



June Summer Academy Elementary & Middle School Application

K5-Grade 8 · Monday-Friday, June 3-28, 2019 · 7:30-11:30 a.m.

**MILWAUKEE
PUBLIC SCHOOLS**

Return this form to any MPS school or the Extended Learning Opportunities office (5225 W. Vliet St., Room 150) as soon as possible. Afternoon programming is available through Milwaukee Recreation.

June Summer Academy Site	Congress School K5-8, CCC, ESY, 5225 W. Lincoln Creek Dr.
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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)		

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>	

Application continued on reverse side.

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 _____