

EAGLES ACADEMY

SOLON
SPRINGS
SCHOOL
DISTRICT

715.378.2263
8993 E. Baldwin St.
Solon Springs, WI 54873
bhager@solonk12.net
www.solonk12.net

Applications are due on April 29th!

Applications can be:

1. Dropped off in the Solon Springs School Office
2. Emailed to bhager@solonk12.net
3. Mailed to 8993 E. Baldwin St. (Solon Springs)

Student Enrollment Application

Student's Information

Student's Name: _____ Date of Birth _____

Age _____ Gender _____ Address _____

City _____ Zip Code _____ Current School Name _____

Current Grade Level _____ Credits currently earned (for HS applicants) _____

A high school transcript, 5th grade, or last grade completed report card must accompany application.

Does your child have an IEP? YES NO

Please provide a copy of your child's last IEP with this application.

Does this child have a sibling who currently attends Eagles Academy? YES NO

If so, please provide the name of the current Eagles Academy sibling(s) _____

How did you hear about Eagles Academy? _____

Parent/Caregiver Information

Student resides with: Both Parents Mother Father Other _____
(Please specify)

Name of **Primary** Caregiver _____

Address _____ Zip Code _____

Phone Numbers: Home _____ Work _____ Cellular _____

Email Address _____

Parent/Caregiver Information

Student resides with: ___ Both Parents ___ Mother ___ Father ___ Other _____
(Please specify)

Name of **Secondary** Caregiver _____

Address _____ Zip Code _____

Phone Numbers: Home _____ Work _____ Cellular _____

Email Address _____

Parent/Caregiver's Signature _____

Student Signature _____

For Office Use Only

Date of Application Receipt _____ Time of Application Receipt _____

Date Transcripts Received _____ Date IEP Received _____

Notes: