



Notice of Intent to Attend in 2018-2019 School Year

Student Name: _____ Date of Birth: _____

Resident School District: _____

Please check one:

- My child will attend eAchieve Academy Wisconsin for 2018-2019**
- My child will not attend eAchieve Academy Wisconsin for 2018-2019**

If your child is not returning to eAchieve Academy, please indicate the School and/or District your child will attend for 2018-2019: _____

Reason for not returning: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Please return this form to the eAchieve Academy office no later than **April 1, 2018** via:

1. Scan and email to eAsecretary@waukesha.k12.wi.us, -OR-
2. Fax to 262.970.1148 -OR-
3. Mail to:
 eAchieve Academy Wisconsin
 222 Maple Ave
 Waukesha, WI 53186