

F Escuela Verde
126 E. Mineral St.
Milwaukee, WI 53204
414-988-7960
email: info@escuelaverde.org



Student Application Form 2015-2016

Student's Full Name: _____ Date: _____
Last First MI

Gender identity _____ Date of Birth _____ Age _____

Student's Address: _____

City: _____ Zip Code _____

Home phone _____ Student's cell phone _____

Student's email _____

Previous School Name _____ District Name _____

Previous School Address: _____

Grade completed or credits earned during time of application: Grade _____ Credits _____
A high school transcript or a 7th or 8th grade report card must accompany application.

Does your child have an IEP? YES NO
Please provide a copy of your child's last IEP.

Parent/Guardian Information Mother Father Other _____

Living with child? YES NO

Full Name: _____
Last First

Parent Employer _____

Employer Phone: _____ Parent email: _____

Cell phone: _____

If your address is different than student, please fill out the following information:

Address: _____

City _____ State _____ Zip _____

Parent/Guardian Information Mother Father Other _____

Living with child? YES NO

Full Name: _____
Last First

Parent Employer _____

Employer Phone: _____ Parent email: _____

Cell phone: _____

If your address is different than student, please fill out the following information:

Address: _____

City _____ State _____ Zip _____

Name of Person(s) legally responsible to make educational decisions for the student:

12) Date : _____ Parent/Guardian Signature: _____

For school use only:

WI Student #:

Advisor:

Start Date: