



HACIL

Hayward Center for Individualized Learning

Enrollment Form

Date Enrolled: _____ **Phone:** _____

Student Name: _____ **Guardian Name:** _____

Address: _____ **Address:** _____

Email: _____ **Email:** _____

Date of Birth: _____ **Grade:** _____

Birthplace: (City/State/County) _____

Gender: _____ **Race:** _____

Record Release:

- Progress Records (transcripts of grades, grade level completion, achievement tests, and explanation of grading system)
- Behavior Records
- Medical and/or related health records (Immunizations)
- Individualized Education Program (I.E.P.)
- WIAA Athletic Physical Card
- Other _____

I hereby authorize (this school)...

School Name: _____ **Phone:** _____

Address: _____ **Fax:** _____

...to release the above records to ...

**Hayward Center for Individualized Learning
c/o Hayward Community School Administrations Office
Hayward, WI 54843**

Signature: _____ **Date:** _____

[] Guardian [] Student over 18 [] School Official

(According to the Final-Family Educational Rights and Privacy Act (Buckley Amendment) dated June 17, 1976, it is no longer necessary to obtain written consent to release records between schools. It states that school officials, including teachers within the educational institution of other school systems in which the student may intend to enroll, may receive a student's records without written consent for such release.)

Please forward the completed enrollment form by June 15th to:

HACIL Virtual Charter School
15574 Hwy. 77 Suite 1
Hayward, WI 54843

Date Request Sent: _____ **Date Records Received:** _____

Enrollment Acceptance Signature: _____