



# Turning Point Schools

4501 N. Post Road, Indianapolis, IN 46226  
Telephone: 317.898.4420  
Fax: 317.898.4423  
www.tpschoolsindy.com

## 2023-2024 NEW STUDENT Application

Admission to Turning Point (TP) Schools are open to all students who are eligible under the laws of Indiana State for admission to public school. We will not discriminate based on race, ethnicity, national origin, gender, aptitude, or athletic ability. However, as a Christian School we have the right to impose our guidelines for Conduct, Biblical views on Science, and Dress Code. Other regulations stressed in our Parent/Student Handbook.

### Student Information:

Date Submitted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_ Apt.# \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth : \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Application Date: \_\_\_\_\_ Grade Passing to: \_\_\_\_\_

Social Security Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: M or F

Siblings attending the school? \_\_\_\_\_ If yes, give the name and grade of students: (1) \_\_\_\_\_  
(2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_

Student resides with: Mother Father Both Other: \_\_\_\_\_

School District you live in? \_\_\_\_\_ Current School Attending: \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Known Allergies:** \_\_\_\_\_

### Family Information (Guardian/ Custodian Parent)

**Mother/Guardian:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ Social Security Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Work Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Payment Plan: \_\_\_ Weekly \_\_\_ Bi-Weekly \_\_\_ Monthly

Religion: \_\_\_\_\_ Place of Worship? \_\_\_\_\_

**Father/Guardian:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ Social Security Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address, if different: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced

Primary Payer \_\_\_\_\_ Secondary Payer \_\_\_\_\_

**Complete Front and Back**

**Childcare:** (1st -8<sup>th</sup> ONLY)

\_\_\_ Before care only

\_\_\_ Aftercare only

\_\_\_ Before/Aftercare

**Emergency Information:**

Who do we contact if parent(s) cannot be reached?

1. Name: \_\_\_\_\_ Telephone No. #: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Can they pick student up? \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone No. #: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Can they pick student up? \_\_\_\_\_

3. Name: \_\_\_\_\_ Telephone No. #: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Can they pick student up? \_\_\_\_\_

**THE FOLLOWING MUST ACCOMPANY THIS APPLICATION**

- Birth Certificate
- Immunization & Physician Signed Well-Child Form
- Legal Guardianship/Custody Paperwork (if applicable)
- Registration Fee
- ✓ Request for Transfer of Records K-8<sup>th</sup> Grades ONLY
- ✓ Discipline Policy
- ✓ Emergency Treatment Form
- ✓ Behavior Report Form
- ✓ Release of Records Form
- ✓ ALL Referral Forms (3) K-8<sup>th</sup> Grades ONLY
- ✓ Field Trip Form
- ✓ Non-Prescription Dispense Form 1<sup>st</sup> – 8<sup>th</sup> Grades ONLY
- ✓ Parent's Notice
- ✓ Free & Reduced Lunch Application

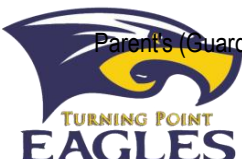
\_\_\_\_\_ *Initial here if you are aware of the new policies in the Parent/Student Handbook.*

**PARENT(S)' COVENANT PROMISE WITH TP SCHOOLS:**

I confirm that the rules and guidelines governing TP Schools/TPKA has been shared with me and that I understand I am responsible for reading the Parent/Student Handbook given to me each year. My family respects that TP Schools is a private Christian School and we will respect this establishment. I have indicated my financial commitment and will abide by the agreement. I further understand that my help will be needed in PFO and that I'm automatically considered a member obligated to support any activity to raise funds for the School. I confirm that I am the parent (Legal guardian) for the applicant and take full responsibility for tuition, policies and procedures in TP School/TP Kiddie Academy.

Parent's (Guardian) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's (Guardian) Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Family Information, cont. (Please Print Information)**

**School Correspondence should be sent to:**

\_\_\_ Mother / Guardian One    \_\_\_ Father / Guardian Two    \_\_\_ Both

Other: \_\_\_\_\_

**Financial Correspondence should be sent to:**

\_\_\_ Mother / Guardian One    \_\_\_ Father / Guardian Two    \_\_\_ Both

Other: \_\_\_\_\_

**Please indicate if appropriate:**

Stepparent Name: \_\_\_\_\_

Stepparent Name: \_\_\_\_\_

**If parents are divorced, separated, or otherwise living apart:**

Who has Legal Custody?

\_\_\_ Mother / Guardian one    \_\_\_ Father / Guardian two    \_\_\_ Both

Other: \_\_\_\_\_

Who has Physical Custody?

\_\_\_ Mother / Guardian one    \_\_\_ Father / Guardian two    \_\_\_ Both

Other: \_\_\_\_\_

Is there a No Contact order with a parent?

Yes - Please provide a copy of order with this application packet

No





## Authorization for Emergency Treatment

TP Kiddie Academy/ TP Schools has my permission, in an emergency when I, or the legal guardian or designated emergency contact cannot be contacted, to take my child to the nearest appropriate medical facility, and the facility and its medical staff have my authorization to provide treatment that a physician deems necessary for the well being of my child. I agree to accept the financial responsibility for all medical expenses incurred.

Child's Name \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Child's Allergies (if any) \_\_\_\_\_

Child's Dr. \_\_\_\_\_ Telephone Number \_\_\_\_\_

Family's Dr. \_\_\_\_\_ Telephone Number \_\_\_\_\_

Medicines Child is taking:  
\_\_\_\_\_

Last Tetanus Shot: \_\_\_\_\_

Outstanding Medical History (example: Diabetes, Heart Disease, etc.):  
\_\_\_\_\_

Insurance Information:

Insurance Company: \_\_\_\_\_

Identification/Policy Number: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_

Subscriber's Place of Employment and Phone Number:  
\_\_\_\_\_

All parents and guardians are responsible for maintaining this consent form as it cannot be maintained by the hospital.

Date Signature of Parent and Guardian  
\_\_\_\_\_



## Turning Point Schools Parents' Notice

**I understand that this childcare ministry is not a licensed childcare facility, but indeed a registered ministry with the State of Indiana. However, I understand that this childcare complies with the State rules concerning sanitation and fire safety for the primary use of the structure in which it is conducted. I understand that it is my responsibility to ensure that the nutritional and health needs of my child are met while my child attends the childcare ministry.**

**Signature of Parent/Guardian:**

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**Name(s) of children enrolled:**

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**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**This notice does not absolve a childcare ministry from liability for injury to a child while the child is at the childcare ministry if the cause of the injury is negligence or intentional wrongdoing on the part of the daycare ministry or an employee of the childcare ministry.**

**Name of facility:** Turning Point Family Worship Center

**Name of Ministry:** TP Kiddie Academy

**Address:** 4501 N. Post Road, Indianapolis, IN 46226

**County:** Marion



**TP Kiddie Academy/Schools**  
**Discipline/Guidance Policy**

TP Kiddie Academy is committed to your child’s development and care. It is very important to us that each child is nurtured through love, patience, and understanding. The purpose of discipline is to encourage our students to develop biblical self-discipline in their lives (Proverbs 25:28) and to aid young people in development of Christian character (Proverbs 22:5) Discipline of a student is a joint responsibility of the parents, teachers, and the administration.

Some children may have difficulty following rules, in response to your child’s misbehavior

**We will not use:**

- Threats or bribes
- Physical punishment, even if requested by the parent
- Deprive your child of food or basic needs
- Humiliation

**We will:**

- Respect your child
- Establish clear rules
- Be consistent in enforcing rules
- Use positive language to explain desired behavior
- Model Christian behavior
- Use the level system (outlined in handbook)

If your child’s behavior is continually disruptive, physically or verbally harmful to a teacher, another student, or themselves, the teacher and/or Administration will meet and discuss the issue with you privately. A child will not be expelled due to challenging behaviors, unless TPKA procedures have been followed or the family refuses to participate in the process and/or accept help from supportive agencies.

Child’s Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Additional techniques to be used with my child:

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



TP Schools  
TP Kiddie Academy

## Field Trip/Aftercare Trips Permission Slip

**This form must be signed by an adult with legal custody of participating student.**

I, \_\_\_\_\_ (Parent/Guardian's Name) hereby grant permission to TP Schools/TP Kiddie Academy to take my child, \_\_\_\_\_ a student/participant here at the School on field trips from their facility to the destination as scheduled. I understand that they are not taking my children without consent. They are only liable for providing safety within their means. In case of accident, sickness, or emergency I will be notified immediately and everything humanly possible to protect or provide medical relief to my child will be done.

I understand that all medical expenses for the above student/camper will be my responsibility unless it was an auto accident. All other medical emergencies are the sole responsibility of parent/guardians and neither TP Schools/TP Kiddie Academy, nor Turning Point Family Worship Center Board, Staff, or any associated adult will be held responsible financially or personally for any medical emergencies or accidents.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



# Authorization for Release/Request of Student Records



Turning Point Schools  
4501 N. Post Road  
Indianapolis, IN 46226

P: 317-898-4420

F:317-898-4423

Email: info@tpschoosindy.com

Date of Request: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Name: (Last)\_\_\_\_\_ (First)\_\_\_\_\_

M.I. \_\_\_\_\_

Date of Birth: (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Name: (Last)\_\_\_\_\_ (First)\_\_\_\_\_

## FORMER SCHOOL:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

School Fax Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Residing School District: \_\_\_\_\_

I hereby authorize the release of all school records regarding my son/daughter. Including but not limited to the following:

**Test Scores (Istep, Iread, Etc.)**

**Academic Report**

**IEP or 504 Plan (If applicable)**

Please send all the above information to the above address.

**Discipline report/records**

**Immunizations**

**Attendance Report**

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Parent/Guardian Permission is no longer required when records are requested by authorized School Personnel per the Family Educational Rights & Privacy Act of 1974.*





# Turning Point Schools/TP Kiddie Academy

4501 N. Post Road  
Indianapolis, IN 46226

## BEHAVIOR REPORT FORM

Student Name: \_\_\_\_\_ Last grade completed: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_

Student Gender: M or F Age: \_\_\_\_\_

Who does student live with? \_\_\_\_\_ (State Relationship to student)

Are you involved with your student's school? \_\_\_\_\_ If yes,  
explain: \_\_\_\_\_

Has the student been rewarded or recognized for Outstanding Behavior at a previous school? If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

Has student been recognized or rewarded for Attendance? \_\_\_\_\_ If no,  
explain: \_\_\_\_\_

Has student received awards or been recognized for Homework Completion? \_\_\_\_\_ If no,  
explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is student self motivated or requires constant encouragement? \_\_\_\_\_ Explain your answer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has student been suspended for Behavior at previous school? \_\_\_\_\_ If yes,  
explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you receive calls from School as a result of student's behavior? \_\_\_\_\_ If yes,  
explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has student's behavior resulted in expulsion from school? \_\_\_\_\_ If yes,  
explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has student's behavior resulted in poor grades or low achievement? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

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Has student been recommended for Mental Health or Learning Disabilities evaluation? \_\_\_\_\_ If yes, explain:

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What consequences do students have for behavior at school? \_\_\_\_\_

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Has your child ever had to attend In School Suspension because of behavior? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

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Comments from Interview:



## Pastoral/Minister Referral

Dear TP Schools Administration:

I, \_\_\_\_\_ am the Pastor of \_\_\_\_\_

(Church) in \_\_\_\_\_ (City), \_\_\_\_\_ (State) \_\_\_\_\_.

I have known the family of \_\_\_\_\_ (student) applying for enrollment at TP Schools/Kiddie Academy for \_\_\_\_\_ years. They have been members of this church for \_\_\_\_\_ (years).

### **Please answer the following:**

Does this child/family attend regularly? \_\_\_\_\_ Bible Class? \_\_\_\_\_ Sunday School? \_\_\_\_\_ If no, do you know why? \_\_\_\_\_

What ministries/programs does his/her family support at your church? \_\_\_\_\_  
\_\_\_\_\_

Does his/her parent(s) serve in any capacities in the leadership of your church? \_\_\_\_\_

What have you observed in this child's behavior? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any concerns that you can share with us about this child/family that might affect his/her education or learning environment?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you give your recommendation for them to attend our school? \_\_\_\_\_

I promise I have answered these questions to the best of my ability and will mail or I promise I have answered these questions to the best of my ability and will mail or fax this form to TP Schools, 4501 N. Post Road, Indianapolis, IN 46226, or 317-898-4420 within 5-7 days of request.

Family Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

fax this form to TP Schools, 4501 N. Post Road, Indianapolis, IN 46226, or 317-898-4420 within 5-7 days of request.

Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*In such cases, as Pastor is not available to complete this form, you may have a minister of your church complete and return.*

Parent Section only:

I, \_\_\_\_\_ Parent of \_\_\_\_\_ request you share with Turning Point Schools openly and honestly about the relationship you've observed and the character of our child. Please mail or fax this information directly to the school. I understand this information will not be shared with me under no circumstances and will be kept private. This information will only be used to assist TP Schools with Admissions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## NON-FAMILY REFERRAL

Your Name, \_\_\_\_\_ . I have been close to this family for \_\_\_\_\_ years. I have opportunity to observe this child's behavior regularly or occasionally or briefly. (Circle one)

When are you normally around this child: \_\_\_\_\_  
(such as during church, family gatherings, etc.)

### **Please answer the following:**

Tell us about this family: \_\_\_\_\_

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How would you describe this child? \_\_\_\_\_

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Describe the child's relationship with their parents: \_\_\_\_\_

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What do you know about the child's behavior away from parents? \_\_\_\_\_

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Do you think this child would be an excellent choice for TP Schools/TP Kiddie Academy? \_\_\_\_\_  
Explain your answer:

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I promise I have answered these questions to the best of my ability and will mail or fax this form to TP Schools, 4501 N. Post Road, Indianapolis, IN 46226 or 317-898-4420 within 5-7 days of request.

Non-Family Member's Signature: \_\_\_\_\_

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

Parent Section only:

I, \_\_\_\_\_ Parent of \_\_\_\_\_ request you share with Turning Point Schools openly and honestly about the relationship you've observed and the character of our child. Please mail or fax this information directly to the School. I understand this information will not be shared with me under no circumstances and will be kept private. This information will only be used to assist TP Schools with Admissions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## FAMILY REFERRAL

I, \_\_\_\_\_ am the relative of \_\_\_\_\_

(Student). He/She is my \_\_\_\_\_ (relationship). I have been close to this family for \_\_\_\_\_ years.

**Please answer the following:**

Tell us about this family: \_\_\_\_\_

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How would you describe this child? \_\_\_\_\_

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Describe the child's relationship with their parents: \_\_\_\_\_

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What do you know about the child's behavior away from parents? \_\_\_\_\_

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Do you think this child would be an excellent choice for TP Schools/TP Kiddie Academy? \_\_\_\_\_  
Explain your answer:

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I promise I have answered these questions to the best of my ability and will mail or fax this form to TP Schools, 4501 N. Post Road, Indianapolis, IN 46226 or 317-898-4420 within 5-7 days of request.

Family Member's Signature: \_\_\_\_\_

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

Parent Section only:

I, \_\_\_\_\_ Parent of \_\_\_\_\_ request you share with Turning Point Schools openly and honestly about the relationship you've observed and the character of our child. Please mail or fax this information directly to the School. I understand this information will not be shared with me under no circumstances and will be kept private. This information will only be used to assist TP Schools with Admissions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### MEDIA RELEASE FORM

TP Schools will advertise through photographs school/church website, social media, and other advertisements. Please check the appropriate box, and sign your name to allow us, TP Schools, to use photos of your child in these advertisements. If you decline, please check the appropriate box and sign your name.

**Child's Name** \_\_\_\_\_

I give TP Schools permission to use my child's photograph in advertisement for the childcare.

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Parent Signature

Date

**I DO NOT** give TP schools permission to use my child's photograph in advertisement for the childcare.

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Parent Signature

Date



## 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. This information is essential in order for schools to provide meaningful instruction for all students as outlined Plyler v. Doe, 457 U.S. 202 (1982).

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 that the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the survey questions below, the W-APT 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:**

1. What is the native language of the **student**? \_\_\_\_\_
2. What language(s) is spoken most often by the **student**? \_\_\_\_\_
3. What language(s) is spoken by the **student** in the home? \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

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

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

By signing here, you certify that responses to the three questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for English language development services, to help them become fluent in English. If entered into the English language development program, your student will be entitled to services as an English learner and will be tested annually to determine their English language proficiency.

### **For School Use Only:**

School personnel who administered and explained the HLS and the placement of a student into an English language development program if a language other than English was indicated:

Name: \_\_\_\_\_

## Home Language Survey (HLS) Spanish Version

### Encuesta del Idioma en el Hogar

El Decreto de los Derechos Civiles de 1964, Título VI, Cumplimiento de Normas para Minorías en Lenguaje, requiere a los distritos escolares y escuelas semi-autónomas que determinen el idioma o idiomas que se hablan en el hogar de cada estudiante. Esta información es esencial para que las escuelas puedan ofrecer instrucción útil a todos los estudiantes de acuerdo con Plyler v. Doe, 457 U.S. 202 (1982).

El propósito de esta encuesta es determinar el idioma principal de su hijo/a en el hogar. Esta encuesta (HLS) tiene que darse a todos los estudiantes en el distrito escolar / escuela semi-autónoma. Esta encuesta (HLS) es administrada una vez, durante la matrícula inicial, y permanece en el archivo acumulativo del estudiante.

Por favor tenga en cuenta que las respuestas a la encuesta corresponden solamente a su hijo/a. Si en alguna de las tres preguntas escritas abajo, usted identifica un idioma diferente al inglés, la escuela administrará la Prueba del Desarrollo del Inglés (LAS Links) para determinar si su hijo/a calificará para el programa de desarrollo del idioma inglés.

**Por favor responda las siguientes preguntas acerca del idioma(s) hablado por su estudiante:**

1. ¿Cuál es el idioma o el dialecto nativo de su **hijo/hija**? \_\_\_\_\_
2. ¿Cuál es el idioma(s) más hablado por su **hijo/hija**? \_\_\_\_\_
3. ¿Cuál idioma(s) habla su **hijo/hija** en casa? \_\_\_\_\_

**Nombre del Estudiante:** \_\_\_\_\_ **Grado:** \_\_\_\_\_

**Nombre del Padre, Madre o Guardián:** \_\_\_\_\_

**Firma del Padre, Madre o Guardián:** \_\_\_\_\_ **Fecha:** \_\_\_\_\_

Al firmar aquí, usted certifica que las respuestas a las tres preguntas mencionadas arriba corresponden a su hijo/a. Usted entiende que si se ha identificado un idioma diferente al inglés, su hijo/a tendrá un examen para determinar si él o ella califica para el programa de desarrollo del idioma inglés, para ayudarlo/a a que sea fluente en inglés. Si entra en el programa de desarrollo del idioma inglés, su hijo/a, tendrá derecho a servicios que lo ayudarán a aprender el idioma inglés y tendrá un examen cada año para determinar su nivel de inglés.

#### **For School Use Only / Para Uso de la Escuela Únicamente:**

School personnel who administered and explained the HLS and the placement of a student into an English language development program if a language other than English was indicated:

Name: \_\_\_\_\_ Date: \_\_\_\_\_