Kane Area Cyber Academy
Enrollment Form

Date of Request: _____

Student Name: _____ Birthdate: _____ Grade Level ____

Special Education: Yes No

Parent/Guardian Name: _____

Address: _____

Home Phone: _____ Cell Phone_____

Email: _____

Your signature indicates your intent to enroll the child listed above in KACA and verifies that you have read and understand all the information in the KACA program booklet.

_____
Parent/Guardian Signature Date

_____
Building Principal Signature Date

[Office Use]

____ Student placed in online courses.

____ Device and hard copy materials provided

Start date: _____