ACT PREPARATION CLASS

FOR 11TH & 12TH GRADE STUDENTS

Fee: $195 or DPI Pre-College Scholarships Available
2.5 core GPA is required to enroll in the ACT Preparation Class

Seven Consecutive Saturdays!

Fall 2024 Semester Session 1

October 5 – November 16, 2024
October 5: Pre-test (8am-12pm)
October 12 – November 9: Classes (9am-1pm)
November 16: Post-test (8am-12pm)

Registration Deadline: September 27, 2024

Spring 2025 Semester Session 2

January 11 – February 22, 2025
January 11: Pre-test (8am-12pm)
January 18 – February 15: Classes (9am-1pm)
February 22: Post-test (8am-12pm)

Registration Deadline: December 16, 2024

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.

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)
☐ $195 check/money order or a completed and signed DPI Pre-College Scholarship
*Make check payable to: UW-Milwaukee, Mini-Course Program

Send the completed registration to the Mini-Courses office via:
Email: minicourses@uwm.edu
In-Person: 3203 N. Downer Ave.
           Mitchell Hall, Rm 177
           Milwaukee, WI 53211
Mail:     Mini-Course Program
           UW-Milwaukee
           P.O. Box 413
           Milwaukee, WI 53201-0413

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 2024 Semester Available Test Taking Experience Dates:

October 5: 8am-12pm
(Registration Deadline – September 27, 2024)
November 16: 8am-12pm
(Registration Deadline – November 8, 2024)

Spring 2025 Semester Available Test Taking Experience Dates:

January 11: 8am-12pm
(Registration Deadline – December 16, 2024)
February 22: 8am-12pm
(Registration Deadline – February 14, 2025)

ACT Test Taking Experience Checklist

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

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

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

- □ Fall 2024 Semester Session 1
  - October 5 – November 16, 2024
- □ Spring 2025 Semester Session 2
  - January 11 – February 22, 2025

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

<table>
<thead>
<tr>
<th>Fall 2024 Available Dates</th>
<th>Spring 2025 Available Dates</th>
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</thead>
<tbody>
<tr>
<td>□ October 5: 8am-12pm OR</td>
<td>□ January 11: 8am-12pm OR</td>
</tr>
<tr>
<td>□ November 16: 8am-12pm</td>
<td>□ February 22: 8am-12pm</td>
</tr>
</tbody>
</table>

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

Student’s Name____________________________________________________________________________  Current Grade_____________________

Birth Date________________________   Sex: □ Male  □ Female

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

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? □ 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  □ 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 ____________________

Mini-Course Program • University of Wisconsin–Milwaukee • PO Box 413 • Milwaukee, WI 53201-0413
Phone: 414-229-6236 • minicourses@uwm.edu
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)

Name of Medication(s) Prescribing Doctor Doctor’s Phone #

Amount to be taken How is it taken? When to be administered

Day(s) to be taken Special Instructions

• 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.

Name Relationship to Student

Address City State Zip

Home Phone Cell Phone Work Phone
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, head phones, 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 ____________
College Applying To

University of Wisconsin-Milwaukee

Precollege Program Name

Mini-Courses ACT Preparation Class

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. STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Name Last</th>
<th>First</th>
<th>Middle Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Phone Number Area Code/No.</td>
<td>Email</td>
<td>Date of Birth Mo./Day/Yr.</td>
</tr>
<tr>
<td>Male</td>
<td>Female</td>
<td></td>
</tr>
</tbody>
</table>

*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

<table>
<thead>
<tr>
<th>Current Grade Level</th>
<th>Anticipated Year of High School Graduation</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School Presently Attending</th>
<th>School District Name</th>
<th>No. of Prior Precollege Scholarships Received This Year</th>
</tr>
</thead>
</table>

**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.
Universidad a la que realiza la solicitud

University of Wisconsin-Milwaukee

Nombre del programa preuniversitario

Mini-Courses ACT Preparation Class

INSTRUCCIONES PARA LA UNIVERSIDAD SOLAMENTE

Escriba el nombre y la dirección de la universidad o la institución en el espacio de abajo.

<table>
<thead>
<tr>
<th>I. INFORMACIÓN SOBRE EL ESTUDIANTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apellido</td>
</tr>
<tr>
<td>Calle</td>
</tr>
<tr>
<td>Número de teléfono (código de área)</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Marque solo una opción (para fines estadísticos únicamente)

- [ ] Hispano o latino
- [ ] Ni hispano ni latino
- [ ] Nativo de América o Alaska
- [ ] Asiático
- [ ] Negro o afroamericano
- [ ] Nativo de Hawái/Otra Isla del Pacífico
- [ ] Blanco

Nivel de grado actual

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

Se graduó un año antes de la escuela secundaria

Asiste actualmente a la escuela

Nombre del distrito escolar

Cantidad de becas preuniversitarias que recibió anteriormente durante este año calendario

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.

Name of Authorized Representative

Title

Telephone Area/No.

Verification Signature

Date Signed Mo./Day/Yr.
ACT PREPARATION CLASS
Fall 2024  October 5 - November 16  Spring 2025  January 11 - February 22

ACT TEST TAKING EXPERIENCE
Fall 2024  October 5 or November 16  Spring 2025  January 11 or February 22