Mini-Course Program

2018-2019

ACT PREPARATION CLASS

FALL 2018
October 6 - November 17

SPRING 2019
January 5 - February 16

ACT TEST TAKING EXPERIENCE

FALL 2018
October 6 or November 17

SPRING 2019
January 5 or February 16
ACT PREPARATION CLASS

FOR 11TH & 12TH GRADE STUDENTS

Fee: $185 or DPI Pre-College Scholarships Available

2.5 core GPA is required to enroll in the ACT Preparation Class

Seven Consecutive Saturdays!

Fall 2018 Semester Session 1

October 6 – November 17, 2018
October 6: Pre-test (8am-12pm)
October 13: Information Session (8am-9am)
October 13 – November 10: Classes (9am-1pm)
November 17: Post-test (8am-12pm)

Registration Deadline: September 28, 2018

Spring 2019 Semester Session 2

January 5 – February 16, 2019
January 5: Pre-test (8am-12pm)
January 12: Information Session (8am-9am)
January 12 – February 9: Classes (9am-1pm)
February 16: Post-test (8am-12pm)

Registration Deadline: December 21, 2018

Test Taking Experience Dates:

October 6: 8am-12pm (Registration Deadline – September 28, 2018)
November 17: 8am-12pm (Registration Deadline – November 9, 2018)

ACT Preparation Class Registration Checklist √

☐ Complete Registration Form
☐ Complete Class Consent/Medical Consent/Emergency Contact
☐ Complete Behavioral Consent/Assumption of Risks/Waiver of Risks
☐ Copy of most recent report card/transcript classes. Minimum GPA of 2.5 in core classes ( Includes only variations of reading, math, English, science, social studies, and foreign languages)
☐ $185 check/money order or a completed and signed DPI Pre-College Scholarship

*Make check payable to: UW-Milwaukee, Mini-Course Program

ACT Test Taking Experience Checklist √

Please submit the following items to the Mini-Courses office via fax, email, in-person or mail to the address provided.

☐ Complete Registration Form
☐ Complete Class Consent/Medical Consent/Emergency Contact
☐ $25 check/money order

*Make check payable to: UW-Milwaukee, Mini-Course Program

ACT TEST TAKING EXPERIENCE

FOR 10TH, 11TH & 12TH GRADE STUDENTS

Fee: $25 (no DPI Pre-College Scholarships available)

One-time, unofficial test experience. Included with the ACT Preparation Class.

Fall 2018 Semester Available Test Taking Experience Dates:

October 6: 8am-12pm
(Registration Deadline – September 28, 2018)
November 17: 8am-12pm
(Registration Deadline – November 9, 2018)

Spring 2019 Semester Available Test Taking Experience Dates:

January 5: 8am-12pm
(Registration Deadline – December 21, 2018)
February 16: 8am-12pm
(Registration Deadline – February 8, 2019)

Registration deadlines have been set for each semester, however, please note that we usually reach full enrollment prior to the deadline dates. There will be no make-up pre- or post-test dates.

Please Note: Once your child is registered for the ACT Preparation Class there are no refunds or transfers. The ACT Preparation Class is held on the University of Wisconsin-Milwaukee campus. More details will be provided once enrolled.
### REGISTRATION FORM

#### ACT PREPARATION CLASS - Seven Consecutive Saturdays!

- **Fall 2018 Session 1**
  - October 6 – November 17, 2018

- **Spring 2019 Session 2**
  - January 5 – February 16, 2019

#### ACT TEST TAKING EXPERIENCE - One Saturday Only!

**Fall 2018 Semesters Available**
- October 6: 8am-12pm
- OR
- November 17: 8am-12pm

**Spring 2019 Semesters Available**
- January 5: 8am-12pm
- OR
- February 16: 8am-12pm

- My child has special needs and/or requires accommodations - Please contact the Mini-Courses Director.

Student’s Name ___________________________ Current Grade ____________

Social Security # ___________________________ Birth Date ____________

Sex: □ Male □ Female

Social Security Number Disclosure and Usage: The University of Wisconsin System requests/uses social security numbers (SSN) to measure the impact of Pre-College program participation on college enrollment. No statute or other authority requires disclosure of SSN for that purpose. Failure to provide SSN, however, may decrease the ability of the UW System to measure the impact of Pre-College program participation. Further disclosure of SSN is restricted by the Wisconsin Public Records ACT and other State and Federal laws.

- School Attending ___________________________ School Phone # ________

- Are you interested in attending UWM? □ Yes □ No

- Have you applied to UWM? □ Yes □ No

**Primary Contact Information**

Parent/Guardian’s Name ___________________________ Relationship to Student ___________________________

Address ___________________________ City ____________ Zip ____________

I authorize “Mini-Courses ACT Preparation Class” to contact me for reminders and alerts. Approved methods of contact include, but are not limited to, mail, phone, text message (SMS or MMS), and email. I understand that this authorization is not a condition of purchasing any good or service.

Parent Mobile Number ___________________________ Parent Email Address ___________________________ Parent Initials ___________________________

Student Mobile Number ___________________________ Student Email Address ___________________________ Parent Initials ___________________________

**Head of Household**

- **Female**
  - Have you earned a bachelors degree from a four-year college or university? □ Yes □ No

- **Male**
  - Have you earned a bachelors degree from a four-year college or university? □ Yes □ No

**Does your family qualify for Free or Reduced lunches?** □ Yes □ No

**Does your family qualify for or receive any other forms of state or federal support (TANF, food stamps, etc.)?** □ Yes □ No

**Race/Ethnicity?** Please answer both a and b. Check ALL that apply.

- a. Is the student Spanish/Hispanic/Latino/a? □ Yes □ No
  - □ No, not Spanish/Hispanic/Latino/a □ Yes, Puerto Rican
  - □ Yes, Mexican American, Chicano/a □ Yes, Cuban □ Yes, other Spanish/Hispanic/Latino/a-print group ___________________________

- b. What is the student’s race? Please check ALL that apply:
  - □ American Indian/Alaskan Native - please specify principal WI or other tribe & reservation ___________________________
  - □ Asian Indian □ Black or African American □ Cambodian □ Chinese □ Filipino □ Guamanian or Chamorro
  - □ Hmong □ Japanese □ Korean □ Laotian □ Native Hawaiian □ Samoan □ Vietnamese □ White
  - □ Other Asian-please specify ___________________________ □ Other race specify ___________________________

**Areas of Interest - Please check only THREE that apply.**

- □ Agriculture □ Architecture □ Arts/Humanities □ Athletics □ Business □ Computer □ Education □ Engineering
  - □ English/Literature □ Environment □ Health Care □ History □ Languages □ Law □ Math □ Medicine □ Music
  - □ Natural Science □ Nursing □ Politics □ Social Science/Culture □ Study Skills
  - □ Other race-please specify ___________________________
**MEDICAL CONSENT FORM**

**EMERGENCY CONTACT INFORMATION**

**CLASS CONSENT**

**MEDICAL CONSENT FORM**

**Please complete and sign this form even if you do not plan on bringing medication to class.**

**TO THE PARENT(S) OR LEGAL GUARDIAN:** If your son, daughter, or ward will be under the age of 18 while at the University of Wisconsin-Milwaukee, it is camp policy to secure your consent for medication distribution and for the use of medical devices. The medication or medical device can be self-administered or be administered by the Camp Health Supervisor.

All medications must be in a medicine bottle and labeled with the camper’s name, doctor’s name and phone number, medication name, and dosage. You must also complete the form below:

- [ ] No medication has been brought to camp.
- [ ] I want the medication or medical devices self-administered. (Age 14 and above only.)
- [ ] I want the medication or medical device administered by the Camp Health Supervisor. However, a limited amount of medication for life threatening conditions may be carried by my son/daughter/ward. (i.e. bee sting kits, inhalers)

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<tr>
<th>Name of Medication(s)</th>
<th>Prescribing Doctor</th>
<th>Doctor’s Phone #</th>
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<tr>
<th>Amount to be taken</th>
<th>How is it taken?</th>
<th>When to be administered</th>
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<tr>
<th>Day(s) to be taken</th>
<th>Special Instructions</th>
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- If your son, daughter, or ward will be under the age of 18 years while at our camp, it is our policy to secure your consent for medical treatment.
- By signing below you are giving your consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
- By signing below you are stating that you are aware of and accept the risk inherent in the program activity.
- By signing below you agree to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the University of Wisconsin-Milwaukee, their officers, employees and agents, from any and all liability, loss, damages, or expenses which are sustained, or required arising out of the actions of your dependent in the course of the camp/event.

**Student’s Name (Please Print)**  
**Signature of Parent or Guardian**  
**Date**

**EMERGENCY CONTACT INFORMATION**

Name and address of relative or close friend to be contacted in case of emergency if we are unable to reach parents/guardian.

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<tr>
<th>Name</th>
<th>Relationship to Student</th>
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<tr>
<th>Address</th>
<th>City</th>
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<thead>
<tr>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>Work Phone</th>
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</table>
Our programs and activities are designed to help you increase your academic and social abilities – helping you work toward a better future. For this reason, all students have the responsibility to help maintain the best possible atmosphere for learning so that everyone will be able to do his/her best. By paying attention, following directions, participating in activities and, most of all, by treating everyone with respect, you will be helping to accomplish this goal.

Both parents and students are asked to read and sign this paper below. Thank you!

Student Responsibilities
1. To behave in a respectful manner to presenters, tutors, program staff, and other students.
2. To avoid abusive or loud language.
3. To ask questions if you do not understand what is being discussed.
4. To respect the property of other students, presenters, tutors, and the university.
5. To arrive on time and remain for the entire session.
6. To not bring radios, headphones, beepers, or cellular phones to workshops or tutoring sessions.
7. To not wear hats or caps during programs, except where a student may have a religious or closely held belief for doing so.
8. A student bringing any kind of weapon will automatically be dismissed from the program.
9. To not engage in any inappropriate conduct, including sexual activity, while participating in any aspect of the program.
10. To not engage in any illegal activity while participating in any aspect of the program, including possession or use of alcohol or controlled substances without medical authorization.

Students not maintaining these standards will typically be warned and the parents will be contacted. Following a second warning, and upon consultation with the staff, a student may be dismissed from the program. UWM, however, reserves the right to impose discipline as it deems appropriate, including automatic dismissal from the program.

Parent/Guardian Responsibilities:
1. To encourage your student to participate and do his/her best – your interest and involvement are crucial to their success.
2. To participate in parent workshops as often as possible. They will provide you with information which will help you and your student. Your involvement sends a strong message to your student that these programs are an important contributor to their success.
3. To provide transportation to and from the program – please be sure that the student arrives on time and is picked up promptly.
4. To communicate with the program in writing about any special needs or circumstances. For example, if a student attending alone needs to leave early, please send a note.

Thanks to all parents and students for your understanding and cooperation in these matters!

I have read and agree to abide by the above expectations for the Mini-Courses ACT Preparation Class.

Signature of Participant: ______________________ Date: ____________

Parent/Guardian Signature: ______________________ Date: ____________

PLEASE READ THE FOLLOWING CAREFULLY. IF YOU HAVE ANY QUESTIONS REGARDING THIS AGREEMENT OR WOULD LIKE TO NEGOTIATE ITS TERMS, CONTACT MINI-COURSES AT 414-229-6236.

ASSUMPTION OF RISKS

You are being asked to sign this form because you would like to participate in the above-listed event (Mini-Courses) sponsored by the University of Wisconsin-Milwaukee (“UWM”). Before you can participate, UWM asks that you read this document carefully. If you want to ask questions about this document or request changes to it, you can do so by contacting the party listed above.

By participating in Mini-Courses, you are putting yourself at some risk (e.g., harm by other participants, etc.). The specific risks vary from one activity to another, but resulting injuries can range from minor (e.g., scratches and bruises), to major (e.g., fractures and internal injuries), or catastrophic (e.g., paralysis and death). UWM recommends you minimize your risks by carrying insurance (insurance is not provided by UWM). Please sign here to indicate that you understand that risks are inherent in the Mini-Courses program and you knowingly and willingly accept those risks.

Signature of Participant: ______________________ Date: ____________

Parent/Guardian Signature: ______________________ Date: ____________

WAIVER OF RIGHTS

In exchange for allowing you to participate in the Mini-Course Program, UWM asks that you agree not to make a claim against UWM if you are injured while participating in the Mini-Course Program, even if your injury was caused by UWM’s negligence. This means you are giving up your right to sue UWM if you injured during the Mini-Course Program. “Injury” refers to injuries to both your body and your property, whether caused by a UWM employee or a third party. You are not being asked to give up your rights in the event UWM acts recklessly or in an intentionally destructive manner.

Please sign here to confirm that you are willing to give up your claims and rights against UWM in the event you are injured (including the right to sue).

Signature of Participant: ______________________ Date: ____________

Parent/Guardian Signature: ______________________ Date: ____________
You may receive a maximum of three DPI Precollege Scholarships per year.

STUDENT / PARENT INSTRUCTIONS: Student must be eligible for Free or Reduced Price School Meals, and must have finished fifth grade, but not have graduated from high school to receive a DPI Precollege Scholarship.

Fill out Section I—Student Information completely. Parent/guardian must sign in the space provided. Give this form to your principal or food services authorized representative at your school for completion of Section II. Once the signature is acquired through your middle or high school, mail the completed scholarship application to the college or university that is offering the precollege program.

I. ST UDENT INFORMATION

Name

Last First Middle Initial

Street Address

City State Zip

Phone Number

Area Code/No.

Email

Date of Birth Mo./Day/Yr.

Gender

[ ] Male [ ] Female

Check only one (For Statistical Purposes Only)

[ ] Hispanic or Latino [ ] Not Hispanic or Latino

[ ] American Indian or Alaska Native [ ] Asian [ ] Black or African-American [ ] Native Hawaiian/Other Pacific Islander [ ] White

Current Grade Level

[ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10 [ ] 11 [ ] 12

Anticipated Year of High School Graduation

[ ] School Presently Attending [ ] School District Name

No. of Prior Precollege Scholarships Received This Year

I HEREBY AUTHORIZE release of my child’s verification of Free or Reduced Price School Meals eligibility to the Precollege Campus and DPI.

Signature of Parent/Guardian

[ ] Date Signed Mo./Day/Yr.

II. VERIFICATION AND RECOMMENDATION

Instructions to the Principal, Food Services Authorized Representative, or DPI/WEOP Staff Member

Verify that this student is eligible for Free or Reduced Price School Meals and forward this application form to the college or university where the student has applied for admission to a DPI Precollege Program.

Is this student eligible for Free or Reduced Price School Meals? [ ] Yes [ ] No

I HAVE VERIFIED that this student is eligible for Free or Reduced Price School Meals and I recommend this student for a DPI Precollege Scholarship.

Name of Authorized Representative

Title

Telephone Area/No.

Verification Signature

[ ] Date Signed Mo./Day/Yr.
Puede recibir tres becas preuniversitarias del Departamento de Instrucción Pública (Department of Public Instruction, DPI) como máximo por año.

INSTRUCCIONES PARA EL ESTUDIANTE/PADRE. El estudiante debe reunir los requisitos para recibir comidas gratuitas o a un precio reducido en la escuela. Además, debe haber terminado quinto grado, pero no debe haber terminado la escuela secundaria para recibir una beca preuniversitaria del DPI.

Complete la sección I: Información sobre el estudiante exclusivamente. El padre/tutor debe firmar en el espacio provisto. Entregue este formulario al director o al representante autorizado del Servicio de comidas en su escuela a fin de que se complete la sección II. Una vez que la escuela secundaria firmó la solicitud, envíe la solicitud de beca completa por correo a la universidad que ofrece el programa preuniversitario.

<table>
<thead>
<tr>
<th>I. INFORMACIÓN SOBRE EL ESTUDIANTE</th>
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<tbody>
<tr>
<td>Apellido</td>
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<tr>
<td>Calle</td>
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<tr>
<td>Número de teléfono (código de área)</td>
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<tr>
<td>Masculino</td>
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<tr>
<td>Marque solo una opción (para fines estadísticos únicamente)</td>
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<tr>
<td>□ Hispano o latino</td>
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<td>□ Nativo de América o Alaska</td>
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<tr>
<td>Nivel de grado actual</td>
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<td>□ 5</td>
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<tr>
<td>Asiste actualmente a la escuela</td>
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</table>

POR LA PRESENTE, AUTORIZO a que se entregue el comprobante de elegibilidad de mi hijo/a para recibir comidas gratuitas o a un precio reducido en la escuela al campus preuniversitario y al DPI.

Firma del padre/tutor | Fecha de la firma (mes/día/año)

II. VERIFICATION AND RECOMMENDATION

Instructions to the Principal, Food Services Authorized Representative, or DPI/WEOP Staff Member

Verify that this student is eligible for Free or Reduced Price School Meals and forward this application form to the college or university where the student has applied for admission to a DPI Precollege Program.

Is this student eligible for Free or Reduced Price School Meals? □ Yes □ No

I HAVE VERIFIED that this student is eligible for Free or Reduced Price School Meals and I recommend this student for a DPI Precollege Scholarship.

Nombre del representante autorizado | Título | Teléfono Area/No.

Firma de Verificación | Fecha firmada Mo./Day/Yr.
TRIO & Pre-College Programs
MINI-COURSE Program
P.O. Box 413
Milwaukee, WI 53201-0413
RETURN SERVICE REQUESTED

ACT TEST TAKING EXPERIENCE
Fall 2018 October 6 or November 17
Spring 2019 January 5 or February 16

ACT PREPARATION CLASS
Fall 2018 October 6 - November 17
Spring 2019 January 5 - February 16

updated 4/30/18