Education and Career Services
Stockbridge-Munsee Community
P. O. Box 70
W12635 County Rd A
Bowler Wisconsin 54416
Phone: 715-793-4100 **Fax:** 715-253-2436

Senior Graduation Participation Application

APPLICANT INFORMATION

First Name	MI	Last Name	Date of Birth	Parent/Guardian Name and Contact Phone
Street Address			City	State	Zip Code
Home Phone		Cell Phone		Message Phone	

Personal Data:

Parent/Guardian's Name as announced at the Senior Banquet:

_____

Name of attending school:_____   Gender: Male ☐   Female ☐

Nick Name/s for senior plaque: _____ _____ _____ _____

Senior Picture was provided to the Education Office for the Senior plaque: Yes ☐ No ☐

Tribal Affiliation:_____   Enrollment #:_____

OR Parent/Grandparent Enrollment #:

_____

EXTRA CURRICULAR ACTIVITIES, AWARDS, AND ACCOMPLISHMENTS: list all that is applicable for the last four years
(Examples: clubs, sports, honor roll, and etc.)

Activity	Participating Year/s	Activity	Participating Year/s
Activity	Participating Year/s	Activity	Participating Year/s
Activity	Participating Year/s	Activity	Participating Year/s
Activity	Participating Year/s	Activity	Participating Year/s

CERTIFICATION

I hereby apply to participate in the Stockbridge-Munsee Community Senior Banquet. I certify that the language in this application is true and correct. I authorize the Education Department to process my application and verify the information contained in it. I further release other parties, including schools and governmental programs, to provide requested information to the Stockbridge-Munsee Education Department so it may process my application. I understand that the information I provided on this application will be used to create a senior plaque and may be announced at the Senior banquet. I have received the Senior Banquet Policy and I have read the Senior Banquet Policy. I agree to abide by the program requirements outlined in the Senior Banquet policy in relation to services provided based on this application.

Applicants' Signature	Date	Parent/Guardian Signature (If Applicable)	Date