Please complete all appropr     The Enrollment Plan Approv     Enrollment Plan Amendmer	al Date on line	13 is the date	6) lines are re	quired. nrollment Plai	n was approve	ed as part of a Ch	narter Application.		e approved pursuant to IC	SB's Enrollment Pla	n Amendment Policy.
Name of Charter School: Designated Representative: Contact Phone: Contact Email: Grade Span (Format: "X-X"): Maximum Enrollment: Year 1 (Format: "YYYY"): Initial Approval Date:		Nathan Tu 317-695-8 Tuttlenl@ K-8 620	3997	IS II							
Yearly Enrollment By Grade Level							Approval Date:	Approved Amendments (Completed by ICSB)			
Grade Level	Year 1	Year 2	Year 3	Year 4	Year 5	Maximum	Approvar bate.				
Grade Level	2022-23	2023-24	2024-25	2025-26	2026-27	<u>Enrollment</u>			Amended Enrollment	_	Amendment Notes
K	25	50	50	50	50						
1	26	26	52	52	52						
2	26	26	26	52	52						
3	26	26	26	26	52						
4	28	28	28	28	28						
5	29	29	29	29	29						
6		30	30	30	30						
7			30	30	30						
8				30	30						
9											
10											
11											
12											
Yearly Enrollment:	160	215	271	327	353	620					
			•				•		•		