

CENTRAL CITY CYBERSCHOOL

4301 North 44th Street
Milwaukee, WI 53216
(414) 444-2330; (414) 444-2435 fax
www.cyberschool-milwaukee.org

PRIORITY DEADLINE
FOR ADMISSIONS:

March 23, 2008

APPLICATION FOR ADMISSION

STUDENT INFORMATION

Student Name _____ Date of Birth ____/____/____

Address _____

City _____ Zip Code _____

Home Phone _____ **Gender:** Female Male

Ethnic Background:

African American Caucasian Hispanic Asian Native or Alaskan American Other _____

Last School Attended: _____ **Grade Level Applying to Enter:** _____

School Address: _____ **City:** _____ **State:** _____

Was this school a MPS, private, charter or choice school? _____ Does your child have an IEP? Yes No

If yes, is the IEP current? Yes No

If your child **was not enrolled** in school in the previous school year, check here _____ **If yes, please attach a copy.**

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

Was your child expelled from 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 _____

Do you have legal custody of the student? Yes No *(If you are not the legal guardian of the child you are enrolling, please be prepared to provide legal documentation showing guardianship.)*

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

FOR OFFICE USE ONLY

Start Date: _____ Assigned Classroom: _____ Student Records Request Date: _____

Verified: DOB Last Grade Completed Immunization Record IEP Vision Test (K4/K5 Only)

Accepted Denied: Reason _____ Initials: _____ PS: _____ Wait List #: _____

QUESTIONNAIRE

1. Do you have additional children applying for admission to the Cyberschool at this time? Or do you have other children already enrolled at the Cyberschool? If so, 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

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 if any information on this application changes it is my responsibility to notify the school office in writing. 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 forms are completed including the lunch application and a vision exam (for kindergarten only). 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

REFERRAL PROGRAM

HOW DID YOU HEAR ABOUT THE CYBERSCHOOL? _____

If a staff member of the Cyberschool and/or a parent of a Cyberschool student referred you, please list the referral information below:

Referred by _____

(List full name of Staff member or Parent)

Parent of: _____

(If referred by parent, list student's name)

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.