



A Wisconsin Online School

Part Time Enrollment – eAchieve Academy

Participation Guidelines:

- Limited to courses where space is available
- Students may enroll in up to 2 courses per semester through eAchieve
- You must identify the name of a key contact in your school (likely your school counselor) that will be monitoring your progress.

Instructions:

- Please print all information
- Complete sections I – IV & the personal information on the reverse side
- Request that your school counselor complete section V
- Send this form to the eAchieve Academy office

I. Student Information			
Name <i>Last, First, Middle Initial</i>	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Full Time School Name
I have access to minimum required computer hardware <input type="checkbox"/> Yes <input type="checkbox"/> No	I have Internet access at home <input type="checkbox"/> High Speed <input type="checkbox"/> Dial-up <input type="checkbox"/> No	Current Grade	Graduation Yr. Applying for which school year?
II. Course Selections			
Courses Requested (include semester - 1st, 2nd, or both)	Check if Approved	Alternate Selections (include semester - 1st, 2nd, or both)	Check if Approved
III. Study Plan			
5 hours of study each week is the expectation per eAchieve class. Please indicate the time and location this will happen each week.			
IV. Signatures			
Your signatures below indicate the information provided is accurate and that you agree to and will monitor (parent/guardian) the study plan.			
Student Signature	Parent/Guardian Name (Please Print)	Parent/Guardian Signature	Date
V. School Contact & Approval		VI. eAchieve Approval	
School Counselor Name	Counselor Phone	eAchieve Contact Person Samantha Castillo	eAchieve Contact Phone 262.970.1182
School Counselor Address	Counselor Email	eAchieve Contact Address 222 Maple Ave, Waukesha, WI 53186	eAchieve Contact Email scastill@waukesha.k12.wi.us
School Counselor Signature	Date Signed	eAchieve Contact Person Signature	Date Signed

Mail to: 222 Maple Avenue, Waukesha, WI 53186

Fax To: 262.970.1148



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. If any of the below contact information changes at anytime 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 LEGAL NAME REQUIRED)

Student First Name: _____ Middle Name: _____ Last Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____
(If different than street address)

Student Home Phone: _____ Student Cell Phone: _____
(Include Area Code) (Include Area Code)

Student Work Phone: _____ Student Personal Email: _____
(Include Area Code)

Please answer BOTH questions 1 and 2

1. Is the above noted student *(Choose one or more. You must select at least one.)*

American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

2. Is the above noted student Hispanic or Latino *(Check only one)*

No, not Hispanic or Latino
 Yes, Hispanic or Latino

Who has legal custody?

Both Parents
 Father
 Mother
 Joint Custody
 Father/Stepmother
 Mother/Stepfather
 Grandparent (s)
 *Guardian (s)
 *Ward of Court
 Independent / Self
 Other _____
(Explain)

Student resides with...

Both Parents
 Father
 Mother
 Father/Stepmother
 Mother/Stepfather
 Stepmother - Stepfather
 Grandparent (s)
 Guardian (s)
 *Agency/Social Services
 Alone
 Student Spouse
 Other Relatives
 Other _____
(Explain)

*Copy of court orders or other legal documents may be required

Parent / Guardian #1

First Name: _____ Last Name: _____

Home Phone: _____ Cell Phone: _____
(Include Area Code) (Include Area Code)

Work Phone: _____ Personal Email: _____
(Include Area Code)

Relationship to Student: _____ Living with Student: Yes No

Parent/guardian address if **different** from student's address

Street Address: _____ City, State Zip: _____

Mailing Address: _____ City, State Zip: _____
(If different than street address)

Parent / Guardian #2

First Name: _____ Last Name: _____

Home Phone: _____ Cell Phone: _____
(Include Area Code) (Include Area Code)

Work Phone: _____ Personal Email: _____
(Include Area Code)

Relationship to Student: _____ Living with Student: Yes No

Parent/guardian address if **different** from student's address

Street Address: _____ City, State Zip: _____

Mailing Address: _____ City, State Zip: _____
(If different than street address)