



Enrollment Form 2012-2013

Completion of this form demonstrates your desire to enroll your child at KIPP: Charlotte. The deadline for student enrollment is Wednesday, April 18, 2012 for the 2012-2013 school year. If the number of applicants exceeds the number of student spaces available, KIPP Charlotte will perform a lottery to determine student enrollment. Enrollment forms received after April 18, 2012 will be added to the waitlist in the order in which they are received until enrollments are closed.

STUDENT INFORMATION		
Student Name:	Date of Birth:	
Address:		
City:	State:	Zip Code:
Gender:	Home Phone:	
Grade Applying for:	Current School:	

PARENT/GUARDIAN INFORMATION		
Parent/Guardian Name:		
Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	Work Phone:
Email Address:		

Do you know of a 4th grader who might be interested in KIPP: Charlotte?

Student Name:	Parent Name:	Phone #:
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How did you hear about KIPP: Charlotte? \_\_\_\_\_

Please read the following statement:

I certify that all the answers given in this enrollment application are true, accurate, and complete. I understand that if my child is enrolled, my having given false or misleading information in any of my application forms or residency forms, or having omitted significant information from there, may result in the discharge of my child from the school.

Parent/Guardian Signature (required): \_\_\_\_\_

Please read the following statement:

I understand that as part of KIPP Charlotte's commitment to continual improvement, KIPP Charlotte is involved in studies of student outcomes. In submitting this application, I grant permission for KIPP Charlotte or its research partner, Mathematica Policy Research, to request the school records of the student for whom I am submitting this application, including such information as my child's attendance, test scores, or other academic outcomes, for the duration of the study. I further understand that this information may be used for studies of KIPP Charlotte and that all student-level information will remain confidential as required by the Family Educational Rights and Privacy Act (FERPA). My decision whether or not to participate in the study will have no impact on my child's likelihood of admission to KIPP Charlotte.

\_\_\_\_ YES, my child, \_\_\_\_\_, CAN participate in the KIPP Study and I authorize his/her school, district, or state to release his/her student administrative records.

\_\_\_\_ NO, I do not consent for my child, \_\_\_\_\_, to participate in the KIPP Study.

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

Please hand-deliver or mail your form to the address below. Faxed or email forms are not accepted.  
Thank you for your interest in KIPP Charlotte!