



APPLICATION FOR ADMISSION

Priority Deadline: March 31, 2018

4301 N. 44th St., Milwaukee, WI 53216 • (414) 444-2330 Phone • (414) 444-2435 Fax • Website: www.cyberschool-milwaukee.org

STUDENT INFORMATION

Are you a city of Milwaukee resident? Yes No

Student Name _____ **Gender:** Female Male

Address _____ City _____ Zip Code _____

Home Phone _____ Is this your permanent resident? Yes No

Date of Birth ____/____/____ Place of birth (City, Sate): _____

Ethnic Background:

Is this student Hispanic or Latino? (Choose one) No, not Hispanic or Latino Yes, Hispanic or Latino

Check One: African American Caucasian Asian American Indian or Alaska Native Native Hawaiian or Other Pacific Islander

ENROLLMENT INFORMATION

Grade Level Applying to Enter: _____ If your child was not previously enrolled in school, please check here: _____

Does your child have an IEP for special needs? (Circle one) **Yes** **No** If yes, you must attach a copy of the last completed IEP.

List the name, city and state of the last 2 schools your child attended: 1. _____

Example: Technology Academy, Baltimore, MD

Central City Cyberschool, Milwaukee, WI

2. _____

What is your primary reason for withdrawing your child from his/her previous school? _____

Has your child been expelled or faced expulsion at his/her previous school? Yes No If yes, why _____

CUSTODIAL PARENT INFORMATION

Female Name: _____

Address (if different from applicant) _____

Home Phone _____ Cell Phone _____ Work Phone _____

Male Name: _____

Address (if different from applicant) _____

Home Phone _____ Cell Phone _____ Work Phone _____

The student lives with? Biological Mother Biological Father Both Parents Foster Parent(s) Other

Are you the custodial parent of this student? Yes No (If no, you must attach legal documentation proving legal guardianship.)

FOR OFFICE USE ONLY

Enrollment Forms

____ Emergency Contact Form
____ Last Grade Completed
____ Immunization Record
____ IEP*
____ AUP Policy
____ SIP Policy

K4/K5 Verifications

____ Birth Certificate
____ Vision Exam

Notifications

Staff: _____
HEART: _____

Residency Requirements

____ Form Completed
____ ID Provided: _____

Enrollment Status

____ Accepted: Orientation Date: _____ Denied: Reason _____

NOTES:

Start Date: ____/____/____ Homeroom: _____ **WISE ID:** _____ **PS ID:** _____

CUM Request Date: ____/____/____ CUM 2nd Request Date: ____/____/____ CUM 3rd Request Date: ____/____/____

QUESTIONNAIRE

1. How many siblings does this child have? ____ How many siblings are enrolled in or applying to the Cyberschool? ____ Please list their names below:

2. Please describe any special services the student received from his/her previous school (i.e., IEP, Speech & Language, Learning Disability, Emotional Behavioral Disability, etc):

3. Does your child take any special medication that needs to be administered during the school day? __ Yes __ No

If yes, please list: _____

If medication is to be administered at school, please be sure to also complete a

Prescription Drug Authorization Form and return it to the office. The form will be forwarded to H.E.A.R.T.

4. Does your child have any food allergies? ____ Yes ____ No Please list all: _____

5. How will your child be transported to and from school? Walk ____ City Bus ____ Pick-Up ____ (List Info Below)

Name: _____

Relation: _____

Phone: _____

SIGNATURE – Please read carefully

I understand it is the responsibility of the parent/guardian of the child applying to make sure the child is in school daily, on time. I also understand that the Cyberschool has a mandatory school uniform policy that my child must abide by each and every day. In addition, I understand that it is my responsibility as the parent and/or guardian to make sure that the Cyberschool has an up to date address and phone number on file at all times. Furthermore, the information I have provided is true to date to the best of my knowledge. I understand that my application may be accepted, but my enrollment is pending until all necessary enrollment forms are completed, signed and returned to the school office. Lastly, I understand that in order to be eligible to attend an independent City of Milwaukee Charter School I must reside in the City of Milwaukee.

Name: _____

PRINT NAME

SIGNATURE OF PARENT/GUARDIAN

DATE

E-Mail Address: _____

REFERRAL INFORMATION

HOW DID YOU HEAR ABOUT US?

(Check One) ____ **Staff Member** ____ **Parent** ____ **Day Care:** (List Name) _____

____ **Other:** _____

We collect referral information for tracking purposes only. We at the Cyberschool do appreciate any and all referrals and continued support of our mission and our C3 family. Thanks in advance!

The Central City Cyberschool does not discriminate in admissions or deny participation in any program or activity on the basis of a person's sex, race, religion, national origin, ancestry, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional or learning disability.