



2019-2020 ENROLLMENT PACKET

Student Name: _____ Grade Fall 2019 _____

FOR OFFICE USE ONLY

Required Enrollment Forms

| Documents | Date and Initial |
|--|------------------|
| Completed Student Application | |
| Birth Certificate | * |
| Immunization Records | |
| Individual Education Plan | * |
| Bus Application Received, if applicable | |
| 8 th Grade Graduation Certificate or High School Transcripts | |
| Written essay - HS ONLY <i>The Milwaukee Academy of Science is a college preparatory school providing a rigorous 21st century STEM curriculum. Please compose an essay answering the following questions: What character attributes do you possess that will help you be successful here? How does the mission of MAS align with your future goals and what are you hoping to accomplish during your time here?</i> | |

****Upon submission, please contact and notify:** _____

Grade level placement: _____ Teacher: _____ Enrollment Date: _____

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MILWAUKEE ACADEMY OF SCIENCE- 2019-2020 STUDENT APPLICATION

*All information in this document will be kept confidential. **This form must be completed in full with required documents** prior to official admission into the Milwaukee Academy of Science.*

| | | | | | |
|--|--|---|---------------------------------|--|--|
| Student Information: | | Grade entering: K4 K5 1 2 3 4 5 6 7 8 9 10 11 12 | | | |
| Name (First, Middle, Last): | | | Date of Birth: | | |
| Home Address: | | | Apt: | | |
| City: | | Zip Code: | | Gender: Circle One Male Female | |
| Race/Ethnicity | | | | | |
| Please circle one: | American Indian Or Alaska Native | Asian | Black Or African American | White | |
| Is this student Hispanic or Latino? | | Yes | | No | |
| Primary language spoken in the household? | | | | | |
| Information to Help Us Better Serve You | | | | | |
| Are you a returning student? | | | YES | NO | |
| K-9 Students Only: Are you requesting bus transportation? | | | YES | NO | |
| <ul style="list-style-type: none"> • If YES for bus transportation, have you filled out the yellow bus application? | | | YES | NO | |
| <ul style="list-style-type: none"> • If NO, how will your scholar be getting to and from school? <i>(Please check one of the boxes below)</i> <input type="checkbox"/> Walking <input type="checkbox"/> Pick Up/Drop Off <input type="checkbox"/> Daycare <input type="checkbox"/> City Bus <input type="checkbox"/> Other <input type="checkbox"/> Undecided | | | | | |
| School Previously Attended: | | | | | |
| City: | | State: | | Phone: | |

Parent/Guardian #1:

| | | | | | |
|---|--|-------------|--|-------------|--|
| First Name: | | Last Name: | | | |
| Relationship to child: | | | | | |
| Street Address: | | | | | |
| City: | | State: | | Zip: | |
| Home Phone: | | Cell Phone: | | Work Phone: | |
| Email: | | | | | |
| Employer: | | | | | |
| Please check all of the following that apply: | | | | | |
| Lives with child | | | | | |
| Does NOT live with child, but has custody rights (which includes the rights to receive academic, attendance, and behavior information) | | | | | |
| Although this is a biological parent, the court has determined this parent should not have placement or custodial rights (no access to academic, attendance, and behavioral information) MAS must have a copy of court documents before we can enforce. | | | | | |

Parent/Guardian #2:

| | | | |
|--|-------------|------------|-------------|
| First Name: | | Last Name: | |
| Relationship to child: | | | |
| Street Address: | | | |
| City: | | State: | Zip: |
| Home Phone: | Cell Phone: | | Work Phone: |
| Email: | | | |
| Employer: | | | |
| Please check all of the following that apply: | | | |
| Lives with child | | | |
| Does NOT live with child, but has custody rights (which includes the rights to receive academic, attendance, and behavior information) | | | |
| Although this is a biological parent, the court has determined this parent should not have placement or custodial rights (no access to academic, attendance, and behavioral information) MAS must have a copy of court documents before we can enforce. | | | |

Emergency Contact Information: Please provide a minimum of 2 people, other than the student's parent/guardian(s), who you wish to be contacted in emergency. Understand that our efforts are always to contact the parent/guardian(s) first however, in the event that the parent/guardians cannot be reached, we will then contact those individuals listed below in order.

**Emergency contacts listed are assumed to have your permission to pick up your student from school.*

Emergency Contact #1

| | | | |
|-------------|-------------|------------------------|-------------|
| Name: | | Relationship to child: | |
| Home Phone: | Cell Phone: | | Work Phone: |
| Email: | | | |

Emergency Contact #2

| | | | |
|-------------|-------------|------------------------|-------------|
| Name: | | Relationship to child: | |
| Home Phone: | Cell Phone: | | Work Phone: |
| Email: | | | |

Emergency Contact #3

| | | | |
|-------------|-------------|------------------------|--|
| Name: | | Relationship to child: | |
| Home Phone: | Cell Phone: | Work Phone: | |
| Email: | | | |

Emergency Contact #4

| | | | |
|-------------|-------------|------------------------|--|
| Name: | | Relationship to child: | |
| Home Phone: | Cell Phone: | Work Phone: | |
| Email: | | | |

Emergency Contact #5

| | | | |
|-------------|-------------|------------------------|--|
| Name: | | Relationship to child: | |
| Home Phone: | Cell Phone: | Work Phone: | |
| Email: | | | |

Family Information: Please list ALL **brothers and sisters** that are currently enrolled or plan to enroll at MAS.
(NO Cousins please)

| NAME | Grade | ATTENDING MAS | APPLYING TO MAS |
|------|-------|---------------|-----------------|
| | | | |
| | | | |
| | | | |

Medical History: Does your child have any of the following conditions? (Please check YES or NO)

| | YES | NO |
|---|-----|----|
| Wears eye glasses | | |
| Wears a hearing aid or has difficulties with hearing | | |
| Asthma | | |
| Seizures | | |
| Diabetes | | |
| Heart Condition | | |
| ADHD or ADD | | |
| Allergies -If yes, please list all allergies in the space below | | |
| | | |
| Skin Condition | | |
| High Lead Levels- If yes, please list last known lead level here: | | |
| Other illness/ medical condition (please explain): | | |
| | | |

The following information is NOT used for selection purposes: Please circle one

| | | | | | | |
|--|---------------------|----------------------|---------------------|----------------------------------|-------------------------|----|
| Has your child been screened for special education services? | | | | | YES | NO |
| Did your child qualify for special education services? | | | | | YES | NO |
| Does your child have a current Individualized Education Plan (IEP)? If yes, MUST present copy of IEP with application in order for the application to be considered complete. | | | | | YES | NO |
| If yes, what is your child's disability? (Circle one) | Speech and Language | Cognitive Disability | Learning Disability | Emotional/ Behavioral Disability | Other Health Impairment | |
| Other: Please explain | | | | | | |

| | | |
|---|---------------------|----|
| Has your child been expelled from his/ her previous school? Failure to disclose this information may result in a forfeit of your child's placement. (Circle one) If 'YES' please include the school year. | YES School year: | NO |
|---|---------------------|----|

By signing below, I acknowledge that all information provided on this application is complete and accurate. Failure to provide information on previous expulsions and/or special education needs may result in termination of placement.

Parent signature

Date

Transportation Behavior and Code of Conduct

Bus Transportation Appropriate bus behavior assures a safe ride for all. The school bus is an extension of the school day and unacceptable behavior on the bus is subject to disciplinary actions.

- Students who live beyond 1 mile from MAS are eligible for bus transportation.
- MAS reserves the right to terminate bus transportation to any student at any time.
- Pick up/drop off may be within a few blocks from the student's address.
- Changes in bus routes take place on the 15th and 30th of each month. Bus route changes can be made by completing the yellow MAS Student Transportation Information Form. A limit will be placed on the amount of route changes that can be processed in a year.
- If a bus is running late, please call the bus company directly.
- If your child's attendance drops below 85% bus transportation may no longer be provided.
- Parents are responsible for getting their child to school during route change request, the bus suspension or after an expulsion. Absences are NOT excused and may be treated as truancy under the Wisconsin Compulsory School Attendance Law (118.15).
- Students must report to their bus stop 10 minutes before the assigned pick-up time.
- Students must cross in front of the bus, only when the red flashers are on and the bus drivers have signaled that he/she may cross.
- Student must remain in his/her assigned seat.
- Parents may NOT get on the bus for any reason.
- Student will ride his/her bus unless the teacher receives written notice that there has been a change in the child's pick up routine.

| | |
|---|--|
| <p>Level 1 Violations: Eating or Drinking on the bus, Littering on the bus, Standing or walking around while the bus is in motion, Yelling out bus window, driver disrespect , and violations of any bus rules</p> | <p>Consequences for Level 1 violations: warning, 1-5 day suspension</p> |
| <p>Level 2 Violations: Use of profanity on the bus, Tampering or damaging bus equipment, Refusal to cooperate with bus driver, and , and violations of any bus rules</p> | <p>Consequences for Level 2 violations: 1-5 day suspension</p> |
| <p>Level 3 Violations: Bringing weapons of any type on the bus, fighting, pushing, shoving, bullying, or instigating, Throwing objects out of the bus window or throwing objects at the bus, Smoking or possession of incendiary devices on the bus, Putting hands, feet, head or any other body part out of the window at any time, and violations of any bus rules</p> | <p>Consequences for Level 3 violations: 7-30 days suspension, termination of bus transportation</p> |

By signing below, I acknowledge that I understand the transportation behavior and code of conduct that my student is expected to comply with while being transported to and from school.

 Parent signature

 Date