



# MILWAUKEE COLLEGIATE ACADEMY

Founded 2004

**Milwaukee Collegiate Academy:** Milwaukee Collegiate Academy's mission is to nurture scholars capable of transforming their world, by sending them to and through college.

## Application for Admission: 2014-15

*All Information obtained in this document will be kept confidential.*

### **Items needed to Complete Application:**

- *Last report card, transcript and /or 8<sup>th</sup> grade completion certificate*
- *Immunization Records*
- *Signed Record Request Form – Available at Milwaukee Collegiate Academy*
- *Proof of Residence (Utility bill)*

Student's Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex:  Male  Female Date of Birth: \_\_\_\_\_

Student's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Ethnic Code (optional):

1. Choose one (select all that apply):  Hispanic or Latino  Not Hispanic or Latino  
 American Indian or Alaska Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White

Language spoken at home \_\_\_\_\_

**Please return completed application to:**  
Milwaukee Collegiate Academy, 4030 North 29th Street, Milwaukee, WI 53216.  
If you have any questions, please contact the Academy at (414) 873-4014.

Student lives with Both Parents Mother Father Stepmother Stepfather Grandparent  
Other Legal Guardian (specify and provide legal documentation)

Applying for admission to grade: 9 10 11 12

Last School Attended \_\_\_\_\_

Has student ever been expelled from a previous school? No Yes Date: \_\_\_\_\_

School \_\_\_\_\_ Reason \_\_\_\_\_

How did you hear about Milwaukee Collegiate Academy?

\_\_\_\_\_  
\_\_\_\_\_

### Parent/Guardian 1

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

E-Mail \_\_\_\_\_

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## Parent/Guardian 2

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## Emergency Contact #1 (Different from parent/guardian listed above)

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

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**Emergency Contact #2** (Different from parent/guardian listed above)

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

**Special Medical Considerations**

Family Doctor/Clinic \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_

May Milwaukee Collegiate Academy call an ambulance in case of emergency?  Yes  No

May Milwaukee Collegiate Academy call a doctor in case of emergency?  Yes  No

May Milwaukee Collegiate Academy staff treat the student in case of emergency?  Yes  No

**Indicate if your student requires any of the following:**

Medications: (Complete Parent Authorization and Doctor Authorization Forms)

\_\_\_\_\_

Inhaler: \_\_\_\_\_ (Submit Inhaler Authorization Form)

Special Dietary Needs? \_\_\_\_\_ ( Submit Dietary Needs Form)

Indicate if your student has any type of allergies. \_\_\_\_\_

Indicate if your student has participated in the following programs:

Bilingual (Spanish)  Yes  No

Gifted & Talented  Yes  No

Special Education  Yes  No (If yes, submit current copy of IEP)

English as a Second Language  Yes  No

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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

118.13

(1) Except as provided in [s. 120.13 \(37m\)](#), no person may be denied admission to any public school or be denied participation in, be denied the benefits of or be discriminated against in any curricular, extracurricular, pupil services, recreational or other program or activity because of the person's sex, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation or physical, mental, emotional or learning disability.

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