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Education, Employment, and Training Division
 Stockbridge-Munsee Community
 P.O. Box 70
 W13447 Camp 14 Road
 Bowler Wisconsin 54416
 Phone: 715-793-4100 Fax: 715-793-4830
www.mohican.com/eetdept



ADULT BASIC EDUCATION APPLICATION

Academic Year: _____ - _____
 (Please complete after you have registered)

First Name	MI	Last Name	Maiden Name	Male/Female	Date of Birth
Social Security Number		Enrollment Number			
Street Address		City	State	Zip Code	
Home Phone		Cell Phone	Message Phone		

IMPORTANT: COMPLETE ENTIRE NEXT SECTION

College/University Attending	College/University Address	College/University Phone #
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PLEASE CHECK ONE BOX ONLY <input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER					
NAME OF COURSE	COURSE NO.	CHECK IF ON-LINE	CREDITS	START DATE	END DATE

CERTIFICATION

I hereby apply for educational or employment services from the Stockbridge-Munsee Community. 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 falsification or material omission of information on this application shall be grounds for the denial of services and may result in legal action against me. I agree to abide by the program requirements outlined in the Education, Employment, and Training Program's Handbook in relation to services provided based on this application and understand that I may have appeal rights under the Education Handbook.

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