



Wisconsin's Online Charter School

SCHOOL DISTRICT OF GRANTSBURG
 DISTRICT REGISTRATION FORM
 "Students Matter at iForward"

Please type or print as clearly as you can

STUDENT INFORMATION	Student's <u>Legal Last Name</u> Enter Text Here		Student's <u>Legal First Name</u> Enter Text Here		
	Student's Personal Email Enter Text Here		Student's Cell Number Enter Text Here		
	Primary Mailing Address Enter Text Here.		City Enter Text Here.	State WI	Zip Code Enter Text Here
	Primary Home Address (if the <u>same</u> as mailing address, just write " <u>same</u> ") Enter Text Here				
	Is this student Hispanic or Latino?		No <input type="checkbox"/> not Hispanic or Latino		Yes <input type="checkbox"/> Hispanic or Latino
	Is this student (choose all that apply)		<input type="checkbox"/> American Indian or Alaskan Native		<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American		<input type="checkbox"/> Multi Ethnic		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
<input type="checkbox"/> White					
PARENT(S)/GUARDIAN CONTACT	Student lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother & Stepfather <input type="checkbox"/> Father & Stepmother <input type="checkbox"/> Alone <input type="checkbox"/> Other				
	Primary Parent(s)/Guardian	Name (Last, First) Enter Text Here		Relationship to Student Enter Text Here	Cell Number Enter Text Here
		Personal Email Enter Text Here		Landline Number Enter Text Here	
		Name (Last, First) Enter Text Here		Relationship to Student Enter Text Here	Cell Number Enter Text Here
		Personal Email Enter Text Here		Landline Number Enter Text Here	
	Emergency Contact	Name (Last, First) Enter Text Here		Relationship to Student Enter Text Here	Phone Enter Text Here
<u>How did you hear about iForward?</u>					
<input type="checkbox"/> TV Advertisement <input type="checkbox"/> Facebook <input type="checkbox"/> Internet Search <input type="checkbox"/> Previous student <input type="checkbox"/> Radio or Newspaper Advertisement <input type="checkbox"/> Referral from My Current School <input type="checkbox"/> Referral from friend or relative <input type="checkbox"/> Other _____ <input type="checkbox"/> Referral from an iForward Student					