



# July Elementary Bilingual Program Application

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

**MILWAUKEE  
PUBLIC SCHOOLS**

No school on July 4 and 5

Return this form to your child's teacher or current MPS school as soon as possible.

For additional questions, please call (414) 475-8565. Space is limited.

<b>July Bilingual Site (select one)</b>	<input type="checkbox"/> <b>Greenfield</b> Bilingual Grades K5-7 CLC, BIL, ESL 1711 S. 35th St.	<input type="checkbox"/> <b>Hayes</b> Bilingual Grades K5-8 CLC, BIL, ESL 971 W. Windlake Ave.
	<input type="checkbox"/> <b>Mitchell</b> Bilingual Grades K5-8 Safe Place, BIL, ESL 1728 S. 23rd St.	<input type="checkbox"/> <b>Vieau</b> Bilingual Grades K5-8 CLC, BIL, ESL 823 S. 4th St.

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 level	
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:		

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	

*Application continued on the other side of the page.*

**Medical Information**

Student's doctor

Clinic name/phone

Allergies?  Yes  No

Describe:

Life-threatening?  Yes  No

Other health factors

Medications taken at school?  Yes  No

*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.

**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.  Yes  No

Signature Date

**OFFICE USE ONLY:** School Rep. \_\_\_\_\_ Date \_\_\_\_\_ Lau Level \_\_\_\_\_  
 Student cross-enrolled \_\_\_\_\_ (initials) District Office \_\_\_\_\_ Date \_\_\_\_\_