negotiate, convene repeated conferences, or other activities that would require un-necessary man hours to rectify parent/guardian challenges/complaints. It is expected that the financial obligations/schedule will be adhered to without challenge. Specific requirements include, among others: **academic achievement, dress code, behavior, the financial schedule (fees), attendance etc.** Such policies are clearly outlined in the **Parent Handbook**. It is a **requirement** that these guidelines are followed, **without exception**. The parent/guardian agrees not to initiate legal actions against the school, Administration, its officers or representatives in this regard to actions taken by the school because of infractions/non-compliance.

ALL students newly enrolled in KIP are accepted on a trial basis. While we are committed to serving families, we must also make sure that our responsibility to all families would not be comprised by excessive disruptions due to undesirable behavior, excessive absence or tardiness, or the absence of cooperation on the part of the parent/guardian.

KIP will review the conditional enrollment status periodically and will **reserve the right to deny continued enrollment** based on consequent findings. **The ENROLLMENT FEE paid at the beginning IS TOTALLY NON-REFUNDABLE** and will not be returned **under any circumstances**. This includes the occurrence of suspension and expulsion. Textbooks and materials are pre-ordered from enrollment funds making its problematic to make refunds available for **enrollment and/or fees**. Our yearly operation (staffing included) is now based upon admission of your child into our institution. **In some instances we may require on-site mandatory tutorial for students. There are additional fees associated with such services.**

It is our desire to meet the needs of all students however we must reserve the right to make adjustments, including denying continued enrollment, when necessary.

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Parent/Guardian Signature

Date

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Signature of KIP's Official

Title

Date

**Medical Care and Emergency Contact Information**

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Phone (C) \_\_\_\_\_  
Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_  
Father's Name \_\_\_\_\_ Phone (C) \_\_\_\_\_  
Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_  
Alternate Emergency Contact 1) \_\_\_\_\_ Phone \_\_\_\_\_  
Alternate Emergency Contact 2) \_\_\_\_\_ Phone \_\_\_\_\_  
Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Known Allergies of Child (Medicine, food, etc.) \_\_\_\_\_

Describe past serious illnesses or hospitalization, with dates: \_\_\_\_\_

Medicines taken by child \_\_\_\_\_

Date of last tetanus injection \_\_\_\_\_

Describe all physical conditions or illnesses, which could affect the child's participation in the programs or proper medical treatment (diabetes, epilepsy, poor blood clotting, etc.)

Health Insurance: Company \_\_\_\_\_ Policy Number \_\_\_\_\_

I hereby give **KIP** permission to provide first aid care for my child, \_\_\_\_\_ . In the event I cannot be reached, I hereby authorize **KIP** to transport my child to the emergency room of the hospital listed below. And I hereby grant my consent for the hospital and its medical staff to provide my child with emergency medical treatment which a physician deems necessary (including anesthesia). I agree to accept financial responsibility for all medical expenses incurred.

Nearest Hospital: DeKalb Medical Hillandale - 2801 DeKalb Medical Parkway – Lithonia, GA 30058

\_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Date

\_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Date

**VEHICLE EMERGENCY MEDICAL INFORMATION**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Father's name \_\_\_\_\_ Phone (H) \_\_\_\_\_

Phone (W) \_\_\_\_\_ Phone (C) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone(H) \_\_\_\_\_

Phone (W) \_\_\_\_\_ Phone (C) \_\_\_\_\_

Person to notify in case of an emergency and parents cannot be reached:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Medical Facility the Center uses: **DeKalb Medical Hillandale**  
**2801 DeKalb Medical Parkway**  
**Lithonia, GA 30058**  
**404-501-8000**

Child's Allergies \_\_\_\_\_

Current prescribed medication \_\_\_\_\_

Child's special medical needs and conditions \_\_\_\_\_

In the event of an emergency involving my child, and if **KIP** cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

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

Signature of (Parent/Guardian) \_\_\_\_\_

Witnessed by \_\_\_\_\_ Date \_\_\_\_\_