

Milwaukee Collegiate Academy

ADMISSIONS APPLICATION



**MILWAUKEE
COLLEGIATE
ACADEMY**

4030 North 29th Street
Milwaukee, WI 53206
(T) 414-873-4014 (Fax) 414-873-4344
admissions@milwaukeecollegiateacademy.org
www.milwaukeecollegiateacademy.org/enroll

PLEASE SUBMIT ALL OF THE FOLLOWING DOCUMENTS WITH THE APPLICATION:

- Most recent or final 8th grade report card or 8th grade completion certificate
- A transcript and most recent report is required for transfer students
- Signed Request for Records form
- Current Immunization Records
- Proof of residence (for example: lease agreement or utility bill)

All Information obtained in this document will be kept confidential. This form must be completed in full and turned in with required documents prior to official admission into Milwaukee Collegiate Academy.

Student Information PLEASE PRINT CLEARLY

Student Last Name

Student First Name

Middle Initial

Male Female Applying for Grade: 9th 10th 11th 12th

Date of Birth

Home Phone Number

Student's E-mail Address

Home Address

City

State

ZIP Code

Current School

Grades Attended

Ethnicity: Latino African American Caucasian Asian American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander Other: _____

Family Information

PLEASE PRINT CLEARLY

Parent/Guardian Name (1)

Please indicate the best way to reach you:

 E-mail Work Phone Cell Phone Home Phone

Relationship to Student

Primary Contact Phone Number

Work Phone Number

Home Address

City

State

ZIP Code

E-Mail Address

Parent/Guardian Name (2)

Relationship to Student

Primary Contact Phone Number

Work Phone Number

Home Address

City

State

ZIP Code

E-Mail Address

Student Lives With: Mother Father Both Guardianship/Kinship Mother/Stepfather Father/Stepmother

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Family Information Continued

PLEASE PRINT CLEARLY

[Empty text box]

Emergency Contact (1)

[Empty text box]

Primary Contact Phone Number

[Empty text box]

Secondary Contact Phone Number

[Empty text box]

Relationship to Student

[Empty text box]

Emergency Contact (2)

[Empty text box]

Primary Contact Phone Number

[Empty text box]

Secondary Contact Phone Number

[Empty text box]

Relationship to Student

Special Learning Needs

PLEASE PRINT CLEARLY

Does your child have any special learning needs? (LD, ED, ADHD, ADD, etc) Yes No

If "YES" an IEP must be submitted with this application.

[Empty text box]

What grade was the student diagnosed?

[Empty text box]

What age was the student diagnosed?

[Empty text box with slashes for date]

Date the IEP Started

[Empty text box with slashes for date]

Date the IEP will end

Please indicate if your child has participated in any of the following programs (check all that apply):

- Bilingual (Spanish) English as a Second Language Gifted and Talented

Other

PLEASE PRINT CLEARLY

Has your student been previously expelled? Yes No

[Empty text box]

If yes, reason for expulsion

Language spoken at home?

- English Spanish French Arabic Other: _____

How did you hear about Milwaukee Collegiate Academy?

- Tour of MCA Friend or Relative MCA Visited Our School Building Sign Radio Website Building Sign Facebook Building Sign Social Media

Student and Parent Signatures

Student Signature

Today's Date

This registration shall remain active for the school year in which the above student is applying to attend Milwaukee Collegiate Academy. The undersigned assumes responsibility for any student fees and expenses of the student this agreement may be modified only by a written agreement by both the undersigned and Milwaukee Collegiate Academy prior to the beginning of a new school year.

Parent's or Guardian Signature

Today's Date



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FOR OFFICE USE:

____ / ____ / ____

Date application was received.

Student Accepted: Yes No

Administrator Signature

Today's Date