



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\***

<b>STUDENT INFORMATION</b>	Student's <u>Legal Last Name</u> Enter Text Here		Student's <u>Legal First Name</u> Enter Text Here		Student's <u>Legal Middle Name</u>		
	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"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> White			
<b>PARENT(S)/GUARDIAN CONTACT</b>	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						
	<b>Primary Parent(s)/ Guardian</b>	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	
	<b>Emergency Contact</b>	Name (Last, First) Enter Text Here		Relationship to Student Enter Text Here		Phone Enter Text Here	
<b><u>How did you hear about iForward?</u></b>							
<input type="checkbox"/> TV Advertisement <input type="checkbox"/> Facebook <input type="checkbox"/> Internet Search <input type="checkbox"/> You are a 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							

# Elementary Student Caretaker Designee Agreement

I, \_\_\_\_\_ (caretaker designee), understand iForward is a full-time, online charter school, and **my child's personal academic success depends greatly on my support and assistance.** I understand iForward is a rigorous program that **delivers high-quality public school education** delivered through certified and professional licensed instructional staff.

To give my child every chance to achieve academic success, **I understand and agree I will:**

- Supervise and maintain a physically, mentally, and emotionally safe learning environment for my child.
- Have a **backup computer available & internet source** at all times if needed.
- Commit to **ensuring the attendance and participation** of my child during their scheduled academic times
- Communicate with my child's teachers** by whatever means the teacher requires.
- Respond to emails and phone calls** from iForward staff and/or teachers as soon as possible and no later than one school day.
- Participate** with my child in the online student orientation and all school assemblies.
- Assist my student with the **submission of their work on time** observing and adhering to the assignment due dates.
- Participate in all state standardized testing** as required by the school and/or state of Wisconsin.
- Follow all the policies and procedures of iForward**, as listed in the **iForward Elementary Student Handbook**.
- Give permission for student pictures/videos** to be used for our school website, yearbook, and other school educational purposes.
- Provide basic school supplies** per the classroom materials list that my child will need to be successful.
- Support and encourage my child **without completing the work for them.**
- Understand that in most cases each course my child enrolls in will involve **work both online and offline that I am required to supervise.**

**Please read carefully:** I understand if the educational setting at iForward isn't "right for my child", or a long-term illness or condition keeps them from attending online school, or a student caretaker designee is unavailable throughout the school day to provide a supervised and safe environment, or if my child is unable to maintain progress in the course, or if my child is deemed to be physically or academically truant under iForward policy or State of Wisconsin statutes, or as the result of a disciplinary action; I may be transferred back to my resident district school.

**I will do my best to support and supervise my child while they are enrolled in iForward.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Caretaker Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date