

IA's application process has been created to give students and their families a comprehensive look at our school and our outstanding programming. To view our current tuition and fees, please visit iaindiana.org/tuition-fees.

Non-discrimination Policy

The Independence Academy admits students of any race, color, religion, sexual orientation and national or ethnic origin.

Enrollment Process

1. Contact the school

Contact the school so that our staff may complete an intake survey to learn information about your child and his or her unique needs.

2. Schedule a parent tour

Scheduled through our admissions director, parents are required to bring previous academic report cards, Individualized Education Plan (IEP), autism diagnosis and additional relevant information. This is an opportunity for families to learn more about the school and to share more about their child. Tour requests may be made online via our Plan a Visit page.

3. Schedule a student tour

This is meant to be an introductory tour for the student, and is designed to help the student feel comfortable with the school and gain an initial understanding of the school, students and staff. The student will have an opportunity to peek into classrooms and to meet other students if they are ready and willing.

4. Submit an application

A non-refundable fee of \$150 is required with submission of all applications. To apply online, visit iaindiana.org/apply-now. Alternatively, families may choose to complete the Admissions Application form (this form).

5. Schedule a student shadow day

A shadow day is an entire day for a prospective student to attend classes and get to know teachers and students on a deeper level. A shadow day allows a student to experience what an actual day at The Independence Academy would be like. Please refer to your family's welcome folder to complete the included Student Shadow Day form.

After completing this process, the admissions committee will meet to discuss the potential fit of your child within our school environment. Families will be notified once a determination is made as to offering enrollment, which typically occurs within one week of the student shadow day.

[begin application on next page]



Date of Application (Month / Day / Year)

How did you learn about The Independence Academy?

Student

What is the student's gender?

☐ Female ☐ Male

Full Name

Preferred Name (if student prefers to be called by a different name)

Date of Birth (Month / Day / Year)

Age

What is the student's grade level?

If you are applying between school years, please select the grade your student is due to enter.

☐ 5th ☐ 6th ☐ 7th ☐ 8th ☐ 9th ☐ 10th ☐ 11th ☐ 12th

Parent/Guardian #1

What is your relation to the student?

☐ Mother ☐ Father ☐ Grandparent ☐ Sibling ☐ Aunt/Uncle ☐ Legal Guardian ☐ Other

Should you receive school correspondence?

☐ Yes ☐ No

Should you receive financial correspondence?

☐ Yes ☐ No

Full Name

Email Address

Telephone

Street Address

City

State

Zip Code

Does the student live at this address?

☐ Yes (primary or full-time residence) ☐ Yes (secondary or part-time residence) ☐ No

Employer

Occupation

Employer Telephone

Employer Address

Parent/Guardian #2

If the student does not have a second parent or guardian to list, please skip this section.

What is your relation to the student?

☐ Mother ☐ Father ☐ Grandparent ☐ Sibling ☐ Aunt/Uncle ☐ Legal Guardian ☐ Other

Should you receive school correspondence?

☐ Yes ☐ No

Should you receive financial correspondence?

☐ Yes ☐ No

Full Name

Email Address

Telephone

Street Address

City

State

Zip Code

Does the student live at this address?

☐ Yes (primary or full-time residence) ☐ Yes (secondary or part-time residence) ☐ No

Employer

Occupation

Employer Telephone

Employer Address

Family

Does the student live with siblings?

☐ Yes (indicate below) ☐ No

Siblings living with the student:

name / age

Please mark all that apply:

☐ Parents are separated or divorced ☐ Mother is remarried ☐ Father is remarried
☐ Mother is deceased ☐ Father is deceased

Name of stepmother and/or stepfather, if applicable:

Stepmother Name

Stepfather Name

Who has legal custody of the student?

Who has physical custody of the student?

Please note any restrictions regarding student-parent contact:

Student Medical

Physician

Physician Telephone

Please list any medical conditions, including allergies:

Please list all medications the student is currently taking:

medication / purpose / dosage / start date

Will medication need to be administered during school?

☐ Yes (indicate below) ☐ No

Medications to be administered during school:

Please list all clinics, stress centers or private evaluators who have performed testing on the student:

name / telephone / address

What diagnoses have been given?

Who determined the diagnoses?

What age was the student when diagnosed?

What therapies have been applied?

type of therapy / start date / end date / practitioner / result

Therapies include counseling, behavioral intervention, special diets, biomedical treatments, sensory integration, OT, speech/ language, social skills and more.

What behavioral difficulties/triggers has the student encountered in school settings with peers and staff?

Does the student have any limitations with activities?

☐ Yes (indicate below) ☐ No

Activity limitations:

Student Education

Current Teacher

School Name

School Telephone

School Address

What schools has the student previously attended?

name / grades completed

Does the student have an Individualized Education Plan?

☐ Yes ☐ No

If the student has an IEP, a copy of it must be faxed or mailed to The Independence Academy.

When was the student's last educational evaluation?

A copy of the student's last educational evaluation must be faxed or mailed to The Independence Academy.

Has the student ever repeated a grade?

☐ Yes (indicate below) ☐ No

Reason for grade repeat:

Does the student see a tutor?

☐ Yes (indicate below) ☐ No

Tutoring:

tutor or business name / telephone / tutored school subject

Has the student ever been suspended, asked to withdraw or been expelled from school?

☐ Yes (indicate below) ☐ No

Reason for suspension, withdrawal or expulsion:

Questions

How would you describe the student?

What are the student's strengths, both personally and academically?

What hobbies, sports or activities does the student engage in during free time?

What is the student's relationship like with peers, including the ages and types of activities shared with others?

How does the student handle frustration and conflict at home?

What are the student’s responsibilities at home?

How does the student handle homework?

Has the student recently experienced a traumatic event??

How will the student benefit from an education at The Independence Academy?

What do you envision for the student’s future, and what does the student envision?

☐ Yes ☐ No

Is there additional information to share that would assist in the guidance of the student?

All information submitted in this application is true to the best of my knowledge. No information with regard to the profile of the applicant has been knowingly omitted.

Date

[end of application]