



Higher Institute of Arts & Technology

Enrollment Application

STN # _____

Grade: _____ Date Enrolled: _____

Student Information

Last Name		First Name		Middle Name	
Street Address		City	State	Zip	
Mailing Address, if different		City	State	Zip	
Home Phone		Cell Phone		Alternative Phone	
Age	Date of Birth (MM/DD/YYYY)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Place of Birth		

Required Documentation

The following documents are needed to complete enrollment.

- ☐ Student's Birth Certificate
- ☐ Immunization Record
- ☐ Report Card/Transcript
- ☐ Test Scores
- ☐ Discipline Records
- ☐ Attendance Records
- ☐ IEP/504 Plan
- ☐ Parent's Driver's License

Parent Information 1

Name		Relationship	Email Address		Does the child live with you? <input type="checkbox"/> YES <input type="checkbox"/> NO
Address, if different from student		City	State	Zip	
Home Phone	Cell Phone	Work Phone	Place of Work		

Parent Information 2

Name		Relationship	Email Address		Does the child live with you? <input type="checkbox"/> YES <input type="checkbox"/> NO
Address, if different from student		City	State	Zip	
Home Phone	Cell Phone	Work Phone	Place of Work		

Sibling Information

Name	Grade	School	Will the student need bus service? <input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> AM Only <input type="checkbox"/> PM Only <input type="checkbox"/> Both AM & PM
			My child will be a daycare rider: <input type="checkbox"/> AM Only <input type="checkbox"/> PM only <input type="checkbox"/> Both AM & PM
			Name of Daycare: _____
			Phone: _____

Behavior History

Please check all that apply: <input type="checkbox"/> My child has been expelled from school <input type="checkbox"/> My child is currently up for expulsion <input type="checkbox"/> My child has been suspended from school	Special Education Does the student have an IEP <input type="checkbox"/> YES <input type="checkbox"/> NO Does the student have an 504 Plan: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please check all that apply: <input type="checkbox"/> Autistic <input type="checkbox"/> Speech/Language Impaired <input type="checkbox"/> Specific Learning Disabilities <input type="checkbox"/> Visually Handicapped <input type="checkbox"/> Emotionally Disturbed
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Health Information

It is important for the school to be aware of any special health concerns your child may have that affect them during the school day. Health needs often change; therefore, it is the parent's responsibility to inform the main office of any changes. Please check all that apply:

☐ My child has NO health problems
☐ My child has the following MEDICALLY DIAGNOSED health problems.

☐ Heart Condition ☐ Diabetes ☐ Hearing/Vision Deficit ☐ High Blood Pressure ☐ Kidney Problems ☐ Bone/Joint Problems
☐ Asthma ☐ Allergies (*Please list below) ☐ ADD/ADHD (Diagnosed by doctor) ☐ Physical Restrictions ☐ Diet Restrictions

Please list any allergies to food and/or medicine, and the reaction to checked boxes:

Does your student understand how to avoid foods that cause allergic reactions? ☐ YES ☐ NO
Does your student need to take any medication at school? ☐ YES ☐ NO
Are any of the checked boxes life threatening? ☐ YES ☐ NO

Please note that doctors' orders are necessary for diagnosing and altering a USDA school meal. If student needs to take medication at school, an Administration of Medication by School Personnel form MUST be completed by the doctor (including inhaler).

Health information is confidential. The school cannot share this information with staff without the parents' consent.

*****WE DO NOT HAVE A SCHOOL NURSE*****

Student Nighttime Residence

Please identify student's nighttime residence below:

- ☐ Temporarily sharing a house with friends or family due to the loss of housing, economic hardship, or similar reason.
- ☐ In Foster Care
- ☐ In a motel, hotel, or campground due to a lack of alternative accommodations.
- ☐ Unaccompanied youth and/or runaway
- ☐ In a living arrangement not described above that is not fixed, regular and adequate.
- ☐ None of the above

Home Language Survey

To be completed by parents upon scholar enrollment to determine scholar's status as language minority. 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).

What is the native language of the scholar? _____

What language(s) is spoken most often by the scholar? _____

What language(s) is spoken by the scholar in the home? _____

If a language other than English is indicated for any of the questions, the scholar is considered to be a language minority scholar. Once this determination has been made, the following must occur:

- English proficiency assessment, upon enrollment and annually thereafter, to assess level (1-5) of English proficiency and measure growth annually.

Ethnic Origin

Ethnicity (Select One):

- ☐ Hispanic or Latino
- ☐ NOT Hispanic or Latino

Race (Select One or More) Mark "1" for first, Mark "2" for

- ☐ American Indian
- ☐ Black, African American
- ☐ Chinese
- ☐ White
- ☐ Japanese
- ☐ Latino
- ☐ Other
- ☐ Native Hawaiian/Other Pacific Islander

Migrant Student

Has the parent or legal guardian moved in the past three years looking for temporary or seasonal employment in agriculture or fishing work?

- ☐ YES
- ☐ NO

Consent to Photo Release

As a parent or guardian of the student, I do hereby consent to the use of photographs, videotape and/or audio recording taken during the time my child is enrolled in the school for publicity, promotional and/or educational purposes (including publications, presentations or broadcasts via newspaper, TV, internet or other media sources. I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

- ☐ Yes, I give consent for HIAT to photograph my child for school purposes and or school events
- ☐ No, I do not authorize HIAT to photograph my child for any reason.

Parent Signature: _____

Date: _____

CHIRP

I, _____, give Higher Institute of Arts & Technology, permission to release the following information concerning my child, _____, to the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP):

CHILD'S NAME, IMMUNIZATION DATA, SEX, ETHNICITY, PARENT'S NAME, ADDRESS, AND PHONE

I understand that the information in the registry may be used to verify that my child has received proper immunizations and to inform me or my child's immunization status or that an immunization is due according to recommended immunization schedules.

I understand that my child's information may be available to the immunization data registry of another state, a healthcare provider or a provider's designee, a local health department, an elementary or secondary school, a child care center, the office of Medical policy and planning or a contractor of the office of Medical policy and planning, a licensed child placing agency, and a college or university. I also understand that the other entities may be added to this list through amendment to I.C.16-38-5-3.

I hereby give my consent to the release of such information.

Parent Signature: _____

Date: _____

I understand by signing, I certify this information is true and correct. I understand that incorrect information could be grounds for revoking enrollment. I also understand it is my responsibility to inform Higher Institute of Arts & Technology if any and when any information on this application changes.

Parent's Signature: _____

Date: _____



Pick-Up and Emergency Release Authorization Form

Student Name: _____ Grade: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Student Lives With: _____

This form must be completed. Please list below all persons, including parents/guardians, who are authorized to pick your child up from school. In the event the parent/guardian is unable to be reached, due to the student being sick, suspended, or for emergency closing, the school will contact the next person listed. Also, please list your child's daycare provider if they are picked up by them afterschool. It is the responsibility of the parent/guardian to inform the school of any changes made. Persons may be added and removed at any time.

Contact	Relationship	Home Phone	Cell Phone	Work Phone
1.				
2.				
3.				
4.				
5.				
6.				

By Court Order, this child may not be released to: _____

Relationship: _____

If the student is unable to be released to the above named, we must have a copy of the court order on file

I agree that the information on this form is true. I agree the names listed above have my permission to pick up my child in the event I am unable to. I also understand that it is my responsibility to update the information.

Parent Signature: _____ Date: _____



Acceptable Technology Use Policy

Technology Information Resources in the School

The school's information technology resources, including email and internet access, are provided for educational purposes. Access to the internet and computer resources is a privilege, not a right. Therefore, users violating this Acceptable Use Policy may be subject to revocation of these privileges and potential disciplinary action. Adherence to the following policy is necessary for continued access to the school's technological resources:

1. **I will respect and protect the privacy of others.**
 - I will only use accounts that have been assigned to me.
 - I will not view, use, or copy passwords and data.
 - I will not access networks to which I am not authorized.
 - I will not distribute private information about others or myself.
2. **I will respect and protect the integrity, availability, and security of all electronic resources.**
 - I will follow all network security rules and regulations.
 - I will report security risks or violations to a teacher or network administrator.
 - I will not destroy or damage data, networks, or other resources that do not belong to me.
 - I will conserve, protect, and share these resources with other students and internet users.
3. **I will respect and protect the intellectual property of others.**
 - I will not infringe copyrights. I will not make illegal copies of music, games, or movies.
 - I will not plagiarize.
 - I will not follow US Copyright Fair Use understanding.
 - I will respect Creative Commons licensing.
4. **I will respect and practice the principles of community.**
 - I will communicate only in ways that are kind and respectful.
 - I will report threatening or discomfoting materials to a teacher.
 - I will not intentionally access, transmit, copy, or create material that violates the school's code of conduct (such as messages that are pornographic, threatening, rude, discriminatory, or meant to harass).
 - I will not intentionally access, transmit, copy, or create material that is illegal (such as obscenity, stolen materials, or illegal copies of copyrighted works).
 - I will not use the resources to further other acts that are criminal or violate the school's code of conduct.
 - I will not send spam, chain letters, or other mass unsolicited mailings.
 - I will not buy, sell, advertise, or otherwise conduct business, unless approved as a school project.

If I follow all the rules above, I may:

1. Create content that is posted to websites, wikis, blogs or other web-based tools.
2. Use direct communications such as Internet Relay Chat (IRC), online chat, or instant messaging with a teacher's permission
3. Use the resources for any educational purpose.

Consequences for Violation

Violations of these rules may result in disciplinary action, including the loss of a student's privileges to use the school's information technology resources.

Supervision and Monitoring

School and network administrators and their authorized employees monitor the use of information technology resources to help ensure that uses are secure and in conformity with this policy. Administrators reserve the right to examine, use, and disclose any data found on the school's information networks in order to protect school property or further the health, safety, discipline, or security of any student or other person. They may also use this information in disciplinary action and will furnish evidence of crime to law enforcement.

I ACKNOWLEDGE AND UNDERSTAND MY OBLIGATIONS:

Student Signature: _____ Date: _____

As the parent of _____ I understand the school policy regarding computer usage and will do the best I can to model these guidelines to my child(ren).

Parent Signature: _____ Date: _____

- Parents, please discuss these rules with your child(ren) to ensure he or she understands them.
- These rules also provide a good framework for your child(ren)'s use of computers at home, at libraries, or anywhere.
- For more information, see www.cybercrime.gov.

School Property Responsibility & Acknowledgment

Liability

The parent, guardian, and/or student may be held responsible for the cost to repair and or replace, at the date of incident, any school property, equipment or Chromebook, and accessories: a) not returned, b) intentionally damaged, c) lost or damaged because of negligence, d) stolen, but not reported to school and/or police by end of the next school day. The cost to replace a Chromebook will be \$200.

Parent Signature: _____ Date: _____



Records Request

1st Request Date: _____ 2nd Request Date: _____
3rd Request Date: _____ 4th Request Date: _____

Student Name: _____ Date of Birth: _____
Current School: _____ Grade in School: _____
Previous School Phone #: _____ Fax #: _____

The student named above currently attends your school and is applying for admission at Higher Institute of Arts & Technology.

Please mail, fax or email records to:
Higher Institute of Arts & Technology
5861 Harrison St.
Merrillville, IN 46410
Office: 219-359-1522 Fax: 219-239-2863
Email: rfoster@the-hiat.org

Official Grades/Most Recent Report Card
Individual Education Plan (IEP/504)
Health Records
Attendance Record
Home Language Survey

Discipline Records
Psychological/Special Education Testing
Court Documents
IREAD/ILEARN/NWEA/WIDA Test Scores

Student's Previous School History

	Grade	School Name	City, State, Zip
1.			
2.			
3.			
4.			

The purpose of this form is for you to give permission for Higher Institute of Arts & Technology to request your child's educational records from any previous school(s).

Parent Signature: _____ Date: _____

In accordance with legislation regarding privacy rights of parents and students, written permission must be granted by parents/guardians before certain information may be released to a third party. There are some exceptions to this such as directory information (name, grade, dates of attendance, awards, height, weight); use of records by officials within an educational system; some local, state and national agencies for research studies and certain other special purpose. Note: Parental/Guardian permission is no longer required when records are requested by authorized school personnel.

(Family Educational Privacy Act, Federal Register, June 17, 1976, Vol. 41 No. 118, and p. 24673).