



MILWAUKEE PUBLIC SCHOOLS

Summer Academy High School Bilingual Program Grades 9-12

June Session - Monday-Friday, June 3-28, 2019 - 8:30 a.m.-12:30 p.m.

June Session Enrollment Deadline May 1, 2019

July Session - Monday-Friday, July 1-26, 2019 - 8:30 a.m.-12:30 p.m.

July Session Enrollment Deadline May 31, 2019

No school July 4 or July 5

Priority registration will be given to MPS students. Return this form to your child's current MPS school as soon as possible. For questions, call (414) 475-8565.

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 school	Grade level in May 2019: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
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. <input type="checkbox"/> Yes, I give this permission to MPS. <input type="checkbox"/> No, I do not give this permission to MPS.		
Parent/Legal Guardian Signature _____		
Parent/Legal Guardian Printed Name		
I am the parent or legal guardian of this student. <input type="checkbox"/> Yes <input type="checkbox"/> No		Date

Application continued on the other side of the page.

EXTENDED LEARNING OPPORTUNITIES USE ONLY Student cross-enrolled ____ (initials) Courses entered ____ (initials)
White Copy - ELO Office Yellow Copy - Student



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Last name	First name	Middle initial
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Bilingual Summer Academy Site:	Hamilton High School, 6215 W. Warnimont Ave., Milwaukee, WI 53220
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Select June Bilingual Courses: <i>(Select no more than 2 courses)</i>	Bilingual Course Offerings	
	English 9 Bilingual Section	Algebra Bilingual Section
	<input type="checkbox"/> Semester 1 EN101SUM <input type="checkbox"/> Semester 2 EN111SUM	<input type="checkbox"/> Semester 1 MA211SUM <input type="checkbox"/> Semester 2 MA221SUM

Additional courses needed (available in English only)

Face-to-Face Credit Recovery

1. Course Name _____ Course Code _____ D Failed/U

Students absent two or more days in Summer Academy may be dropped from their course(s); therefore, students will not earn credits for the course(s).

Select July Bilingual Courses: <i>(Select no more than 2 courses)</i>	Bilingual Course Offerings	
	English 9 Bilingual Section	Algebra Bilingual Section
	<input type="checkbox"/> Semester 1 EN101SUM <input type="checkbox"/> Semester 2 EN111SUM	<input type="checkbox"/> Semester 1 MA211SUM <input type="checkbox"/> Semester 2 MA221SUM

Additional courses needed (available in English only)

Face-to-Face Credit Recovery

1. Course Name _____ Course Code _____ D Failed/U

Students absent two or more days in Summer Academy may be dropped from their course(s); therefore, students will not earn credits for the course(s).

Transcript and completed credit checklist must accompany this application.

School Counselor Printed Name _____	
School Counselor Signature _____	Date _____