



HACIL

VIRTUAL CHARTER SCHOOL

4200F1- Enrollment Form

Hayward Center for Individualized Learning

Date Enrolled: _____

Student Name: _____ Address: _____

Guardian Name: _____

Phone: _____ Email: _____

Date of Birth: _____ Enrolling 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 (previous school)...

School Name: _____ Phone: _____

Address: _____ Fax: _____

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

HACIL Virtual Charter School
15574 State Rd. 77 Suite 1
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 institutions 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 May 1 and send to office@hacil.org, above fax, or above address:

Date Request Sent: _____

Date Records Received: _____

Enrollment Approved Signature: _____