

UW-LA CROSSE Precollege SMART Registration Form

(Fill out a separate registration form for each student)

Where did you get this form: Internet School/Counselor Friends Returning Student Mail

STUDENT INFORMATION

Program Dates: June 8th-30th, 2022

Student Name: _____

Address: _____

Date of Birth: _____ Gender: Male Female Fall 2022 Grade Level: _____

School Attending: _____

Race/Ethnicity – Please answer both a and b. Check **ALL** that apply.

a. Is the student Spanish/Hispanic/Latino/a?

- No, not Spanish/Hispanic/Latino/a Yes, Puerto Rican
 Yes, Cuban Yes, other Spanish/Hispanic/Latino/a – print group _____

b. What is the student's race? Please check **ALL** that apply.

American Indian/Alaska Native – please specify principal WI or Other tribe & reservation _____

<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hmong	<input type="checkbox"/> Samoan	
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Vietnamese	
<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Other Asian – please specify _____	
<input type="checkbox"/> Filipino	<input type="checkbox"/> Laotian	<input type="checkbox"/> Other race – please specify _____	

Program you are registering for (please check one):

- Summer Reading – Norwalk/Ontario/Wilton Program (Mondays/Wednesdays)
 Summer Reading – La Crosse Program (Tuesdays/Thursdays)

T-SHIRT SIZE (YOUTH): XS S M L XL XXL

CUSTODIAL PARENT INFORMATION

(Parent's name, phone number and address-please print)

Parent or Guardian's First & Last Name _____ Relationship: _____

Street Address: _____ City/State/Zip: _____

Home Phone Number: _____ Cell Phone: _____

Work Phone Number: _____ E-mail: _____

HEAD OF HOUSEHOLD: Female	HEAD OF HOUSEHOLD: Male
Have you earned a bachelor's degree from a four year college or university? ___ No ___ Yes	Have you earned a bachelor's degree from a four-year college or university? ___ No ___ Yes

Does your family qualify for or receive Free or Reduced lunches? Yes No

Does your family qualify for or receive any other forms of state or federal support (TANF, food stamps, etc.)? Yes No

UW-La Crosse and the Precollege programs have permission to:

1. Take and publish photos of my child for program or marketing purposes. Yes No and
2. Have my child participate in enrichment activities and travel on the bus to and from the program Yes No

_____ has my permission to participate in the Precollege Programs sponsored by the University of Wisconsin- La Crosse and the Wisconsin Department of Public Instruction. I certify that the above information is true and correct to the best of my knowledge. I agree to the release of my child's school records such as, transcripts, standardized test scores, and locally developed assessment scores for past, current and subsequent years to the UW-La Crosse Office of Multicultural Student Services - Precollege Programs and to the Wisconsin Department of Public Instruction. I understand that all information provided will be used solely for program evaluation and program eligibility purposes and will be kept confidential.

Parent Signature _____

(TURN OVER)

Date _____

Summer Mentoring and Reading Together Swimming Consent and Medical Statement

We have built in swimming days as part of the program this summer. Students will be heading to one of the local swimming pools in the area. Our staff, along with certified life guards, will be present to supervise all students. Without this signed form, students may not be able to participate in the swimming activities.

We need the following information on the swimming ability of your child (check one):

- Excellent Swimmer
- Good Swimmer
- Fair Swimmer
- Poor Swimmer (does not know how to swim)

My child, _____:

- has my permission to participate in this activity
- does not have my permission to participate in this activity

Please list any medical conditions, or health concerns, your child may have (including dietary needs, allergies, etc.)

I hereby give consent to all of the above and agree to hold harmless and indemnify the State of Wisconsin, the Board of Regents of the University of Wisconsin System, and the University of Wisconsin La Crosse, their officers, agents and employees, from any and all liability, loss, damages, costs or expenses which are sustained, incurred, or required arising out of the actions of my dependent in the course of the program.

Parent/Guardian Signature

Date



Wisconsin Department of Public Instruction
PRECOLLEGE SCHOLARSHIP APPLICATION
 PI-1573 (Rev. 01-14)

INSTRUCTIONS TO THE STUDENT AND PARENT/GUARDIAN:
 Read instructions below. **DO NOT MAIL YOUR APPLICATION TO THE DPI/WEOP OFFICE.** This will only prolong the child from applying for the DPI Precollege Scholarship and it is based on a first-come first-serve through the college.

College Applying To
Program Name

INSTRUCTIONS FOR COLLEGE USE ONLY:
 Mail application to: *Enter name and address of college or institution.*

You may receive a maximum of three DPI Precollege Scholarships per year.

STUDENT / PARENT INSTRUCTIONS: Student must be eligible for Free or Reduced Price School Meals and, must have finished fifth grade, but not have graduated from high school to receive a DPI Precollege Scholarship.

Fill out **Section I—Student Information completely.** Parent/Guardian must sign in the space provided. Give this form to your principal, food services authorized representative at your school for completion of **Section II.** Once the signature is acquired through your middle or high school, mail it to the college that is coordinating for the precollege course your child is applying to attend.

When the college receives your application for the precollege course they will enter you into their program and mail the application to the DPI/WEOP personnel who will enter it into the DPI/WEOP database for Precollege Programs. Only then will the child be in our system for repayment for precollege courses to the colleges who are participating through the DPI/WEOP program.

I. STUDENT INFORMATION

Name Last	First	Middle Initial
Street Address	City	State
		Zip
Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	

Check **only one** (For Statistical Purposes)

Hispanic or Latino Not Hispanic or Latino

 American Indian or Alaska Native
 Asian
 Black or African-American
 Native Hawaiian/Other Pacific Islander
 White

Current Grade Level <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Anticipated Year of High School Graduation
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School Presently Attending	School District Name	College Program
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I HEREBY AUTHORIZE release of my child's verification of Free or Reduced Price School Meals eligibility to the Precollege Campus and DPI.

Signature of Parent/Guardian ➤	Date Signed <i>Mo./Day/Yr.</i>
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II. VERIFICATION AND RECOMMENDATION

Instructions to the Principal, Food Services Authorized Representative, or DPI/WEOP Staff Member:

Verify that this student is eligible for Free or Reduced Price School Meals and forward this application form to the college or university where the student has applied for admission to a DPI Precollege Program.

Is this student eligible for Free or Reduced Price School Meals? Yes No

I HAVE VERIFIED that this student is eligible for Free or Reduced Price School Meals and I recommend this student for a DPI Precollege Scholarship.

Name of Authorized Representative	Title	Telephone Area/No.
Verification Signature ➤		Date Signed <i>Mo./Day/Yr.</i>