



MILWAUKEE PUBLIC SCHOOLS
Dept. of Student Services

SCHOOL SELECTION APPLICATION FORM

Form No. 121390

1. Name _____
(Last) (First) (Initial)

2. Home Address _____
(House No.) (Alpha) (Dir.) (Street Name) (Type) (Apt. No.)

3. Birthdate _____
(City) (Zip Code)

4. Sex _____
(M or F)

5. Ethnic Origin (Check one box)
 (1) Native Amer.
 (2) Black
 (3) Asian
 (4) Hispanic
 (5) White
 (6) Other

6. School Last Attended Or Current School _____

7. Current Grade _____

8. Does this student require a wheelchair accessible building? YES NO

FIRST CHOICE

9. School Requested _____
(Name)

10. Program Requested _____
(Name)

11. Youngest Sibling At Requested School _____
(Full Name As Known To MPS)

12. Birthdate of Sibling _____
Month Day Year

School Number _____
 Prog. Code _____

FOR OFFICE USE ONLY

SIBLING I.D. NO. _____

SIBLING VERIFICATION _____

SECOND CHOICE

13. School Requested _____
(Name)

14. Program Requested _____
(Name)

15. Youngest Sibling At Requested School _____
(Full Name As Known To MPS)

16. Birthdate of Sibling _____
Month Day Year

School Number _____
 Prog. Code _____

FOR OFFICE USE ONLY

SIBLING I.D. NO. _____

SIBLING VERIFICATION _____

THIRD CHOICE

17. School Requested _____
(Name)

18. Program Requested _____
(Name)

19. Youngest Sibling At Requested School _____
(Full Name As Known To MPS)

20. Birthdate of Sibling _____
Month Day Year

School Number _____
 Prog. Code _____

FOR OFFICE USE ONLY

SIBLING I.D. NO. _____

SIBLING VERIFICATION _____

PARENT/GUARDIAN CONTACT FOR EMERGENCY OR QUESTIONS REGARDING SCHOOL APPLICATION FORM

21. Name _____ 22. Relationship _____

23. Address _____ City _____ Zip _____

24. Home Phone _____ 25. Work Phone _____ 26. Language Spoken _____

27. Parent/Guardian Signature _____ Date _____

FOR MPS OFFICE USE ONLY

Student I.D. No. _____

Grade Verified Yes No

Student Immunization Record Received Yes No

Birthdate Verified Yes No

Lau Eligible Yes No

A B D (Circle One)

Attendance Area School _____

Primary Program: EC LD SPL PH ED MR HI VI

(Circle One)

Bus Mode Goes Home Site No. Time Code Unit Code

Keyed By _____ (Initials) _____ (Location) _____ (Date)

Form Received By _____ Date _____

School or Dept. _____ Forwarded To _____