

## Enrollment Checklist

1. Complete the Department Of Instruction's (DPI) Open Enrollment Process within the designated time frame. Visit <http://dpi.wi.gov/sms/psctoc.html>.
2. If selected, return the Intent to Attend to Spooner Area School District in the designated time frame.
3. Complete the online application.
4. Complete all of the items in the checklist below for each student applying to the program.
  - Fax the documents to 800-536-5867 *or*
  - Scan and email your documents to [KAWInfo@kaplan.edu](mailto:KAWInfo@kaplan.edu)

If you have any questions or need assistance, please call us at **866-362-8528**.

**Note:** Students are not officially enrolled until all completed forms have been submitted and all additional required documentation for the student has been reviewed by the school Admissions Department.

## Checklist

- Completed online application
- Enrollment Acceptance form completed and signed (page 2)
- Agreement for Use of Instructional Property form completed and signed (pages 3 and 4)
- Signed Family Educational Rights and Privacy Act (FERPA) Consent Form (page 5)
- Home Language Survey (page 6)
- Records Release Form (page 7)
- Spooner Area School District Online Application (page 8)
- Unofficial Transcripts for any credits earned to date

## ENROLLMENT ACCEPTANCE

### Statement of Education Equality

Kaplan Academy of Wisconsin does not discriminate on the basis of race, color, national origin, sex, sexual orientation, age or disability in admission or access to, or treatment or employment in, its programs and activities. For more information, please contact [KAWInfor@Kaplan.edu](mailto:KAWInfor@Kaplan.edu).

### Acknowledgement of Expectations

Please initial each of the following statements.

\_\_\_\_\_ I understand that I am enrolling my child in a public school with attendance requirements that he/she is expected to meet.

\_\_\_\_\_ I understand that public school enrollment includes participation in the required state testing program.

\_\_\_\_\_ I expect my child to have the guidance and support of a professional Instructor in the Kaplan Academy of Wisconsin program.

\_\_\_\_\_ I understand that student progress is an expected part of the Kaplan Academy of Wisconsin program in addition to the attendance hours logged. Instructors will review progress and consider other factors, including parental input, when making student advancement decisions.

\_\_\_\_\_ I understand that I am required to participate in regular conferences with my child's Instructor(s).

\_\_\_\_\_ I understand that if my student enrolls, both my student and I will abide by the Student Handbook.

I verify that all of the information contained in the application, including, without limitation, the Student Application, is complete and factually correct.

Please accept this signed and completed document to enroll \_\_\_\_\_ (student's name) in Kaplan Academy of Wisconsin.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Agreement for Use of Instructional Property**

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Responsible Party is the parent or legal guardian of the Student, who is enrolling at Kaplan Academy of Wisconsin.

Kaplan Academy of Wisconsin has made arrangements to permit each Student to use certain instructional books and materials ("Instructional Property") to facilitate the Student's education while enrolled in Kaplan Academy of Wisconsin.

Responsible Party hereby agrees to the following:

1. Use of Instructional Property. Kaplan Academy of Wisconsin shall permit the Student and the Responsible Party to use the Instructional Property listed on the attached Appendix 1–Instructional Property Schedule. Kaplan Academy of Wisconsin reserves the right to add, change, substitute, and/or delete individual items on the Instructional Property Schedule from time to time.

2. Term. Responsible Adult's and Student's rights to use and possess the Instructional Property expire upon the Student's termination of enrollment. Notwithstanding the foregoing, Kaplan Academy of Wisconsin reserves the right to terminate any right to use of Instructional Property and take possession immediately if it has reason to believe that any term or condition of this Agreement is being violated. Responsible Party shall return all of the Instructional Property as instructed within five (5) days of the termination date in the same condition as delivered, normal wear and tear excepted.

3. Ownership. At no time shall legal title to or ownership of any of the Instructional Property vest in the Responsible Party or Student, who shall only have the rights to temporary use and possession as provided herein.

4. Condition of Instructional Property. Responsible Party agrees to fill out, sign, and return the Instructional Property Receipt Acknowledgment Form (to be enclosed with Instructional Property) to Kaplan Academy of Wisconsin to acknowledge receipt of the Instructional Property and to affirm that it is all in satisfactory operating condition upon receipt.

5. Responsibility for Instructional Property. Responsible Party must maintain the Instructional Property at the Responsible Party's residence set forth as the shipping address in the enrollment form unless Responsible Party provides thirty (30) days' written notice of any new address to Kaplan Academy of Wisconsin. Responsible Party shall be solely liable for any loss or damage to the Instructional Property until it is received back by Kaplan Academy of Wisconsin and shall take all reasonable precautions to protect it. Responsible Party agrees to inform Kaplan Academy of Wisconsin of any loss or damage to the Instructional Property from any cause whatsoever within three (3) days of the loss or occurrence of damage. Kaplan Academy of Wisconsin will provide the Responsible Party with a loss report form that will include provisions for the Responsible Party to pay for the lost or damaged Instructional Property and, upon receipt, will allow the replacement Instructional Property to be shipped.

6. Maintenance and Repair. Responsible Party is responsible for maintenance and repair of the Instructional Property while in his or her possession and will follow all instructions for Instructional Property requiring repairs as directed by Kaplan Academy of Wisconsin Technical Support and the Warranty Agreement with the Original Equipment Manufacturer. Responsible Party is solely responsible for upgrading to new software versions when publicly available, obtaining and installing antivirus file updates, and overall maintenance of each software application provided.

7. Use of Instructional Property. Responsible Party agrees that: (i) Instructional Property may be used solely for the education of the Student while enrolled at Kaplan Academy of Wisconsin and not for the benefit of any other person or for any other purpose, (ii) all Instructional Property shall be used in accordance with Kaplan Academy of Wisconsin policies and rules and the manufacturer's instructions, (iii) each software application provided shall be subject to, and used in accordance with, the license and/or use agreement that accompanies that software application, (iv) all usage of the Instructional Property shall be subject to Kaplan Academy of Wisconsin policies and rules regarding Network/Internet use and protocol, (v) Responsible Party is solely responsible for ensuring that the software settings, default configurations, and administrative privileges are maintained at the original specified settings that the Instructional Property had upon delivery and will be liable for any resulting damage to the Instructional Property, any files, and/or other software applications if these default settings are changed or modified without explicit authorization from Kaplan Academy of Wisconsin Technical Support, and (vi) Responsible Party is solely responsible for keeping User IDs and passwords confidential to prevent unauthorized usage and understands that passwords should be changed on a regular basis.

## Agreement for Use of Instructional Property (Continued)

8. General Indemnity. Responsible Party agrees to indemnify, defend, and hold harmless Kaplan Academy of Wisconsin and any sponsoring School District or Authority, their respective employees, officers, directors, agents, assignees, and all affiliated companies and/or entities ("Indemnified Parties") from and against any and all claims, actions, suits, proceedings, costs, expenses (including, without limitation, court costs and attorney fees), damages, obligations, judgments, orders, penalties, fines, injuries, liabilities, and losses arising directly or indirectly out of or in connection with any matter covered by this Agreement, other than those caused by Kaplan Academy of Wisconsin.

9. DISCLAIMER OF WARRANTIES. NO PARTY MAKES ANY WARRANTY OR REPRESENTATION, EITHER EXPRESS OR IMPLIED, AS TO THE VALUE, DESIGN, CONDITION, MERCHANTABILITY, OR FITNESS FOR A PARTICULAR PURPOSE, OR FITNESS FOR USE OF ANY OF THE INSTRUCTIONAL PROPERTY. IN NO EVENT SHALL ANY PARTY BE LIABLE FOR ANY ACTUAL, INCIDENTAL, DIRECT, INDIRECT, SPECIAL, OR CONSEQUENTIAL DAMAGES IN CONNECTION WITH OR ARISING OUT OF THIS AGREEMENT, OR THE EXISTENCE, FURNISHING, FUNCTIONING, USAGE, OR MAINTENANCE OF ANY INSTRUCTIONAL PROPERTY PROVIDED UNDER THIS AGREEMENT.

10. Insurance. Responsible Party agrees to maintain at his or her expense adequate insurance to cover damage to the Instructional Property by fire, theft, flood, explosion, accident, act of God, or other cause to the full replacement value of the Instructional Property and agrees that he or she will be financially liable for it regardless of the availability of insurance proceeds.

11. Miscellaneous. Responsible Party represents that he or she has the power to bind all of Student's parents or legal guardians, all of whom shall be bound by these terms. Responsible Party cannot amend this Agreement unless accepted in writing by an authorized representative of Kaplan Academy of Wisconsin. This Agreement shall constitute the entire agreement between the parties with regard to the Instructional Property and any prior understanding or representation of any kind shall not be binding on either party, except to the extent incorporated herein. The waiver of any right under this Agreement by either party shall not be construed as a waiver of the same right at a future time or a waiver of any other right under this Agreement. This Agreement shall be construed and enforced in accordance with the laws of the state of Wisconsin. The parties acknowledge and expressly agree to waive any and all rights to a trial by jury of any claim or dispute arising under this Agreement.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Family Educational Rights and Privacy Act (FERPA) Consent Form

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The Family Educational Rights and Privacy Act (FERPA) gives parents and students over 18 years of age ("eligible students") certain rights regarding the student's education records. One of those rights is the right to consent to disclosures of personally identifiable information contained in the student's education records.

Spooner Area School District and its designated curriculum provider, Kaplan Virtual Education (KVE), have found that to best serve the student's education needs, it is necessary to disclose a student's name and address to the following classes of vendors that provide important services related to your student's education. In all cases, these vendors will have agreed to ensure the confidentiality of the student's name and address and to not use the information for purposes other than that contracted to meet the student's education needs.

- Suppliers of educational materials for purposes of shipping to and from the student's home
- Customer care providers that handle support calls for KVE
- Internet service provider
- Companies that enter the student information into a computer database for use by school officials
- Speakers or presenters presenting or participating in synchronous Web-conferencing sessions
- Computer professionals that host and maintain KVE's student account management systems
- Other contractors and subcontractors that Spooner Area School District and/or KVE identify as necessary to providing education services

To best serve the student, Spooner Area School District requests the following parental consent to disclose the student's name and address to the specified class of contractors.

I hereby agree that my student's name, address, and other information as necessary, be provided to the above identified contractors to ensure that Spooner Area School District can best meet my student's education needs.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## HOME LANGUAGE SURVEY

### TO BE COMPLETED BY PARENT OR GUARDIAN

The following information is to be completed for each student that enrolls for the first time in any Kaplan Virtual Education (KVE) school. This survey shall be kept in each student's permanent record folder. This information is used to help us communicate better with our students' families and help us identify students that need to be assessed for English language proficiency to determine eligibility for additional instructional programs and services. Please do not leave any question unanswered.

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Student's Grade \_\_\_\_\_

KVE school \_\_\_\_\_

1. Which language did THE STUDENT learn when he/she first began to talk? \_\_\_\_\_
2. What language does THE STUDENT use most frequently at home? \_\_\_\_\_
3. What language does THE PARENT OR GUARDIAN use most frequently to speak to the student?  
\_\_\_\_\_

**Did you list any language other than English in questions 1, 2, or 3?  Yes  No**  
**Only answer questions 4-9 if you selected a language other than English for questions 1-3.**

4. Name the languages in the order most often spoken BY THE PARENTS OR GUARDIANS at home:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

5. Do you feel that THE STUDENT can communicate in English?

Understands  Y  N      Reads  Y  N  
 Speaks  Y  N      Writes  Y  N

6. If a language other than English is indicated on any line above, can THE STUDENT communicate in that language?

Language: \_\_\_\_\_

Language: \_\_\_\_\_

Understands:  Y  N  
 Speaks  Y  N

Reads  Y  N  
 Writes  Y  N

Understands  Y  N  
 Speaks  Y  N

Reads  Y  N  
 Writes  Y  N

Language: \_\_\_\_\_

Understands:  Y  N  
 Speaks  Y  N

Reads  Y  N  
 Writes  Y  N

7. Has the student attended school in the United States?  Y  N  
 If yes, what was the beginning date? \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

## Technology Acknowledgement Form

This form must be completed and signed by the student and parent/guardian (if the student is under the age of 18).

Please Check Yes or NO

Yes    No

       The Admissions Advisor reviewed the Technology Requirements with me.

Yes    No

       I meet the Technology Requirements.

If no, please explain:

Explanation: \_\_\_\_\_

\_\_\_\_\_

Please read and sign below.

By signing below I am confirming that the information stated above is true and accurate.

\_\_\_\_\_  
Student Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (If student is under 18)

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

\_\_\_\_\_  
Date

I, the undersigned, hereby authorize the Spooner Area School District to obtain the school records of my child(ren) listed below that are enrolling in the Kaplan Academy of Wisconsin:

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

These school records should include all information regarding:

Academic Records

Transcript of Grades and Credits (grades 6-8 or 9-12)

Psychological Testing

Permanent Records

Behavioral Records

Health Records

IEP Findings

Standardized Test Results

Name and address of school and/or medical institution:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Send Records To:**

Kaplan Academy of Wisconsin  
Attn: Records  
1601 SW 80<sup>th</sup> Terrace  
Plantation, FL 33324

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

OR

\_\_\_\_\_  
Signature of Student if 18 or older

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Resident School District: \_\_\_\_\_

School last attended: \_\_\_\_\_ School Year Last Attended: \_\_\_\_\_

**STUDENT INFORMATION**Legal Name: \_\_\_\_\_  
*Last Name First Name Middle Initial*Mailing Address: \_\_\_\_\_  
*Street Address City Zip*

Student Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (mm/dd/yyyy) Gender:  Male  Female

Grade Level: \_\_\_\_\_ Anticipated High School Graduation Year: \_\_\_\_\_

Has the student been enrolled in a distance learning program prior to now?  Yes  No

If Yes Where? \_\_\_\_\_ Start and End Dates: \_\_\_\_\_

Has the student ever been found, by an IEP team, to have a disability?  Yes  NoHas the student been identified as At-Risk?  Yes  No**Ethnic Origin: Please answer Part I and Part II****Part I:** Is this student Hispanic or Latino? (Choose only one.)  No, not Hispanic or Latino  Yes, Hispanic or Latino**Part II:** Is this student (Choose one or more. You must select at least one.)

- 
- Am Indian or Alaskan Native
- 
- Asian
- 
- Black or African American
- 
- 
- Native Hawaiian or Other Pacific Islander
- 
- White

**FAMILY INFORMATION**Parent/Guardian Name(s): \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
*Last Name First Name*\_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
*Last Name First Name*

Parent/Guardian Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
*Last Name First Name*

Emergency Contact Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I am the parent or legal guardian of the above named student and certify the information given above is true.

\_\_\_\_\_  
Signature. Parent/Guardian\_\_\_\_\_  
Printed Name**EQUAL EDUCATIONAL OPPORTUNITIES**

No person may be denied admission to any public school in the district or be denied participation in, be denied the benefits of or be discriminated against in any curricular, extracurricular, pupil services, recreational or other program or activity because of the person's sex, race, color, national origin, ancestry, creed, religion, pregnancy, marital or parental status, sexual orientation, handicap or physical, mental, emotional or learning disability. This policy also prohibits discrimination as defined by Title IX of the Education Amendments of 1972 (sex), Title VI of the Civil Rights Act of 1964 (race, color, national origin), Section 504 of the Rehabilitation Act of 1973 (handicap) and the Americans with Disabilities Act (disability).