

4965 U.S. Highway 42
 Suite 1000
 Louisville, KY - 40222



Phone: 502-714-7072
 Fax: 502-714-7074
 Email: info@hirainstitute.com

APPLICATION FOR NEW ADMISSION/RE-ENROLLMENT

Only completed applications will be accepted. Submission of an application does not guarantee admission.

Enrollment Status:		Date of Application:	
<input checked="" type="checkbox"/> Re-Enrolling Student <input checked="" type="checkbox"/> New Student			
Student's Name:		Date of Birth:	
Last Middle First			
Social Security #:	Sex(Male/Female):	Age:	
Place of Birth (City and State OR City and Country if outside US):		Home Phone:	
Home/Mailing Address:			
Street City State Zip			
Race/Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander			
Father's Name:	Cell Phone:	Email Address:	
First Last			
Address (if different than above):			
Street City State Zip			
Employer's Name and Address:		Occupation:	
Mother's Name:	Cell Phone:	Email Address:	
First Last			
Address (if different than above):			
Street City State Zip			
Employer's Name and Address:		Occupation:	
Name of Previous School Attended:		Dates Attended:	
Center Address:			
Street City State Zip			
Phone Number:	Fax Number:	Last Day Attended:	

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- Date Application Received: _____
 Date Application Fee Paid: _____
 Enrollment Date: _____
 Withdrawal Date: _____

DOCUMENTS PRESENTED

- Registration Form
 Kentucky Immunization Certificate
 Birth Certificate
 Social Security Card
 Health Record Form
 Parent's Driver's License
 Official Doctor's Note for Known Allergies
 Teacher Recommendations (2)
 Handbook Agreement Page

Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632- 9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider