

KIP Summer Camp

ENROLLMENT APPLICATION



The World at Our Fingertips!

2470 Bruce Street - Lithonia, GA 30058
(770) 482 - 6112 - Office
(770) 482-8035 - Fax
swoods@kiplc.com -Email
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

1st week: \$85.00 (includes registration fee, first week tuition, and t-shirt)

Referred by: _____

Date _____ Start Date _____

STUDENT'S LEGAL NAME _____
First Middle Last

Sex _____ Social Security Number (last 4 digits) _____ Birth Day ____/____/____

Place of Birth _____ Current Age _____ Current Grade _____
City State

Address: _____
Street City State Zip County

_____ School last attended _____ Grade _____

Home Phone Number _____ 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:

Reason for choosing KIP Summer Camp:

FAMILY INFORMATION

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	Grade Next School Year
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

GENERAL INFORMATION

1. Has the applicant or anyone in the family ever attended KIP? ___ Yes ___ No If "yes", explain (include years of attendance): _____

2. Has the applicant ever had any discipline or emotional problems in school? ___ Yes ___ No If "yes", explain:

3. 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-12th and their parents may be interviewed by the administration before final acceptance. I agree to abide by the school's policies, procedures. I understand that the application fee is **non-refundable**.

Parent's/Guardian's Signature

Relationship to Applicant

Date