



Non-Wisconsin Resident Enrollment Application

School Year for which Enrollment is Requested 2019-20	Date Received at eAchieve Academy Mo./Day/Yr.
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I. GENERAL INFORMATION

To be completed by the parent or legal guardian (or the pupil if age 18 or older). The form must be submitted to eAchieve Academy along with any required documentation.

Legal Name of Pupil <i>First, Middle Initial, Last (A separate form must be completed for each pupil)</i>	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate Mo./Day/Yr.
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Name of Parent or Legal Guardian	Home Phone Area/No.
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Work Phone Area/No.	Cell Phone Area/No.	Email
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Mailing Address	City	State	ZIP
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Street Address <i>If different than above</i>	City	State	ZIP
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What grade will the pupil be in for the 2019-20 school year? 5-year-old Kindergarten 1
 2 3 4 5 6 7 8 9 10 11 12

Resident School District This is the school district in which you are currently residing. *You must indicate school district, City/Town and State*

School District Name	City	State
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What public school, private school, or home-based education program is the pupil currently attending?

Yes No

Are siblings of the pupil currently attending eAchieve Academy? *Name(s)*

Are siblings of the pupil also applying at this time to attend eAchieve Academy? *Name(s)*

Does the pupil have an individualized education program (IEP)?

Does the pupil currently receive special education services?

Has the child been referred for a special education evaluation that has not yet been completed?

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II. EXPLANATION

Provide an explanation of the circumstances leading to this request in the space below.

III. SIGNATURE

BY CHECKING THIS BOX, I AGREE that all information is complete and correct. I am the child's parent or legal guardian or I am the pupil age 18 or older.

Legal Name of Pupil

Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian or Pupil if 18 or Older *Signature may be provided electronically.*

Date Signed *Mo./Day/Yr.*



Student Profile Information

This information is for eAchieve Academy internal use only and will not be shared with any outside agency. Please clearly print all information in blue or black ink. If any of the below contact information changes at any time during the school year, please update us immediately with the new information so we can modify your profile. If additional parent, guardian or student information needs to be provided beyond the space available on this form, please make a copy of this form.

Student Information	(STUDENT LEGAL NAME REQUIRED)	
	Student First Name: _____ Middle Name: _____ Last Name: _____	
	Street Address: _____ City: _____ State: _____ Zip: _____	
	Mailing Address: _____ City: _____ State: _____ Zip: _____ <small>(If different than street address)</small>	
	Student Home Phone: _____ <small>(Include Area Code)</small>	Student Cell Phone: _____ <small>(Include Area Code)</small>
	Student Work Phone: _____ <small>(Include Area Code)</small>	Student Personal Email: _____ <small>Required * (Login Information will be sent here)</small>
	Please answer BOTH questions 1 and 2	
	<p>1. Is the above noted student <i>(Choose one or more. You must select at least one.)</i></p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> White</p>	
	<p>2. Is the above noted student Hispanic or Latino <i>(Check only one)</i></p> <p><input type="checkbox"/> No, not Hispanic or Latino</p> <p><input type="checkbox"/> Yes, Hispanic or Latino</p>	
Parent / Guardian Information	<p><u>Who has legal custody?</u></p> <p><input type="checkbox"/> Both Parents</p> <p><input type="checkbox"/> Father</p> <p><input type="checkbox"/> Mother</p> <p><input type="checkbox"/> Joint Custody</p> <p><input type="checkbox"/> Father/Stepmother</p> <p><input type="checkbox"/> Mother/Stepfather</p> <p><input type="checkbox"/> Grandparent(s)</p> <p><input type="checkbox"/> *Guardian(s)</p> <p><input type="checkbox"/> *Ward of Court</p> <p><input type="checkbox"/> Independent / Self</p> <p><input type="checkbox"/> Other _____ <small>(Explain)</small></p> <p><u>Student resides with...</u></p> <p><input type="checkbox"/> Both Parents</p> <p><input type="checkbox"/> Father</p> <p><input type="checkbox"/> Mother</p> <p><input type="checkbox"/> Joint Custody</p> <p><input type="checkbox"/> Father/Stepmother</p> <p><input type="checkbox"/> Mother/Stepfather</p> <p><input type="checkbox"/> Grandparent(s)</p> <p><input type="checkbox"/> *Guardian(s)</p> <p><input type="checkbox"/> *Agency/Social Services</p> <p><input type="checkbox"/> Alone Student</p> <p><input type="checkbox"/> Souse Other</p> <p><input type="checkbox"/> Relatives</p> <p><input type="checkbox"/> Other _____ <small>(Explain)</small></p> <p style="text-align: center; border: 1px solid black; border-radius: 50%; padding: 5px;">*Copy of court orders or other legal documents may be required</p>	<p>Parent / Guardian #1</p> <p>First Name: _____ Last Name: _____</p> <p>Home Phone: _____ Cell Phone: _____ <small>(Include Area Code) (Include Area Code)</small></p> <p>Work Phone: _____ Personal Email: _____ <small>(Include Area Code) Required * (Login Information will be sent here)</small></p> <p>Relationship to Student: _____ Living with Student: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Parent/guardian address if different from student's address:</p> <p>Street Address: _____ City, State Zip: _____</p> <p>Mailing Address: _____ City, State Zip: _____ <small>(If different than street address)</small></p> <p>Parent / Guardian #2</p> <p>First Name: _____ Last Name: _____</p> <p>Home Phone: _____ Cell Phone: _____ <small>(Include Area Code) (Include Area Code)</small></p> <p>Work Phone: _____ Personal Email: _____ <small>(Include Area Code) Required * (Login Information will be sent here)</small></p> <p>Relationship to Student: _____ Living with Student: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Parent/guardian address if different from student's address:</p> <p>Street Address: _____ City, State Zip: _____</p> <p>Mailing Address: _____ City, State Zip: _____ <small>(If different than street address)</small></p>