

Part-Time Virtual Education Tuition Agreement

Student Name: _____ (“the Student”)

Parent/Guardian Name(s): _____ (“the Parents”)

School District of Residence: _____

School of Full-Time Enrollment
for the 2019-20 School Year: _____

Pursuant to Wis. Stat. § 121.81(1), the School District of Waukesha (“the District”) and the Parents hereby agree as follows:

1. Attendance

The District agrees to permit the Student to attend up to two (2) courses at eAchieve Academy during the 2019-2020 school year. The District agrees to provide the following services:

- Virtual instruction, feedback, and assessment provided by Wisconsin-certified teachers who are licensed in the content area according to DPI guidelines for NCLB implementation
- Student access to the learning management system and email account
- Observer access to the learning management system
- Student access to teachers via email, phone, and/or the online lecture environment
- Orientation materials and training for the student and observers
- Progress updates provide to parent/guardian and monitor at school of full-time enrollment
- End of course grade report
- Transcript upon request

2. Tuition

The Parents agree to pay the District tuition in the amount of \$_____ per course, per semester, an amount calculated in accordance with Wis. Stat. § 121.81(1) and § 118.51(16)(a)3. This payment shall be made within 30 days of invoicing, which will occur after October 1 for 1st semester classes and after March 1 for 2nd semester classes. A \$50 fee will be assessed if the Student is enrolled on the first day of the semester, but then withdraws prior to the invoice date. No refund will be made if the Student withdraws after the invoice dates or does not successfully complete the course(s).

The parties to this Agreement state that they have carefully read this Agreement, know and understand its contents, had the opportunity to retain and confer with legal counsel regarding the terms, conditions, and consequences of this Agreement, have the full and complete authority to execute this Agreement, and freely enter into the Agreement in accordance with the provisions of Wisconsin Statute Section 121.81(1).

Parent Name

Name of Authorizing Agent of the School District of Waukesha/eAchieve Academy

Parent Signature

Signature of Authorizing Agent of the School District of Waukesha/eAchieve Academy

Date of Signature

Date of Signature