



THE "CATCH-UP PLAN" TUTORIAL PROGRAM

APPLICATION

Name of Student (First, Middle, Last): _____

Date of Birth: _____ Grade Level: _____

Name of School: _____

Address of School: _____

Name of Principal: _____

Name of Teacher and/or Home Room Teacher: _____

Name of Parent or Guardian (First, Middle, Last): _____

Relationship to Student: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Ext. _____

Email: _____

Employer: _____

Title: _____ Annual Household Income: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Ext. _____

Email: _____

REQUIREMENTS FOR APPLICANT

- Must be a patient diagnosed with Sickle Cell Disease that has been admitted to a hospital for a minimum of 24 Hours due to a SCD Crisis.
- Must be a resident of the State of California, United States.
- Must have missed school in order to be applicable for The "CATCH-UP PLAN" Tutoring Program.

Does the Student have Sickle Cell Disease (check one): Yes No

What type of Sickle Cell does the Student have (check one): SS SC ST

Name of Healthcare Institution for Treatment at time of Crisis: _____

Date Admitted: _____ Date of Discharge: _____

Did you Treat Crisis at Home (check all that apply): Yes No
 Before Stay After Stay Both

Date of Crisis: _____ How long did Crisis last: _____

Have you applied for The Catch-Up Plan Tutorial Program before (check one): Yes No

Has the Student ever received private tutoring (check one): Yes No

How did you learn about The Catch-Up Plan Tutorial Program: _____

Language of Student at Home (check one): English Spanish French

Other Language: _____

Does Student have access to a computer with Internet access (check one): Yes No

Does Student have access to a tablet with Internet access (check one): Yes No

REQUIRED DOCUMENTS

1. Students most recent Report Card
2. Students IEP/504 Behavior Plan Assessment

RETURN APPLICATION WITH THE REQUIRED DOCUMENTS TO:

US MAIL: The K.I.S. Foundation, Inc., 13351-D Riverside Drive, Suite 178, Sherman Oaks, CA 91423

EMAIL (send attachment in PDF format): Programs@TheKISFoundation.org