



Hoosier Academies  
 Enrollment Processing Center  
 2300 Corporate Park Dr. Ste 200  
 Herndon, VA 20171

Toll Free: 877.226.5718  
 Fax: 317.536.3991  
[www.k12.com/ha](http://www.k12.com/ha)

## Enrollment Forms Packet (EFP)

Please review the information below. Based on your student(s) grade and applicable circumstances, you are required to submit documentation in order to complete this step in the enrollment process. You can fax, scan and email, or mail the required paperwork .

**Important Note: Please send copies, do not mail the original documents**

**Fax (preferred):**  
 1-317-536-3991

**Scan and Email:**  
[hoosierfax@k12.com](mailto:hoosierfax@k12.com)

**Mail:**  
 Hoosier Academies  
 Enrollment Processing Cenete  
 2300 Corporate Park Drive, Ste 200  
 Herndon, VA 20171

Required For?	Item	Description	Provided by?
Required for all Students	Proof of Age	Official Birth Certificate (not the hospital issued certificate)	Provided by you
	Proof of Residency	Current Bill indicating Internet access OR Mortgage/Rental statement including signature page (please note documents with a PO Box address will not be accepted) Or Utility bill (gas, electric, water)	Provided by you
	Immunization Record	Current Immunization Record	Provided by you
	Chirp	Please complete this form and submit.	Provided by you
	Release of Records	By filling out this form, you are giving our school permission to request your student's official records from their previous school <b>after the approval process</b> . If your child is enrolling in Kindergarten or was Homeschooled please indicate it on the form, fill out the top portion and sign it.	Provided in this packet
	Report Card	Please submit a copy of your student's most recent report card.	Provided by you
Required for all 9th-11th Grade Students	Unofficial Transcripts	You will need to request an unofficial transcript/grade card from your student's current school, which will show your student's academic standing. This is required in order to place all 9th-11th graders.	Provided by you
Required for Students that have an IEP or other Special Education needs	IEP	A copy of your student's current IEP (Individualized Education Plan). Because the IEP expires yearly, please submit the current IEP.	Provided by you
	Evaluation Report	The Evaluation Report is valid for 3 years. If you do not have a copy of your student's ER, you can request a copy from your student's current school.	Provided by you
Required for students that have a 504 plan	504 Accommodation Plan	A copy of your student's current 504 Accommodation Plan. Because the 504 expires yearly, please submit the current 504 plan.	Provided by you



**Hoosier Academy**  
**2855 N. Franklin Road**  
**Indianapolis, IN 46219**  
**Phone: 317.495.6494**  
**Fax: 317.536.3991**

## Release of Student Records

### Student Information

Student Name: \_\_\_\_\_  
Last First Middle

Student Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### Prior School Information

- Student was ALWAYS previously homeschooled – Please write Home School for Name of Prior School
- Student is enrolling in Kindergarten – Please write Kindergarten for Name of Prior School

Name of Prior School: \_\_\_\_\_

School's Address: \_\_\_\_\_  
Street

City State Zip

School's Phone: \_\_\_\_\_ School's Fax: \_\_\_\_\_

### Signature

Name of Parent or Legal Guardian: \_\_\_\_\_  
First Last

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

### For School Officials Only

The above named student has enrolled in Hoosier Academy. Please send the requested documents to:

Hoosier Academy  
2855 N. Franklin Road  
Indianapolis, IN 46219  
**Fax: 317.536.3991 (preferred method)**  
Email: hoosierfax@k12.com

Please include the following:	Grade Report/Transcript	Discipline Documents
	Home Language Survey	Immunizations
	Psychological Testing	Special Education Documents



# AUTHORIZATION TO RELEASE IMMUNIZATION RECORDS

State Form 52665 (5-06)

Indiana State Department of Health, Immunization Program  
Children and Hoosiers Immunization Registry Program (CHIRP)



- INSTRUCTIONS:**
1. Complete ALL portions of this form
  2. Please sign and fax to 317-233-8827
  3. If you have any questions please call the CHIRP Support Center at 888-227-4439

Patient's Name: \_\_\_\_\_  
(last name) (first name) (middle name)

Date of Birth: \_\_\_\_\_ Previous Name(s): \_\_\_\_\_

Parent or Guardian (if under 18): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Social Security Number\*: \_\_\_\_\_

I request and authorize the Children and Hoosiers Immunization Registry Program to release immunization information in the Children and Hoosiers Immunization Registry Program system to the person or agency named below. Requested information will be faxed, mailed, or emailed to the below designated number or address as soon as possible, but no later than 10 working days after receipt of this signed authorization.

### RECEIVING AGENCY INFORMATION

Person or agency to receive records: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Person or agency email address: \_\_\_\_\_

This authorization expires 60 days after the date it is signed. A copy of this document is considered the same as the original.

I further understand that I may revoke this authorization at any time by notifying the releasing organization in writing, but if I do it will not have any effect on any actions that were taken before my revocation is received.

By signing this authorization, I acknowledge that I have read and understand this authorization. I understand that immunization records to be disclosed will be disclosed in accordance with this authorization.

I declare under the penalty of perjury under the laws of the State of Indiana that the foregoing is true and correct, and that I am authorized to sign this release on the patient's behalf.

Signed on \_\_\_\_\_ at \_\_\_\_\_  
(month/day/year) (city and state where signed)

\_\_\_\_\_  
(signature of patient/parent or legal guardian) (relationship to patient)

\* This Agency is requesting your Social Security Number in accordance with IC 4-1-8-1. Disclosure is voluntary and you will not be penalized for refusal.

*Notice: The Children and Hoosiers Immunization Registry Program keeps a record of immunizations that are entered into the Children and Hoosiers Immunization Registry Program system by participating providers, health plans, vital records, and Medicaid. You may ask us for a copy of your record or your children's record. You may also ask us to correct that record. We will not disclose your record to others unless you direct us to do so, or unless the law authorizes or compels us to do so. To obtain your immunization record, we recommend you first check with your provider's office. If they are unable to provide a copy of your complete immunization history, please contact the Children and Hoosiers Immunization Registry Program Support Center at 1-888-227-4439.*



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**Indiana Department of Education**  
SUPPORTING STUDENT SUCCESS

### **Home Language Survey (HLS)**

The Civil Rights Act of 1964, Title VI, Language Minority Compliance Procedures, requires school districts and charter schools to determine the language(s) spoken in each student's home in order to identify their specific language needs.

The purpose of this survey is to determine the primary or home language of the student. The HLS must be given to all students enrolled in the school district / charter school. The HLS is administered one time, upon initial enrollment, and remains in the student's cumulative file.

Please note the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the survey questions, the LAS Links placement test will be administered to determine whether or not the student will qualify for additional English language development support.

**Please answer the following questions regarding the language spoken by the student:**

**Student's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

1. What was the first language spoken by the student?  English Other: \_\_\_\_\_
2. What language(s) is spoken most often by the student?  English Other: \_\_\_\_\_
3. What language(s) is spoken by the student at home?  English Other: \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Hoosier Academy</b> SCHOOL CORPORATION	CORP. NUMBER
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## APPLICATION FOR FREE OR REDUCED PRICE MEALS AND OTHER BENEFITS

Effective July 1, 2005 - One Application per Household

Part 1. NAME OF CHILD (First Name, MI, Last Name)	LIVING WITH PARENT or CARETAKER RELATIVE	BIRTH DATE	SCHOOL	GRADE	CHECK IF A FOSTER CHILD	TANF or Food Stamps Case # (If you receive both benefits, list the TANF Case #)
	YES - NO				<input type="checkbox"/>	/ / / / / / / / / /
	YES - NO				<input type="checkbox"/>	/ / / / / / / / / /
	YES - NO				<input type="checkbox"/>	/ / / / / / / / / /
	YES - NO				<input type="checkbox"/>	/ / / / / / / / / /
	YES - NO				<input type="checkbox"/>	/ / / / / / / / / /
	YES - NO				<input type="checkbox"/>	/ / / / / / / / / /

If ALL children listed above are foster children, skip to Part 5 and sign. If ANY of the children have a food stamp/TANF case number, skip to Part 5 and sign.

**Part 2. If any member of your household (adult or non-student) has a valid Food Stamp or TANF case number, please provide the name and case number for the person who receives the benefit and then skip to Part 5.**

Name: \_\_\_\_\_ Case Number: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

**Part 3. If any child you are applying for is migrant, homeless, or a runaway, check the appropriate box and call 317-495-6494.**

Migrant  Homeless  Runaway

Part 4. LIST ALL HOUSEHOLD MEMBERS	ALL OTHER HOUSEHOLD TYPES																									
	GROSS (before deductions) HOUSEHOLD INCOME FROM ALL SOURCES																									
	<i>Examples: \$100 / monthly or \$100 / every 2 weeks or \$100 / twice a month or \$100 / weekly</i>																									
NAME	Earnings from Work Before Deductions	Welfare Payment Child Support, Alimony					Pension, Retirement, Social Security					All Other Income					Check if NO income									
		Weekly	Every 2 Weeks	Twice A Month	Monthly	Yearly	Weekly	Every 2 Weeks	Twice A Month	Monthly	Yearly	Weekly	Every 2 Weeks	Twice A Month	Monthly	Yearly										
<i>Example: Jane Smith</i>	\$ 200	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 150	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part 5. SIGNATURE:** An adult household member must sign the application. If Part 4 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "No Social Security Number" box. (See Privacy Act Statement on the back of this page.)  
 I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

X \_\_\_\_\_      \*\*\* - \*\* - \_\_\_\_\_       No Social \_\_\_\_\_  
 Signature Of Adult Household Member      Social Security Number      Security Number      Home Telephone # / Work Telephone #  
 \_\_\_\_\_  
 Printed Name of Adult Household Member      Date Signed      Home Address/Apt #      Zip Code

**Part 6. OTHER BENEFITS** – This section does not need to be completed to receive free or reduced price meal benefits.

Do you want to receive textbook assistance? <input type="checkbox"/> YES    If YES, <b>SIGN TO THE RIGHT</b> → <input type="checkbox"/> NO	I certify that I am the parent/guardian of the child(ren) for whom application is being made. My signature below authorizes the release of information on this application for textbook assistance. I give up my right of confidentiality for this purpose only. This application information will be shared with the Indiana Family and Social Services Administration pursuant to I.C. 20-33-5-2 and I.C. 12-14-28-2, solely for purposes of complying with 45 C.F.R. PARTS 260 AND 265.  X _____ SIGNATURE OF PARENT/GUARDIAN      DATE	<b>SCHOOL USE ONLY:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Not Applicable
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SEE PAGE 2 IF YOU WANT THIS INFORMATION RELEASED FOR THE PURPOSE OF HOOSIER HEALTHWISE.

This application information may be shared with the Family and Social Services Administration for the purpose of identifying children who may qualify for free or low-cost health insurance under Medicaid or Hoosier Healthwise. If you want the application information shared for this purpose, please sign below. I certify I am the parent/guardian of the child(ren) for whom application is being made. I authorize the release of information for this purpose.

X \_\_\_\_\_  
Signature of Parent/Guardian Date

For information about Hoosier Healthwise health insurance, call 1-800-889-9949.

<b>Part 7. RACE AND ETHNICITY:</b> Optional - You are not required to answer this question. No child will be discriminated against because of race, color, sex, national origin, age, or disability.	Mark one or more racial identities: <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Mark one ethnic identity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino

**Privacy Act Statement: This explains how we will use the information you give us.**

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

**Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.**

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410* or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

**FOR SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE**

INCOME CONVERSION to YEARLY:	WEEKLY INCOME X 52
EVERY 2 WEEKS X 26	TWICE A MONTH X 24 MONTHLY INCOME X 12

**ELIGIBILITY DETERMINATION**

Income Eligibility: Total Household Size: \_\_\_\_\_ Total Income: \$ \_\_\_\_\_ per:  Weekly  Every 2 Weeks  Monthly  
 Twice a Month  Yearly

OR Categorical Eligibility:  Food Stamps  TANF  Migrant  Homeless  Runaway  Foster

Eligibility Determination:  Approved Free  Approved Reduced price  Denied

Reason for Denial:  Income Too High  Incomplete Application  Other(Reason) \_\_\_\_\_

Temporary:  Free  Reduced Time Period: \_\_\_\_\_ (expires after \_\_\_\_\_ days)

Signature of Determining Official: \_\_\_\_\_ Date: \_\_\_\_\_

Date Withdrawn: \_\_\_\_\_

**VERIFICATION**

Confirmation Review Official: _____				
Date Verification Notice Sent: _____	Approval Based On: <input type="checkbox"/> Food Stamps / TANF Case Number <input type="checkbox"/> Household Size and Income <input type="checkbox"/> Other _____	Verification Results: <input type="checkbox"/> No Change <input type="checkbox"/> Free to Reduced <input type="checkbox"/> Free to Paid <input type="checkbox"/> Reduced to Free <input type="checkbox"/> Reduced to Paid	Reason for Change: <input type="checkbox"/> Income: _____ <input type="checkbox"/> Household Size: _____ <input type="checkbox"/> Change in Food Stamps /TANF <input type="checkbox"/> Did not respond <input type="checkbox"/> Other: _____	Date Notice of Change Sent: _____  Date Change Made: _____
Date Response Due from Households: _____	Date Hearing Requested: _____		Verifying Official's Signature: _____	
Date Second Notice Sent (or N/A): _____	Hearing Decision: _____		Date: _____	