



Indiana Horizon Academy

New Student Application Form 2021-2022

9803 Colorado Street Suite B
Crown Point, IN 46307
Tel: (219) 796-9490
Email: ihacademy13@gmail.com

| Student Information (Please print): | | | | | |
|-----------------------------------------------------------------------------------------------------------|-------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------|
| First name | Middle name | Last name | DOB: / / | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Home Address: | | | City: | State: | Zip: |
| Home phone: () | | Email: | | Grade entering: | |
| Previous school Name: | | Address: | | Child name in Arabic | |
| Reason for leaving: | | | Has your child ever qualified to gifted program: <input type="checkbox"/> Yes <input type="checkbox"/> NO Has your child ever received special education: <input type="checkbox"/> Yes <input type="checkbox"/> NO Has your child ever been retained: <input type="checkbox"/> Yes <input type="checkbox"/> NO If yes which grade: | | |
| Family Information (please print) | | | | | |
| Father's name: | | Occupation: | Employer: | Work: () | Work Address: |
| Cell: () | Email: | | Home address if different: | | |
| Mother's name: | | Occupation: | Employer: | Work: () | Work address: |
| Cell: () | Email: | | Home address if different: | | |
| Number of children in the family: | | | Child's order in family | | |
| Ethnicity: | | | Language spoken at home: | | |
| Emergency contact: In case neither of parents can be reached, please list name, phone and relation | | | | | |
| Name: | | Phone: () | | Relationship: | |
| Name: | | Phone: () | | Relationship: | |

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| IHA is committed to admit students of any race, color, religion, national or ethnic origin, and accords all the rights, privileges, programs and activities generally recorded or made available to students at school. It does not discriminate on the basis of race, color, religion, gender, national or ethnic origin in the administration of its educational policies, scholarship or other administered programs. | | |
| Parent name: | Parent signature: | Date: / / |

| | | | | | |
|--------------------------------------------------------------|-----------------------------------------------|------------------------------------------|-------------------------------------------------------|----------------------------------------------|---------------------------------------|
| Office use only | Date received: / / | Placement test: | | | |
| Registration checklist: | | | | | |
| <input type="checkbox"/> Birth certificate & social security | <input type="checkbox"/> Immunization updates | <input type="checkbox"/> Student profile | <input type="checkbox"/> snack fees Preschool only | <input type="checkbox"/> Medical information | <input type="checkbox"/> Waiver forms |
| <input type="checkbox"/> physical form | | | | | |



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|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------|-------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Registration fee: \$100 non refundable <input type="checkbox"/> cash <input type="checkbox"/> check | <input type="checkbox"/> Book fees | <input type="checkbox"/> Car pool | <input type="checkbox"/> Academic records | <input type="checkbox"/> Technology elementary only) |
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