



## 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
- 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   Grad 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		VI. eAchieve Contact	
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@eAchieve.com

Mail to: 222 Maple Avenue, Waukesha, WI 53186

Email to: [scastill@eAchieve.com](mailto:scastill@eAchieve.com)

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 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.

<b>Student Information</b>	(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: _____ Student Cell Phone: _____ <small>(Include Area Code) (Include Area Code)</small> Student Work Phone: _____ Student Personal Email: _____ <small>(Include Area Code) Required: Login Information will be sent here</small>			
<b>Please answer BOTH questions 1 and 2</b>				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <b>1</b> Is the above noted student <i>(Choose one or more. You must select at least one.)</i>  <input type="checkbox"/> American Indian or Alaska Native  <input type="checkbox"/> Asian  <input type="checkbox"/> Black or African American  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander  <input type="checkbox"/> White         </td> <td style="width: 50%; border: none;"> <b>2</b> Is the above noted student Hispanic or Latino <i>(Check only one)</i>  <input type="checkbox"/> No, not Hispanic or Latino  <input type="checkbox"/> Yes, Hispanic or Latino         </td> </tr> </table>			<b>1</b> Is the above noted student <i>(Choose one or more. You must select at least one.)</i> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<b>2</b> Is the above noted student Hispanic or Latino <i>(Check only one)</i> <input type="checkbox"/> No, not Hispanic or Latino <input type="checkbox"/> Yes, Hispanic or Latino
<b>1</b> Is the above noted student <i>(Choose one or more. You must select at least one.)</i> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<b>2</b> Is the above noted student Hispanic or Latino <i>(Check only one)</i> <input type="checkbox"/> No, not Hispanic or Latino <input type="checkbox"/> Yes, Hispanic or Latino			
<b>Parent/ Guardian Information</b>	<b>Who has legal custody?</b> <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother Joint <input type="checkbox"/> Custody <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Grandparent (s) <input type="checkbox"/> *Guardian (s) <input type="checkbox"/> *Ward of Court <input type="checkbox"/> Independent / Self <input type="checkbox"/> Other _____ <small>(Explain)</small>	<b>Parent / Guardian #1</b> First Name: _____ Last Name: _____ Home Phone: _____ Cell Phone: _____ <small>(Include Area Code) (Include Area Code)</small> Work Phone: _____ Personal Email: _____ <small>(Include Area Code)</small> Relationship to Student: _____ Living with Student: <input type="checkbox"/> Yes <input type="checkbox"/> No Parent/guardian address if <b>different</b> from student's address Street Address: _____ City, State Zip: _____ Mailing Address: _____ City, State Zip: _____ <small>(If different than street address)</small>		
	<b>Student resides with...</b> <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Stepmother - Stepfather <input type="checkbox"/> Grandparent (s) <input type="checkbox"/> Guardian (s) <input type="checkbox"/> *Agency/Social Services <input type="checkbox"/> Alone Student <input type="checkbox"/> Spouse Other <input type="checkbox"/> Relatives <input type="checkbox"/> Other _____ <small>(Explain)</small>	<b>Parent / Guardian #2</b> First Name: _____ Last Name: _____ Home Phone: _____ Cell Phone: _____ <small>(Include Area Code) (Include Area Code)</small> Work Phone: _____ Personal Email: _____ <small>(Include Area Code)</small> Relationship to Student: _____ Living with Student: <input type="checkbox"/> Yes <input type="checkbox"/> No Parent/guardian address if <b>different</b> from student's address Street Address: _____ City, State Zip: _____ Mailing Address: _____ City, State Zip: _____ <small>(If different than street address)</small>		
	<div style="border: 1px dashed gray; border-radius: 50%; padding: 5px; display: inline-block;">             *Copy of court orders or other legal documents may be required           </div>			