



# APPLICATION FOR ADMISSION

Priority Deadline: March 31, 2018

4301 N. 44<sup>th</sup> St., Milwaukee, WI 53216 • (414) 444-2330 Phone • (414) 444-2435 Fax • Website: [www.cyberschool-milwaukee.org](http://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, State): \_\_\_\_\_

### 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 2<sup>nd</sup> Request Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CUM 3<sup>rd</sup> Request Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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## QUESTIONNAIRE

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

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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):  

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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: \_\_\_\_\_

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## SIGNATURE – Please read carefully

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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:** \_\_\_\_\_

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## REFERRAL INFORMATION

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### 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!*