



Wisconsin Department of Public Instruction
MILWAUKEE PARENTAL CHOICE PROGRAM
NEW STUDENT APPLICATION
 PI-MPS-PCP-3A (Rev. 01-15)

INSTRUCTIONS: Type or print clearly in ink. Students that reside together with the same parents/guardians may complete one application. Complete page 2 if more than two student applicants. **Return completed form to the school. No White Out Allowed.**

This collection is a requirement of Wis. Stat. §119.23,

School Applying To <i>No abbreviations</i>	School Year Applying For 2015-16	<i>This form should be used by applicants who did not participate in the Choice program in the previous semester or were not on a waiting list for Choice students in the previous year.</i>
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FAMILY INFORMATION

Parent/Guardian First Name	MI	Last Name	Suffix <i>Sr., Jr., etc.</i>	Social Security No.* or Taxpayer ID	
Parent/Guardian First Name	MI	Last Name	Suffix <i>Sr., Jr., etc.</i>	Social Security No.* or Taxpayer ID	
Home Street Address		City	State	Zip	Telephone Area/No.

Are the parents/guardians listed above married to each other? <input type="checkbox"/> Yes <input type="checkbox"/> No	Print the names of all people included in the family size entered at left. <i>Include first name, middle initial, last name, and suffix.</i>
<i>If married, their combined income shall be reduced by \$7,000 prior to determining income eligibility. See page 2 of this form.</i>	1. _____ 7. _____
Enter Family Size: _____	2. _____ 8. _____
<i>Family Size includes parents/legal guardians and children. Foster children and children in kinship care are counted as a family of one (1) and the Family Income Eligibility Form should be used to determine income eligibility.</i>	3. _____ 9. _____
	4. _____ 10. _____
	5. _____ 11. _____
	6. _____ 12. _____

STUDENT INFORMATION

Student's First Name <i>Legal Name Only</i>	MI	Last Name <i>Legal Name Only</i>	Suffix <i>Jr., III, etc.</i>	Date of Birth <i>Mo./Day/Yr.</i>	Grade Level for 2015-16
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Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Check One <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Check all that Apply <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> White
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Student's First Name <i>Legal Name Only</i>	MI	Last Name <i>Legal Name Only</i>	Suffix <i>Jr., III, etc.</i>	Date of Birth <i>Mo./Day/Yr.</i>	Grade Level for 2015-16
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PARENT OR GUARDIAN SIGNATURE

For Use of Parent or Guardian. I, AS THE PARENT OR GUARDIAN, CERTIFY that all of the information on this application, including page 2 if completed, is true and correct. I understand that any of the information on this application or related to this application, including income and residency documentation, may be subject to further review and verification by school and/or state officials.

Signature of Parent or Guardian <i>MUST be the same name as one of the parents / guardians listed above</i>	Date Signed <i>Mo./Day/Yr.</i>
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FOR SCHOOL USE ONLY

Income Eligibility Determination <i>Check the method used to determine eligibility</i> <input type="checkbox"/> Department of Revenue Determination <input type="checkbox"/> Department of Public Instruction Family Income Eligibility Documentation <i>DPI Family Income Eligibility Form must be completed.</i>	Based on the information provided by the parent or guardian and the income and residency eligibility determination, the student is eligible. <input type="checkbox"/> Yes <input type="checkbox"/> No
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I, AS THE ADMINISTRATOR/DESIGNEE RESPONSIBLE FOR PUPIL ADMISSIONS, have reviewed the student application and have concluded that it is properly and completely filled out to the best of my knowledge. I attest that documents verifying income and residency are on file at the school.	Date Application Received <i>Mo./Day/Yr.</i>
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Signature of School Administrator or Designee	Printed Name of School Administrator or Designee	Date Signed <i>Mo./Day/Yr.</i>
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*Collection of Social Security Numbers is voluntary under s. 119.23(2)(a)1.b., Wis. Stats., and is used solely for income eligibility purposes and will not be released without written permission to anyone except the Wisconsin Department of Revenue.

INCOME REQUIREMENTS

<p align="center">300% of Federal Poverty Level</p> <p>The applicant's 2014 family income must be at or below 300% of the federal poverty level in order to meet the income requirements of the program. Applicants with married parents or legal guardians shall reduce their family income by \$7,000.</p> <table border="0"> <tr> <td style="text-align: right;">Family Size</td> <td style="text-align: right;">300% of Federal Poverty Level</td> </tr> <tr> <td>1</td> <td>\$35,571</td> </tr> <tr> <td>2</td> <td>\$47,946</td> </tr> <tr> <td>3</td> <td>\$60,321</td> </tr> <tr> <td>4</td> <td>\$72,696</td> </tr> <tr> <td>5</td> <td>\$85,071</td> </tr> <tr> <td>6</td> <td>\$97,446</td> </tr> </table> <p>For each additional family member above 6, add \$12,375 to the \$97,446 to determine the maximum yearly income.</p>	Family Size	300% of Federal Poverty Level	1	\$35,571	2	\$47,946	3	\$60,321	4	\$72,696	5	\$85,071	6	\$97,446	<p align="center">220% of Federal Poverty Level</p> <p>Students in grades 9-12 may be charged tuition, in an amount determined by the private school, if the applicant's family 2014 income exceeds 220% of the federal poverty level. Applicants with married parents or legal guardians shall reduce their family income by \$7,000.</p> <table border="0"> <tr> <td style="text-align: right;">Family Size</td> <td style="text-align: right;">220% of Federal Poverty Level</td> </tr> <tr> <td>1</td> <td>\$26,085</td> </tr> <tr> <td>2</td> <td>\$35,160</td> </tr> <tr> <td>3</td> <td>\$44,235</td> </tr> <tr> <td>4</td> <td>\$53,310</td> </tr> <tr> <td>5</td> <td>\$62,385</td> </tr> <tr> <td>6</td> <td>\$71,460</td> </tr> </table> <p>For each additional family member above 6, add \$9,075 to the \$71,460 to determine the maximum yearly income.</p>	Family Size	220% of Federal Poverty Level	1	\$26,085	2	\$35,160	3	\$44,235	4	\$53,310	5	\$62,385	6	\$71,460
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Income at 300% of the federal poverty level is determined by the Wisconsin Department of Revenue (DOR) for parents/guardians that provide a social security number or taxpayer identification number for which income information is available. If the parent(s) or legal guardian(s) did not provide a social security number or taxpayer identification number or the DOR is unable to obtain income information for the parents/guardians, the parents/guardians must complete the alternative income documentation required by the Wisconsin Department of Public Instruction.

ADDITIONAL APPLICANTS FROM FAMILY

<i>Student's First Name Legal Name Only</i>	<i>MI</i>	<i>Last Name Legal Name Only</i>	<i>Suffix Jr., III, etc.</i>	<i>Date of Birth Mo./Day/Yr.</i>	<i>Grade Level for 2015-16</i>
Gender	Check One	Check all that Apply			
<input type="checkbox"/> Female	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander		
<input type="checkbox"/> Male	<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> White		
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If there are more than seven (7) applicants, complete an additional application.