



**MILWAUKEE
PUBLIC SCHOOLS**

Summer Academy High School Credit Recovery and Credit Acceleration 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

Grade 9–12 students enrolling in the high school program who are not currently enrolled in MPS must bring a copy of their most current transcript and this form to the MPS Extended Learning Opportunities office, 5225 W. Vliet St., Room 150, Milwaukee, WI 53208 to register. Tuition students (non-City of Milwaukee residents) must submit tuition payment at the time of registration.

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: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
Will you be eligible for graduation in August with the completion of these credits? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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		
<p>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.</p> <p>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.</p> <p>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.</p> <p><input type="checkbox"/> Yes, I give this permission to MPS. <input type="checkbox"/> No, I do not give this permission to MPS.</p>		
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.



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Student Information - PLEASE PRINT

Last name First name MPS student ID

June Session Site: (select one)
Hamilton High School
Milwaukee High School of the Arts
Rufus King High School
If taking only one face-to-face credit recovery class, select one:
Credit recovery (8:30-10:30 a.m.)
Credit recovery (10:30 a.m.-12:30 p.m.)

Note: Students may elect to take no more than two face-to-face recovery courses or one online recovery course at a time. The online recovery course must be completed before another online course can be started.

Face-to-Face Credit Recovery Online Edgenuity/Proximity Credit Recovery
1. Course Name Course Code
2. Course Name Course Code

Face-to-Face Credit Acceleration - must be present the full four hours Online Edgenuity Credit Acceleration - must be present the full four hours
1. Course Name Course Code

July Session Site: (select one)
Hamilton High School
Milwaukee High School of the Arts
Rufus King High School
If taking only one face-to-face credit recovery class, select one:
Credit recovery (8:30-10:30 a.m.)
Credit recovery (10:30 a.m.-12:30 p.m.)

Note: Students may elect to take no more than two face-to-face recovery courses or one online recovery course at a time. The online recovery course must be completed before another online course can be started.

Face-to-Face Credit Recovery Online Edgenuity/Proximity Credit Recovery
1. Course Name Course Code
2. Course Name Course Code

Face-to-Face Credit Acceleration - must be present the full four hours Online Edgenuity Credit Acceleration - must be present the full four hours
1. Course Name Course Code

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