



Turning Point Schools

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

2024-2025 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 -8th 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-8th Grades ONLY
- ✓ Discipline Policy
- ✓ Emergency Treatment Form
- ✓ Behavior Report Form
- ✓ Release of Records Form
- ✓ ALL Referral Forms (3) K-8th Grades ONLY
- ✓ Field Trip Form
- ✓ Non-Prescription Dispense Form 1st – 8th Grades ONLY
- ✓ Parent's Notice
- ✓ Free & Reduced Lunch Application

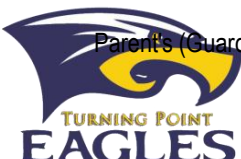
_____ *Initial here if you are aware of the new policies in the Parent/Student Handbook.*

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:

Name(s) of children enrolled:

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:

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: _____

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

What consequences do students have for behavior at school? _____

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

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: _____

How would you describe this child? _____

Describe the child's relationship with their parents: _____

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

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

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: _____

How would you describe this child? _____

Describe the child's relationship with their parents: _____

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

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

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.

Parent Signature

Date

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

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: _____