



Wisconsin Department of Public Instruction
MILWAUKEE PARENTAL CHOICE PROGRAM
STUDENT APPLICATION
 MPS-PCP-3A (Rev. 07-11)

This collection is a requirement of s. 119.23, Wis. Stats.

INSTRUCTIONS: Type or Print clearly in ink. Students with the same parents/guardians may complete one application. Complete page 2 if more than three student applicants. **Return completed form to the school.**

School Applying To <i>No abbreviations</i>	Parent / Guardian Phone Area/No.
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First Name	M.I.	Parent / Guardian Last Name	Suffix	Social Security Number* or Taxpayer ID Number
First Name	M.I.	Parent / Guardian Last Name	Suffix	Social Security Number* or Taxpayer ID Number

Yes No Are the parents/guardians listed above married? *If yes, their combined income shall be reduced by \$7,000 prior to determining income eligibility. Income requirements are listed on page 2 of this form.*

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. Choose one*
 1 2 3 4 5 6 More than 6 *Enter family size at right*

Other Family Size *If more than 6, write in number*

Student's First Name <i>Legal name only</i>	M.I.	Last Name <i>Legal name only</i>	Suffix	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth <i>Mo./Day/Yr.</i>
Student's Home Street Address			City	State WI	ZIP
Grade Level for 2011-12					

<i>Choose one</i> <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Not Hispanic / Latino	<i>Choose all that apply</i> <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Native Hawaiian / Other Pacific Islander	<input type="checkbox"/> Asian <input type="checkbox"/> White	<input type="checkbox"/> Black / African American
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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 individuals 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	Based on the information provided by the parent or guardian and the income 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.

Signature of School Administrator or Designee	Date Application Received <i>Mo./Day/Yr.</i>
Date Signed <i>Mo./Day/Yr</i>	

* 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

300% of Federal Poverty Level

The applicant's 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.

Family Size	300% of Federal Poverty Level
1	\$ 32,781
2	\$ 44,103
3	\$ 55,425
4	\$ 66,747
5	\$ 78,069
6	\$ 89,391

For each additional family member above 6, add \$11,322 to the \$89,391 to determine the maximum yearly income.

220% of Federal Poverty Level

Students in grades 9-12 may be charged tuition and fees, in an amount determined by the private school, if the student's income **exceeds** 220% of the federal poverty level. Applicants with married parents or legal guardians shall reduce their family income by \$7,000.

Family Size	220% of Federal Poverty Level
1	\$ 24,039
2	\$ 32,342
3	\$ 40,645
4	\$ 48,948
5	\$ 57,251
6	\$ 65,554

For each additional family member above 6, add \$8,303 to the \$65,554 to determine the maximum yearly income.

Income is determined by the Wisconsin Department of Revenue (DOR) for parents/guardians that provide a social security number or taxpayer identification number. If the parent(s) or legal guardian(s) did not provide a social security number or taxpayer identification number they must complete the alternative income documentation required by the Wisconsin Department of Public Instruction.

ADDITIONAL APPLICANTS FROM FAMILY

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