



# Southeast Neighborhood School of Excellence

1601 S. Barth Avenue  
Indianapolis, IN 46203  
(317) 423-0204 631-4401/fax  
www.senseindy.org

*For Office Use Only  
Date/Time Received:*

## Student Enrollment Application 2009-2010 Academic School Year Grades K – 6

**Applicant Information** *(To Be Completed by Parent/Guardian):*

**Please Print/Black or Blue Ink**

**Child's Legal Name:**

**Date of Birth:**

*LAST*

*FIRST*

*MIDDLE*

*Month/Date/Year*

**Grade Entering:**  K  1  2  3  4  5  6

**Gender:**  Male  Female

**Name of Last School Attended:** \_\_\_\_\_  N/A

**School District & County Where Applicant Resides:** \_\_\_\_\_

**Are You Applying To Any Other Charter School?**  Yes  No

**Siblings:**

**Are You Applying For Any ?**  Yes  No

*(List all siblings of applicant that are also applying. Each child must have a separate application.)*

1. \_\_\_\_\_ **Grade Entering:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

2. \_\_\_\_\_ **Grade Entering:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

3. \_\_\_\_\_ **Grade Entering:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

4. \_\_\_\_\_ **Grade Entering:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Parent/Guardian Information:**

1. \_\_\_\_\_  
*Last First Middle*

**Relationship to the child:**  Parent  Step Parent  Grandparent  Legal Guardian

\_\_\_\_\_  
*Address Apt. # City State Zip Code*

\_\_\_\_\_  
*Home Phone*

\_\_\_\_\_  
*Work Phone*

Child resides with the above listed

Child does not reside with the above listed

***Please complete the other side →***

**Parent/Guardian Information:**

2. \_\_\_\_\_  
*Last First Middle*

**Relationship to the child:**  Parent  Step Parent  Grandparent  Legal Guardian

\_\_\_\_\_  
*Address Apt. # City State Zip Code*

\_\_\_\_\_  
*Home Phone*

\_\_\_\_\_  
*Work Phone*

Child resides with the above listed

Child does not reside with the above listed

**Required Documents:**

**Please submit the following documents along with your application:**

- \* Copy of birth certificate
- \* Current and up to date Immunization Records.

**Signature:**

*By signing, I certify that all of the information on this student application is true to the best of my knowledge. I have read, understand and agree to the terms of the application process below.*

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

**How did you first find out about Southeast Neighborhood School of Excellence (SENSE)?**

- Friends
- Family
- Television
- Newspaper
- Flier/Mail piece sent to my home
- Website/Internet
- Neighborhood meeting
- Other: \_\_\_\_\_

**APPLICATION PROCESS:**

As applications are received, the date and time stamped in the "For Office Use Only" box will determine the date and time received, not the parent/guardian signature date. When open enrollment ends, applications are counted. If there are fewer applications than openings, all applications will be accepted. If there are more applications than openings, a lottery will be held to determine who will be accepted and who will be placed on a waiting list. Parents will be officially notified by mail if their child has been accepted. Preference is given to siblings of students already enrolled at the school for any available openings. Applications received after open enrollment are accepted on a first-come, first-serve basis for any remaining openings or put on a waiting list if no openings remain. It is the parent/guardian responsibility to notify the school of address and/or phone number changes. Each application is valid for one school year only.

SENSE is a public school and admits students of any race, color, gender, sex, ancestry and national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school, and does not and shall not discriminate on the basis of race, color, gender, sex, disability, religion, ancestry or national or ethnic origin in the administration of its educational policies, admissions policies, scholarship and loan programs, and athletic or other school administered programs.

**For Office Use Only: STUDENT LEGAL NAME:** \_\_\_\_\_ **STUDENT ID #** \_\_\_\_\_

**TRANSPORTATION CODE:**  Authorized to Ride Bus  Not Authorized to Ride Bus

**PROOF OF DATE OF BIRTH:**  Birth Certificate  Affidavit of Support  Court supported document

**COPY OF IMMUNIZATION RECORDS:**  Received  Not Received