



EAU CLAIRE
AREA SCHOOL DISTRICT

500 Main Street
Eau Claire, WI 54701
(715) 852-3003

INSTRUCTIONS: Please fill out the information completely and accurately. Missing or inaccurate data may hinder processing or result in errors relating to acceptance/denial. Submit the completed form to the neighborhood school in which you reside. Upon approval, you will need to enroll your child at the Administration Building.

PUBLIC SCHOOL PART-TIME ATTENDANCE

I. GENERAL INFORMATION

To be completed by the parent, legal guardian or student (if age 18 or older). The application should be submitted to the neighborhood school in which you reside. Upon approval, you will be asked to complete enrollment paperwork.

Student Name (Separate application form is required for each student)	Telephone Number	Grade in previous semester																								
Street Address	City	Zip Code																								
Currently Attending: <input type="checkbox"/> Eau Claire Virtual School <input type="checkbox"/> Private School <input type="checkbox"/> Home-Based Education	School in which the student is applying to attend:																									
Name of the course or courses the student is applying to attend: 1. 2.	Course Number (For high school students see Academic & Career Planning Guide online) 1. 2.	Scheduled Start Date 1. 2.																								
Alternate Courses: 1. 2. 3.																										
<table style="width: 100%; border: none;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> <td></td> </tr> <tr> <td>1.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Does the student have any special education needs?</td> </tr> <tr> <td>2.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Has the student been expelled any time during the past three years?</td> </tr> <tr> <td>3.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Are disciplinary proceedings pending that could lead to expulsion?</td> </tr> <tr> <td>4.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Does the student have proof of immunization?</td> </tr> <tr> <td>5.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Has the student's birth certificate been examined for proof of age?</td> </tr> </table>				Yes	No		1.	<input type="checkbox"/>	<input type="checkbox"/>	Does the student have any special education needs?	2.	<input type="checkbox"/>	<input type="checkbox"/>	Has the student been expelled any time during the past three years?	3.	<input type="checkbox"/>	<input type="checkbox"/>	Are disciplinary proceedings pending that could lead to expulsion?	4.	<input type="checkbox"/>	<input type="checkbox"/>	Does the student have proof of immunization?	5.	<input type="checkbox"/>	<input type="checkbox"/>	Has the student's birth certificate been examined for proof of age?
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II. PARENT/GUARDIAN SIGNATURE AND RELEASE OF RECORDS

Note to parent: Your signature on this form grants permission for the school district to request transcripts necessary to determine whether the student meets the District's prerequisites for the course. Further, s.118.52(10), Wis. Stats., authorizes the Eau Claire Area School District to request any student records relating to expulsion. This consent is effective until the student completes the course or until the application is withdrawn by the parent/guardian.

Signature of Parent/Guardian or Student if 18 or older	Parent/Guardian Name (Please Print)	Date Signed
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III. COURSE APPROVAL/DENIAL

To be completed by the school principal and sent to the parent no less than one week before the scheduled start of the course (a post-mark of at least three days before the parent is required to receive it shall constitute timely notification). A copy will be sent to the Executive Director of Administration's Office upon completion.

SEMESTER I, COURSE I

Name of Course:

- Approved
 Denied

Reason for Denial: *Required*

- Space is not available in the course.
 Student does not meet high school admission standards.
 Does not meet prerequisite.

SEMESTER I, COURSE II

Name of Course:

- Approved
 Denied

Reason for Denial: *Required*

- Space is not available in the course.
 Student does not meet high school admission standards.
 Does not meet prerequisite.

SEMESTER II, COURSE I

Name of Course

- Approved
 Denied

Reason for Denial: *Required*

- Space is not available in the course.
 Student does not meet high school admission standards.
 Does not meet prerequisite.

SEMESTER II, COURSE II

Name of Course

- Approved
 Denied

Reason for Denial: *Required*

- Space is not available in the course.
 Student does not meet high school admission standards.
 Does not meet prerequisite.

ALTERNATE COURSE

Name of Course

- Approved
 Denied

Reason for Denial: *Required*

- Space is not available in the course.
 Student does not meet high school admission standards.
 Does not meet prerequisite.

ALTERNATE COURSE

Name of Course

- Approved
 Denied

Reason for Denial: *Required*

- Space is not available in the course.
 Student does not meet high school admission standards.
 Does not meet prerequisite.

Signature of Principal

Date Signed

IV. NOTIFICATION THAT STUDENT WILL NOT ATTEND

To be completed by the parent and a copy provided to both the school principal and Executive Director of Administration's Office no later than the last week day (excluding state holidays) preceding the scheduled start of the course.

_____ (Student Name)

will not attend
(course).

_____ (Student
Name)

will not attend
(course).

Signature of Parent/Guardian or Student *if 18 or older*

Date Signed

Revised 8/08/2018