**UW‐LA CROSSE Precollege Virtual MARC Fall 2020 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***

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):***

 Tuesday La Crosse Site (5pm-7pm)  Thursday La Crosse Site (5pm-7pm)

 Holmen Monday Afternoon (345-515pm)

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

Street Address: \_ City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number: \_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone Number: \_\_ **E‐mail (MUST INCLUDE THIS):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **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  Yes  No

My child, or ward, has my permission to participate in the Precollege 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

**Academic Skills Inquiry**

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? This is what your child will work on with their tutors if they do not have homework, it is especially important to fill this out while we have MARC virtual.

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

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**Report Cards**

To best help the tutors understand where your student needs the most help, we are requesting that a recent report card is sent back, a copy will be just fine. If you don’t have a copy, please provide your child with their login information to access it online with their tutor during sessions. This information can be provided by your child’s teacher if you do not have it already.

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

**Medical Statement**

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

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