



Wisconsin Department of Public Instruction  
**MILWAUKEE PARENTAL CHOICE PROGRAM**  
**NEW STUDENT APPLICATION**  
 PI-MPS-PCP-3A (Rev. 04-12)

**INSTRUCTIONS:** Type or print clearly in ink. Students that reside together with the same parents/guardians may complete one application. Complete page 2 if more than two student applicants. Return completed form to the school. **No White Out Allowed.**

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

School Applying To <i>No abbreviations</i>	School Year Applying For <b>2012-13</b>	<i>This form should be used by applicants who did not participate in the Choice program in the previous semester or were not on a waiting list for Choice students in the previous year.</i>
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**FAMILY INFORMATION**

Parent/Guardian First Name	MI	Last Name	Suffix Sr., Jr., etc.	Social Security No.* or Taxpayer ID
Parent/Guardian First Name	MI	Last Name	Suffix Sr., Jr., etc.	Social Security No.* or Taxpayer ID
Home Street Address	City	State	Zip	Telephone Area/No.

Are the parents/guardians listed above married to each other? <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>If married, their combined income shall be reduced by \$7,000 prior to determining income eligibility. See page 2 of this form.</i>	Print the names of all people included in the family size entered at left. <i>Include first name, middle initial, last name, and suffix.</i>												
<b>Enter Family Size:</b> _____ <i>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.</i>	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:60%; border-bottom: 1px solid black;">1.</td><td style="width:40%; border-bottom: 1px solid black;">7.</td></tr> <tr><td style="border-bottom: 1px solid black;">2.</td><td style="border-bottom: 1px solid black;">8.</td></tr> <tr><td style="border-bottom: 1px solid black;">3.</td><td style="border-bottom: 1px solid black;">9.</td></tr> <tr><td style="border-bottom: 1px solid black;">4.</td><td style="border-bottom: 1px solid black;">10.</td></tr> <tr><td style="border-bottom: 1px solid black;">5.</td><td style="border-bottom: 1px solid black;">11.</td></tr> <tr><td style="border-bottom: 1px solid black;">6.</td><td style="border-bottom: 1px solid black;">12.</td></tr> </table>	1.	7.	2.	8.	3.	9.	4.	10.	5.	11.	6.	12.
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2.	8.												
3.	9.												
4.	10.												
5.	11.												
6.	12.												

**STUDENT INFORMATION**

Student's First Name <i>Legal Name Only</i>	MI	Last Name <i>Legal Name Only</i>	Suffix Jr., III, etc.	Date of Birth <i>Mo./Day/Yr.</i>	Grade Level for 2012-13
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Gender	Check One	Check all that Apply	
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White

Student's First Name <i>Legal Name Only</i>	MI	Last Name <i>Legal Name Only</i>	Suffix Jr., III, etc.	Date of Birth <i>Mo./Day/Yr.</i>	Grade Level for 2012-13
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Gender	Check One	Check all that Apply	
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White

**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 parents / guardians 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 and residency 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.	Date Application Received <i>Mo./Day/Yr.</i>
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Signature of School Administrator or Designee	Date Signed <i>Mo./Day/Yr.</i>
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\*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.



Wisconsin Department of Public Instruction  
**MILWAUKEE PARENTAL CHOICE PROGRAM &  
 PARENTAL PRIVATE SCHOOL CHOICE PROGRAM**  
**FAMILY INCOME ELIGIBILITY (2011 INCOME)**  
 SCHOOL YEAR 2012-13  
 PI-PCP-104 (New 01-11)

**INSTRUCTIONS:** This form should be used to determine income eligibility if the parent(s) and guardian(s) do not provide a social security number or tax id number. All income documentation must be attached to this form. A separate application and income forms must be completed for students that reside at different addresses or have different parents or legal guardians.

*This collection is a requirement of s. 119.23, Wis. Stats and s. 118.60, Wis. Stats.*

**I. STUDENT APPLICANT NAME(S)**

Include all students applying to the program on the application below. Note: A separate application and income forms must be completed for students that reside at different addresses or have different parents or legal guardians.

Pupil is in kinship care or foster care. (Applicant must provide documentation that the pupil is participating in the program). If so, use 1 for the family size in Section III. Participants in these programs should be marked as eligible in Section III.

	Student Applicant Name(s) First, MI, Last		Student Applicant Name(s) First, MI, Last
1		5	
2		6	
3		7	
4		8	

**II. ADJUSTED INCOME**

Enter 2011 adjusted gross income shown on filed tax return in Column B. A tax return must be provided if filed. If a tax return has not been filed, list total income provided for each individual in Columns C, D, and E. "Other" documentation (Column E) includes final 2011 wage statements, written statements identifying 2011 cash income, or other documentation of 2011 income. DO NOT include Supplemental Security Income (SSI), Wisconsin Works (W2), Temporary Assistance for Needy Families (TANF), food share (food stamps), housing assistance income, or other government provided assistance. Support for income identified in Columns B, C, D, and E below must be included with the application.

Line	(Column A) List Below the name(s) of all parents and/or guardians on the application	(Column B) Adjusted Gross Income per Filed 2011 Federal Income Tax Return	(Column C) Total 2011 Income per W-2 Tax Forms	(Column D) Total 2011 Income Amount per 1099 Forms	(Column E) Total 2011 Income per Other Documentation
1					
2					
3	TOTAL				
4	Total Combined Income (Add the total of Columns B, C, D & E.) If the total equals \$0 or is insufficient to provide basic needs (food, clothing and shelter) complete the No Family Income form.				
5	If the parents/guardians included above are married, insert \$7,000 here.				
6	Adjusted Income (Line 4 less Line 5)				

**III. INCOME ELIGIBILITY**

Select the family size determined on the application. If the family size is above 6, determine the maximum yearly income by adding \$11,931 for each additional family member to \$93,663. Then insert the family size and maximum calculated income on the blank lines below. Check "Yes" if the adjusted income level in Section II, Line 6 is at or below the amount listed for the selected family size or "No" if the adjusted income is higher than the amount in Section II, Line 6.

Select the Family Size	Maximum Yearly Income	Yes	No
1 <input type="checkbox"/>	Is your adjusted income at or below \$34,008? .....	<input type="checkbox"/>	<input type="checkbox"/>
2 <input type="checkbox"/>	Is your adjusted income at or below \$45,939? .....	<input type="checkbox"/>	<input type="checkbox"/>
3 <input type="checkbox"/>	Is your adjusted income at or below \$57,870? .....	<input type="checkbox"/>	<input type="checkbox"/>
4 <input type="checkbox"/>	Is your adjusted income at or below \$69,801? .....	<input type="checkbox"/>	<input type="checkbox"/>
5 <input type="checkbox"/>	Is your adjusted income at or below \$81,732? .....	<input type="checkbox"/>	<input type="checkbox"/>
6 <input type="checkbox"/>	Is your adjusted income at or below \$93,663? .....	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Is your adjusted income at or below ..... \$ ?	<input type="checkbox"/>	<input type="checkbox"/>

**IV. SIGNATURES**

For Use of Parent or Guardian: I CERTIFY, as the parent or guardian, that all of the above information is true and correct.

Signature of Parent or Guardian	Date Signed Mo./Day/Yr.
For School Use Only: I have reviewed the above and the required supporting documentation and have concluded that it is properly and completely filled out to the best of my knowledge.	
School Administrator or Designee Signature	Date Signed Mo./Day/Yr.