



Hoosier Academies
Indianapolis Learning Center
5640 Caito Drive
Indianapolis, IN 46226
Ph. 1.317.547.1400
Fx. 1.317.547.1500
<http://www.k12.com/ha>

Enrollment Forms Packet

Part 1: (The pages supplied in this packet)

- Home Language Survey
- Release of Student Records

Part 2: (Items you will need to supply)

Before you send in your enrollment packet, please be sure you have completed and included copies (do not include originals) of the following:

- Proof of age (copy of the Birth Certificate or Passport)
- A copy of your student's Immunization Record
- Current proof of residency (preferably a bill indicating internet service, however a mortgage/lease (with signature page) or utility bill are acceptable)
- A copy of the most recent report card for each student applying (grades K-8)
- Copy of official transcripts or most recent report (grades 9-10)
- A copy of your student's Multifactor Evaluation/504 or IEP, if applicable

Fax or mail the required documents listed in both parts 1 and 2 to the [Hoosier Academy@Indianapolis](mailto:HoosierAcademy@Indianapolis). The fax number for Hoosier Academy@Indianapolis is 1.317.547.1500. If you are unable to fax, please mail the documents to:

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Home Language Survey

Please complete the form and sign at the bottom.

Student's Legal Name: _____
last first middle

Date of Birth: _____

School District of Residence: _____

1. What is the native language of the student? _____

2. What language(s) is spoken most often by the student? a. _____
b. _____
c. _____

3. What language(s) is spoken by the student in the home? a. _____
b. _____
c. _____

Responsible Party's Name: _____
last first middle

Responsible Party's Signature: _____ Date: _____

Student's Name:

Student's Home Phone:



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Release of Student Records

Please accept this document as formal approval for the release of all official school records (including the record of transcripts, testing information, special education, health and immunization records).

Student Information

Student's Full Name: _____
first middle last

Student's Date of Birth: _____

Student's Legal Address: _____
street apt #

_____ city county state zip

Home Phone: (____) _____

Prior School Information

Name of Prior School: _____

School's Address: _____
street

_____ city county state zip

School's Phone: (____) _____

Name of Parent or Legal Guardian: _____
first last

Parent/Guardian's Signature: _____ Date: _____

SCHOOL OFFICIALS ONLY:

Send student records to: Hoosier Academies
Indianapolis Learning Center
5640 Caito Drive
Indianapolis, IN 46226

Student's Name:

Student's Home Phone: