

LHS Student Name (one f	orm per student):			
Address of Student:	City			Zip
County of Residence:	Date of Birth	n: 23-24	Grade Level:	
Does the Student have an	individualized educati	on program (IEP) or a s	ervice plan? Y or N	
Parent Phone:	Parent Email:			
Public School Corporation Community School Corpo	•	at you LIVE in:	(I.e	., Franklin Township
Household Size: #	(Total number of A	LL ADULTS AND CHIL	DREN living in the home)	
Names and Ages:		_		
1	_			
2	_		_	
3	_		_	
4	Age	8	Age _	
	larship Income Verifica entation. I authorize the liana Department of Ed ure:	tion Rules summarized school administrator/de ucation (Choice Schola	in the list above. I am prossignee to input the information on behalf of the stu	oviding Federal Income Tax nation included in this form and udent.
		RETURN THIS COMPI	_ETED FORM TO: HS school office. Thank y	rou!
	, <u>, , , , , , , , , , , , , , , , , , </u>			
For Office Use Only				
STN: DO	DB: County:	Corporation #: _		
Household size on taxes:				
Opt 1 - Direct Eligible#:	(ref #)	pt 2 – Foster Child:	Opt 3 – Household Incom	e:
Size: Total HH Income	o:			
Tuition & Fees: full tuition (michurch (\$100multi-child (19church workeemployee (500total tuition/fe	5 ⁶ %) er (25%) 9%)		Estimated Scholar	ship \$:
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