



# Be the Change

## Improving the Life Outcomes of Boys and Men of Color

Monday – Friday, June 26 – July 28, 2017

8:30 – 10:30 a.m.

**MILWAUKEE  
PUBLIC SCHOOLS**

Register in person by bringing this form to the MPS Office of Extended Learning Opportunities, 5225 W. Vliet St., Room 150, Milwaukee, WI 53208. For additional questions, call (414) 475-8238. **Space is limited.**

### REGISTRATION FORM

Please PRINT.

<b>MPS student ID:</b>			
<b>Current school:</b>			
<b>Student name:</b>	<b>Last</b>	<b>Middle initial</b>	
	<b>First</b>		
<b>Address:</b>			
	<b>City</b>	<b>Zip</b>	
<b>Telephone:</b>	<b>Area code</b>	<b>Number</b>	
<b>Birth date:</b>	<b>Month</b>	<b>Day</b>	<b>Year</b>
<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Grade level in May 2017:</b> <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
<b>Ethnic code:</b>	<input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> American Indian <input type="checkbox"/> Other _____		
<b>Current program:</b>	<input type="checkbox"/> Bilingual <input type="checkbox"/> ESL <input type="checkbox"/> Special Education <input type="checkbox"/> Other _____		

#### Statement of Permission and Release of Liability

*Permission:* I understand, as parent/legal guardian of the adjacent-named child, that there are times when the local media requests the opportunity to videotape, take photographs and/or interview children within the Milwaukee Public Schools.

*Release:* I also understand that by signing this release I give permission to the Milwaukee Public Schools to make or use pictures, slides, digital images, or other reproductions of me, of my minor child or of materials owned by me or my child, and to put the finished pictures, slides, or images to use without compensation in broadcast productions, publications, on the Web, or other printed or electronic materials related to the role and function of the Milwaukee Public Schools.

I understand that by signing this, I am, on behalf of myself and my child, releasing MPS and its directors, officers, employees and agents, from any future claims as well as from any liability arising from the use of any photograph or other images.

This form shall be valid for the entire summer program and can be revoked by the parent/legal guardian at any time in writing.

**Yes, I give this permission to MPS.**  **No, I do not give this permission to MPS.**

**Parent/Legal Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Summer Academy Site** Barack Obama School of Career and Technical Education, 5075 N. Sherman Boulevard, Milwaukee, WI 53209

**Select one:**

① **Course name** LEADERSHIP / ACADEMIC / LIFE SKILLS **Course code** QE241

② **Course name** CITIZENSHIP **Course code** SS121CR

③ **Course name** \_\_\_\_\_ **Course code** \_\_\_\_\_

Students absent two or more days in Summer Academy may be dropped from their course(s); therefore, students will not earn credits for the course(s).

**Parent/Legal Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Principal/School Counselor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**OFFICE OF EXTENDED LEARNING OPPORTUNITIES USE ONLY:**  **Student cross-enrolled** \_\_\_\_\_  **Courses entered** \_\_\_\_\_  
INITIALS INITIALS

WHITE COPY – ELO OFFICE    YELLOW COPY – STUDENT