



**MILWAUKEE
PUBLIC SCHOOLS**

July Summer Academy Elementary & Middle School Application

K5-Grade 8 · Monday-Friday, July 1-26, 2019 · 7:30-11:30 a.m.

No school July 4 or July 5

Return this form to any MPS school or the Extended Learning Opportunities office as soon as possible. Space is limited. Afternoon programming is available through Milwaukee Recreation.

July Summer Academy Site: (check one)	<i>Traditional Sites = Parents are responsible for transportation</i>			
	<input type="checkbox"/> Bethune K5-8, CLC, ESL 1535 N. 35th St.	<input type="checkbox"/> Brown Street K5-5, Safe Place 2029 N. 20th St.	<input type="checkbox"/> Clement K5-8, CCC, ESY 3666 S. Clement Ave.	<input type="checkbox"/> Cooper K5-8, CCC 5143 S. 21st St.
	<input type="checkbox"/> Craig Montessori K5-8, CCC 7667 W. Congress St.	<input type="checkbox"/> Fernwood Montessori K5-8, CCC 3239 S. Pennsylvania Ave.	<input type="checkbox"/> Fifty-Third K5-8, CLC 3618 N. 53rd St.	<input type="checkbox"/> Gaenslen K5-8, Safe Place, ESY 1250 E. Burleigh St.
	<input type="checkbox"/> Grantosa K5-8, Safe Place 4850 N. 82nd St.	<input type="checkbox"/> Greenfield K5-8, CLC, BIL, ESL 1711 S. 35th St.	<input type="checkbox"/> Hayes K5-8, CLC, BIL, ESL 971 W. Windlake Ave.	<input type="checkbox"/> Mitchell K5-8, Safe Place, BIL, ESL 1728 S. 23rd St.
	<input type="checkbox"/> Morgandale K5-8, CCC 3635 S. 17th St.	<input type="checkbox"/> Vieau K5-8, CLC, BIL, ESL 823 S. 4th St.	<input type="checkbox"/> Zablocki K5-8, CLC 1016 W. Oklahoma Ave.	
	<i>Super Sites = Busing provided within a 2-mile zone of the selected site. Parents are responsible for transportation outside of the 2-mile zone.</i>			
	<input type="checkbox"/> Carver K5-8, CLC 1900 N. 1st St.	<input type="checkbox"/> Congress K5-8, CCC, ESY 5225 W. Lincoln Creek Dr.	<input type="checkbox"/> Kluge K5-5, CLC 5760 N. 67th St.	
	Bus Transportation Requested (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No			
	<i>BIL = bilingual, CCC = child care camp, CLC = community learning center, ESL = English as a second language, ESY = extended school year</i>			

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) ____ / ____ / ____	
Current school	Current grade	
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		
Student resides with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both parents <input type="checkbox"/> Legal guardian <input type="checkbox"/> Relative <input type="checkbox"/> Other:		
Student currently receives services in: <input type="checkbox"/> English as a Second Language (ESL) <input type="checkbox"/> Bilingual services (BIL)		

Application continued on reverse side.

Family Information

Parent #1: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other		Parent #2: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other	
Name		Name	
Address <input type="checkbox"/> Check here if same as student (if not, please provide)		Address <input type="checkbox"/> Check here if same as student (if not, please provide)	
City		City	
State	Zip	State	Zip
Phone: Mobile		Phone: Mobile	
Phone: Home/Work		Phone: Home/Work	
Email		Email	

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 that 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 _____

Parent/Legal Guardian Printed Name _____

I am the parent or legal guardian of this student. <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature Date _____
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OFFICE USE ONLY: School Rep. _____ Date _____ Lau Level _____
Student cross-enrolled _____ (initials) District Office _____ Date _____