



Be the Change – Bridge Program

Creating a Positive Sense of Identity, Dignity, and Self-Confidence for Boys of Color
Session - Monday-Friday, July 1-July 26, 2019 - 8:30 a.m.-12:30 p.m.
 No school July 4 or July 5

Student Information – PLEASE PRINT

Last name	First name	Middle initial
MPS student ID	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Home address	City	Zip
Home phone	Birth date (Month/Day/Year) ____/____/____	
Ethnicity (select all that apply): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White		Current program: <input type="checkbox"/> Bilingual <input type="checkbox"/> ESL <input type="checkbox"/> Special education <input type="checkbox"/> Other: <input type="checkbox"/> Lau level: _____
Current school	Grade level in May 2019: 8	

Medical Information

Student's doctor	Clinic name/phone
Allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No Life-threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:
Other health factors	
Medications taken at school? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If the student requires medication, I understand that I am obligated to ensure that the medication is provided, and the Medication Authorization Form is on file with the school office. (If ordered by the student's physician, an EpiPen must be provided each day.) You can obtain the form on the MPS website or at your child's school.</i>	

Statement of Permission and Release of Liability

Permission: I understand, as parent/legal guardian of the above-named child, that there are times when the local news media, national news media, and/or nonprofit organizations partnering with Milwaukee Public Schools request the opportunity to videotape, take photographs, and/or interview children within the Milwaukee Public Schools. By signing this, I understand that and give permission for MPS to allow this with respect to my child.

Release: I also understand that by signing this release I give permission to the Milwaukee Public Schools to make or use pictures, slides, digital images, or other reproductions of me, of my minor child, or of materials owned by me or my child and to put the finished pictures, slides, or images to use without compensation in broadcast productions, publications, on the Web, or other printed or electronic materials related to the role and function of the Milwaukee Public Schools.

I understand that by signing this, I am, on behalf of myself and my child, releasing MPS and its directors, officers, employees, and agents from any future claims as well as from any liability arising from the use of any photograph or other images. This form shall be valid for the entire summer program and can be revoked by the parent/legal guardian at any time in writing.

Yes, I give this permission to MPS. No, I do not give this permission to MPS.

Parent/Legal Guardian Signature _____

Site: Rufus King High School 1801 W. Olive St., Milwaukee, WI 53209

Course Name: CITIZENSHIP (ACCELERATION COURSE)	Course Code: SS121-77
Course Name: LEADERSHIP/ACADEMIC/LIFE SKILLS	Course Code: OE241
I am the parent or legal guardian of this student. <input type="checkbox"/> Yes <input type="checkbox"/> No	Date
Parent/Legal Guardian Printed Name	
Parent/Legal Guardian Signature	