UWM at Waukesha’s Summer Pre-College program is a great opportunity for students to participate in hands on workshops and activities that focus on science, technology, engineering and math. Students will explore college and career options, develop leadership skills and participate in enrichment activities and field trips.

- Explore Higher Education Options
- Discover College Majors and Careers
- Build Leadership Skills
- Identify Skills and Personal Interests
- Participate in Educational Fieldtrips and Enrichment Activities
- And more…

Space is limited. Sign up as soon as possible! Be sure to come with a positive attitude and be prepared to learn and have a great time!

Visit our website to get an electronic application!
http://waukesha.uwc.edu/community/pre-college
Or fill out the enclosed application!

Application deadline is Friday, May 29th
# Common Registration Form

**Student Name:**

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
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**Date of Birth:**

<table>
<thead>
<tr>
<th>M/M</th>
<th>D/D</th>
<th>YYY</th>
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**Gender:**

- [ ] Male
- [ ] Female

**Current School Grade Level:**

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## School Attending

**Participating for:**

- [ ] University Camp
- [ ] College Bound

**Program dates:**

- University Camp: June 22nd–July 3rd
- College Bound: July 13th–24th

**Cumulative Grade Point Average:**

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### Race/Ethnicity

- Please answer both a and b. Check **ALL** that apply.

#### a.

- [ ] No, not Spanish/Hispanic/Latino/a
- [ ] Yes, Puerto Rican
- [ ] Yes, Mexican American, Chicano/a
- [ ] Yes, Cuban
- [ ] Yes, other Spanish/Hispanic/Latino/a – please specify ______

#### b.

- American Indian/Alaska Native – please specify principal WI or Other tribe & reservation ______

- Asian Indian
- Guamanian or Chamorro
- Native Hawaiian
- White
- Black or African American
- Hmong
- Samoan
- White
- Cambodian
- Japanese
- Vietnamese
- Black or African American
- Korean
- Other Asian – please specify ______
- Filipino
- Laotian
- Other race – please specify ______

## Student Parent/Primary Contact Information (primary phone number and address)

<table>
<thead>
<tr>
<th>Parent/Primary Name:</th>
<th>Cell Phone Number:</th>
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<table>
<thead>
<tr>
<th>Street Address:</th>
<th>Work Phone Number:</th>
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</table>

<table>
<thead>
<tr>
<th>City/State/Zip:</th>
<th>Student Cell Phone:</th>
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</table>

<table>
<thead>
<tr>
<th>Parent/Primary Home Phone:</th>
<th>Parent/Contact e-mail:</th>
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</table>

<table>
<thead>
<tr>
<th>Relationship to Student:</th>
<th>Student/Contact e-mail:</th>
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</table>

### HEAD OF HOUSEHOLD

- **Female:** Have you earned a bachelor’s degree from a four-year college or university? [ ] Yes [ ] No
- **Male:** Have you earned a bachelor’s degree from a four-year college or university? [ ] Yes [ ] No

### Does your family qualify for or receive 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

## Areas of Interest – Please check the most interesting (up to three).

- [ ] Agriculture
- [ ] Business
- [ ] English/Literature
- [ ] Languages
- [ ] Music
- [ ] Study Skills
- [ ] Architecture
- [ ] Computer
- [ ] Environment
- [ ] Law
- [ ] Natural Science
- [Social Science/]
- [ ] Arts/Humanities
- [ ] Education
- [ ] Health Care
- [ ] Math
- [ ] Nursing
- [ ] Social Science/
- [ ] Athletics
- [ ] Engineering
- [ ] History
- [ ] Medicine
- [ ] Politics
- [ ] Other – print area of interest

I certify that the above information is true and correct to the best of my knowledge. I agree to the release of my school transcript(s) to the UW-YOUR CAMPUS Office of Precollege Programs and to the Wisconsin Department of Public Instruction.

**Student Signature**

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<th>Date</th>
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I have my permission to participate in the Precollege Programs sponsored by the University of Wisconsin-Waukesha and the Wisconsin Department of Public Instruction. I understand that the information provided will be used solely for program evaluation and program eligibility purposes and will be kept confidential.

**Parent Signature**

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Record Release and Consent Form

This form is to receive your permission as the parent or legal guardian of:

________________________________________________________for the following:

Name of Child

- Receive the applicant's school records and conduct school visits;
- Grant permission for the applicant to travel to and from all program sponsored activities;
- Have you assumed all risks and responsibilities surrounding the applicant's participation;
- Authorize the administration of emergency medical care to the applicant in the event you cannot be reached;
- Grant permission for your child to be photographed for news release and/or recruitment materials;

List the school your child now attends ____________________________

I grant permission for the UWM at Waukesha to obtain a copy of my child's report card for one year as of this date. I understand that solely the Pre-College Program will use this information and that the contents will be kept confidential.

Permission is also granted for the applicant to participate in, and travel to and from all program sponsored activities for the duration of his/her enrollment in the program.

Thereby voluntarily agree to assume all risks and responsibilities surrounding my child's participation in the UWM at Waukesha Pre-College Programs. I hereby release and agree to indemnify the Board of Regents of the University of Wisconsin System, its officers, agents, employees, and volunteers from any liability of damage to personal property or personal injury, which may result from my child's participation.

Thereby consent/authorize the administration of emergency care to the applicant in the event I cannot be reached. On an off-campus field trip, this authorizes University Personnel to obtain treatment from any reasonable accessible health care institution should the need arise. I understand that I will be notified as soon as possible of any emergency situation. Further, I understand that I am responsible for the costs of all services and medications.

I hereby consent/authorize my child's photograph to be taken only for purposes of news stories about the Pre-College Programs and/or for recruitment brochures and materials.

I certify that I have read and understand the above statements.

__________________________  __________________________
Signature of Parent/Guardian  Date

EMERGENCY CONTACT INFORMATION

Please list a family member/close friend that can be contacted in case of an emergency if we are unable to reach a parent or guardian.

Name: _______________________________  Relationship to Student: ________________
Street Address: ________________________  City/State/Zip: _________________________
Home Phone Number: __________________  Work Phone Number: __________________
Cell Phone Number: ____________________  E-mail: ____________________________
Consent for Medication and Medical Treatment

Participant Full Name ________________________________________________

Date of Birth________________________ Male/Female ________________

Full Home Address ________________________________________________

Parent/Guardian Name ___________________ Phone __________________

Emergency Contact Name____________________ Phone__________________

Physician_______________________________ Phone __________________

Address_________________________ Insurance __________ Policy#________

My child has the following medical condition(s)

____________________________________________________________________

My child has the following allergies (foods, medications, etc)

____________________________________________________________________

My child is currently on the following medication(s)

____________________________________________________________________

I hereby voluntarily agree to assume all risks and responsibilities surrounding my child’s participation in the Pre-College Programs. I hereby release and agree to indemnify the Board of Regents of the University of Wisconsin System, its officers, agents, employees, and volunteers from any liability of damage to personal property or personal injury, which may result from my child’s participation. I hereby consent/authorize the administration of emergency care to the applicant in the event I cannot be reached. On an off-campus field trip, this authorizes the University Personnel to obtain treatment from any reasonable accessible health care institution should the need arise. I understand that I will be notified as soon as possible of any emergency situation. Further, I understand that I am responsible for the costs of all services and medications.

I certify that I have read and understand the above statements.

__________________________________________ Date

Signature of Parent/Guardian
Did you remember to COMPLETE...

- Common Registration Form
  (signed by student and parent)
- Record Release and Consent Form

And, Include your...

- Most Recent Report Card
- Student Identification Number
- Address and Contact Information
- Check to: UWM at Waukesha Pre College
  Memo: Student Name

Please return application to:
Millie Wenzel
UWM at Waukesha - Multicultural Services
and Pre-College Programs
1500 N. University Dr.
Waukesha, WI 53188
Phone: 262-521-5502 Email: millie@uwm.edu