**UW‐LA CROSSE Pre-College MARC Registration Form**

(Fill out a separate registration form for each student)

*Where did you get this form?* *Internet* *School/Counselor* *Friends* *Returning Student* *Mail* *Other*

***STUDENT*** ***INFORMATION***

Student Name: Social Security Number:

Address:

Date of Birth Gender:  Male  Female Current School 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, Chicano

 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

|  |  |  |  |
| --- | --- | --- | --- |
|  Asian Indian |  Guamanian or Chamorro |  Native Hawaiian |  White |
|  Black or African American |  Hmong |  Samoan |  |
|  Cambodian |  Japanese |  Vietnamese |  |
|  Chinese |  Korean |  Other Asian – please specify | |
|  Filipino |  Laotian |  Other race – please specify | |

***Program you are registering for (please check one):***

 Holmen Multicultural Monday (Holmen Middle School)  UWL Girls Thursday Night (UWL campus – Wimberly Hall)

 UWL Tuesday Night (UWL Campus – Wimberly Hall)  UWL Boys Thursday Night (UWL campus – Wimberly Hall)

Pick up my child at this location (or write N/A if you’re providing transportation): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drop off my child at this location (or write N/A if you’re providing transportation): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(pick ups begin an hour before programming and drop offs go until an hour after programming)

**Parent or Guardian’s** First & Last Name Relationship:

Street Address: City/State/Zip:

Home Phone Number: Cell Phone:

Work Phone Number: E‐mail:

Preferred Contact Method: Call Text Email

|  |  |
| --- | --- |
| **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 Pre-College programs have permission to:**

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

My child, or ward, has my permission to participate in the Pre-College Programs sponsored by the University of Wisconsin‐   
La Crosse and the Wisconsin Department of Public Instruction (DPI). 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 the Wisconsin DPI.** I understand that all information provided will be used solely for program evaluation and program eligibility purposes and will be kept confidential. By signing below, I agree to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the University of Wisconsin-La Crosse, their officers, employees and agents, from any and all liability, loss, damages, or expenses which are sustained, or required arising out of the actions of my dependent in the course of the precollege program and any field trips/events/activities related to the program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Parent Signature  **(Please turn form over and complete the other side)** Date

**Parent Questionnaire**

Which subject areas and/or concepts does your child excel at in school? Which life skills (time management, study skills, note-taking, etc.) are already strengths for your child?

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Which subject areas and/or concepts can we help your child with during tutoring? Which life skills (time management, study skills, note-taking, etc.) would you like your child to work on as a participant in this program?

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What is your child passionate about or enjoy doing outside of school?

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Do you have any fears or worries about your child for this academic year?

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What do you think is most helpful for adults working with your child to know? Have there been any major life events over the course of the past year that would be beneficial for us to know about?

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Statement**

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

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