

SDB ID# _____ (Please leave blank)

Name _____ (Last) _____ (First) _____ (Middle)

Father's Name _____ (Last) _____ (First) _____ (Middle)

Mother's Name _____ (Last) _____ (First) _____ (Middle)

Father's Address _____ Mother's Address _____

I live with both parents _____ Father only _____ Mother only _____ Other _____

At this address _____ Zip Code _____

Date of Entry _____ Birthdate: Month _____ Day _____ Year _____

School Last Attended _____ Grade _____ City _____ State _____

Expected Year of Completion: Jan. _____ June _____ Homeroom No. _____ Check: Boy Girl

Father's Occupation _____ Mother's Occupation _____

Father's Place of Work _____ Phone No. _____

Mother's Place of Work _____ Phone No. _____

Home Phone No. _____ Nearest Phone No. _____ Permit No. _____

M.P.S

H.S. STUDENT'S REGISTRATION

**Milwaukee Board of School Directors' Weapons and Other Criminal Offenses:
Administrative Transfer Policy and Plan (revised 1988)**

Disciplinary action will be taken against any student in possession of a dangerous weapon such as a gun, knife, razor, metal knuckle or any other object which by the manner it is used is capable of inflicting bodily harm.

Disciplinary action will also be taken against students involved in criminal offenses such as serious gang activity, battery, and possession/ownership of illegal drugs and alcohol.

I have read the above summary of the School Board policy on weapons and other criminal offenses. I recognize that violation of these rules will be cause for suspension from school and/or expulsion from the school/district.

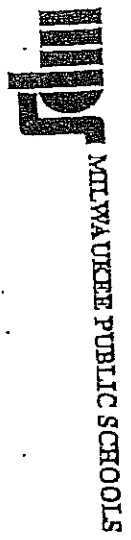
Signed _____ Student

Date _____ 19 _____

(Do not fill out below this line)

Date Left _____ School _____ Address _____

Student's New Address _____ Transfer Verified _____ (Check)



MILWAUKEE HIGH SCHOOL OF THE ARTS

EMERGENCY CONTACT CARD
PLEASE KEEP THIS INFORMATION CURRENT

Student ID# _____

Parent e-mail address: _____ Date of Birth _____

STUDENT'S NAME _____ First _____ Middle _____
Last _____ Bus Route _____ (if applicable)

Homeroom No./Grade _____ Language Spoken _____
(Circle one) Telephone/Pager No. _____

Mother's/Stepmother's/Guardian's Name (print) _____ Last _____ First _____
Address (print) _____ Number _____ Street _____ Zip Code _____
Telephone/Pager No. _____ (Circle Shift 1 2 3)

Place of Employment _____ Employer's Name _____ Address _____
Telephone/Pager No. _____ Language Spoken _____

(Circle one) Father's/Stepfather's/Guardian's Name (print) _____ Last _____ First _____
Address (print) _____ Number _____ Street _____ Zip Code _____
Telephone/Pager No. _____ (Circle Shift 1 2 3)

Place of Employment _____ Employer's Name _____ Address _____
Telephone/Pager No. _____

Student lives with _____ Mother _____ Father _____ Both _____ Other (Specify relationship) _____
Telephone/Pager No. _____

Siblings at same school _____ Last Name (Please Print) _____ First Name (Please Print) _____
Last Name (Please Print) _____ First Name (Please Print) _____
Last Name (Please Print) _____ First Name (Please Print) _____

Check box with 'X' if legal restrictions are in effect. The principal must be provided with a copy of the court order that prevents the people you list below from visiting your child in school.

EMERGENCY CONTACTS: Please list in order of preference 3 relatives or friends who can be contacted if parents/guardians cannot be reached.
Last Name (Please Print) _____ First Name (Please Print) _____ Last Name (Please Print) _____ First Name (Please Print) _____
Address _____ Relationship _____ Phone/Pager No. _____ Can pick child up? Yes No
Address _____ Relationship _____ Phone/Pager No. _____ Can pick child up? Yes No
Address _____ Relationship _____ Phone/Pager No. _____ Can pick child up? Yes No
In case of serious illness or injury, the principal or designee will contact the City of Milwaukee Fire Department Emergency Medical Service at 911, if necessary.
Signed: _____ (Parent/Legal Guardian) _____ Date _____ (over)

AND THE USE OF YOUR CHILD IS VERY IMPORTANT. Frequently, when children become seriously ill or injured, we find it difficult to locate the parents/guardians or the family physician for immediate action. We request your cooperation in completing this report.

IMPORTANT! The following information about your child will help us in the event of an emergency. Check and comment on any serious condition(s) your child has:
 _____ asthma/breathing problem
 _____ heart condition
 _____ seizures
 _____ diabetes
 _____ dietary needs/concerns
 _____ other allergies (list)
 _____ other disease (list)
 _____ other concerns

Does your child need any special assistance or accommodations due to his/her health problems?

COMMENTS:

If any of the above are checked, is an emergency plan necessary? Yes No
 My child wears glasses or contact lenses. Yes No
 My child has a diagnosed hearing impairment. Yes No
 My child wears a hearing aid. Yes No

Is your child required to take a prescription medicine during school time? Yes No
 If you checked yes, a prescription authorization form must be on file with the principal.

Physician's Name _____ Phone No. _____
 Adults authorized to pick up your child other than adults listed as emergency contacts. No child will be dismissed to anyone other than the persons designated by the parent/guardian.

Name (Print) _____ Address _____ Telephone No./Pager _____ Relationship _____

Name (Print) _____ Address _____ Telephone No./Pager _____ Relationship _____

Other Concerns: (Non-participation in holidays, restraining orders, etc.) _____
 I hereby give my consent for MPS to have and use the above information about my child to help my child in the event of an emergency and to share with MPS officials. This consent shall remain in force until revoked by me with written notice to the principal.

Signed (Parent/Guardian) _____ (Date) _____
 PARENT/GUARDIAN CONSENT FOR EXTRA CURRICULAR AND OFF-CAMPUS EDUCATIONAL ACTIVITIES, INCLUDING FIELD TRIPS.

I hereby give my consent to have my child, _____, take part in any and all school board approved activities/field trips arranged by the school unless I notify the principal in writing to the contrary. This consent will remain in force until revoked by me on written notice to the principal.

Signed (Parent/Guardian) _____ (Date) _____

PARENT/GUARDIAN MUST NOTIFY THE SCHOOL WHENEVER THERE IS A CHANGE OF INFORMATION OR LEGAL RESTRICTIONS THAT MAY HAVE IMPLICATIONS FOR THE STUDENT.

FOR OFFICE USE ONLY
 Screen 36 Updated Date _____ Screen 37 Updated Date _____ Emergency Medical Plan



School Board Policy on Weapons and Other Criminal Offenses

Each year prior to the opening of school a copy of the Parent / Student Handbook on Rights, Responsibilities and Discipline is mailed to each household.

The policies and procedures of Milwaukee Public Schools on the student's bill of rights, the district's school / classroom conduct and other concerns of parents and students are written in detail. The copy you are asked to sign below is a condensed version of the booklet. Please refer to your copy for a thorough explanation.

[Student Responsibilities]

I have been informed by the administration / teaching staff at Milwaukee High School of the Arts about the School Board Policy on Weapons and Other Criminal Offenses. I understand the following:

1. A student possessing a gun (pistol, BB, pellet, rifle, starter, replica or toy gun) or other dangerous weapon to and from school or on school property will be suspended; a student possessing, using, or attempting to sell / distribute any chemical irritants such as pepper spray on school property or to and from school will be suspended; the police will be called; and the student will be recommended for expulsion from Milwaukee Public Schools.
2. A student possessing any other weapon used in a threatening manner will lose his / her present school assignment (MHSA). A student involved in other criminal offenses, such as serious gang activity, battery, extortion, robbery, sexual assault or sexual harassment, or possession of drugs / alcohol may lose his / her present school assignment (MHSA) or may be recommended for expulsion.
3. MPS administration is classifying laser pointers as inappropriate personal property prohibited by school rules. Disciplinary action will be taken against students with laser pointers in their possession.
4. MPS has introduced the use of computer technology in the form of e-mail and internet use at schools by students. However, students must abide by certain rules of conduct. Any student using an MPS computer to engage in inappropriate conduct which violates behavioral expectations of the district will be subject to disciplinary action.
5. No student shall use or possess any electronic paging or two-way communication devices, such as cell phones or pagers, while on premises owned, rented or under the control of Milwaukee Public Schools, unless proper approval has been obtained from the principal by the student.

Student's Signature

Date

1st Hr./ Rm # _____

Grade: _____

Application for Internet access to your child's records

Milwaukee Public Schools (MPS) offers parents Internet access to the records of their child / children. The Internet based access enhances communication between the school and the parent. This technology empowers parents to monitor the progress of their child / children at a time that is most convenient to them.

It is unfortunate, but due to the realities of the world we live in, please consider the potential abuse of this technology. Both MPS and you have a role in protecting the confidentiality of information pertaining to your child / children. MPS will continue to enforce strict standards to protect the confidentiality of student information. In cases of abuse, MPS will need to terminate access privileges and prosecute to the fullest extent of the law. Parents must keep their access codes confidential. Do not share access codes with your child / children. As your life situation changes (marriage, divorce, etc), you will need to update your access rights.

To further protect the confidentiality of information about your child / children MPS will follow a strict process to validate your right to information about your child/children.

Step 1: Complete this application and take it to the most convenient MPS school attended by one of your children. You must appear in person with a photo id (i.e., driver's license or Wisconsin state ID), a copy of the birth certificate for your child/children, or other proof that you are the child's parent or guardian..

Step 2: The school will validate your application and submit it for processing.

Step 3: In a few weeks, you will receive from your school access information and your log-on codes.

		Office Use
Child's Name _____ Pupil Number _____	School _____	
Child's Name _____ Pupil Number _____	School _____	
Child's Name _____ Pupil Number _____	School _____	
Child's Name _____ Pupil Number _____	School _____	

I have read the information above, and understand that access to my child's/ children's school information could be removed if it is found that the account has been shared, or misused.

Parent Name (Please Print)

Parent Name (Signature)

Date

School Representative (Print)

Position of School Representative

School Representative (Signature)