

Education and Career Services

Stockbridge-Munsee Community P. O. Box 70 W13447 Camp 14 Road

Bowler Wisconsin 54416 **Phone:** 715-793-4100 **Fax:** 715-793-4830



Senior Graduation Participation Application

rst Name	MI	Last Name	Date of Birth	th Parent/Guardian Name and Contact Phone		d Contact Phone
treet Address		C	Lity		State	Zip Code
Iome Phone	hone Cell Phone				Message Phone	
ersonal Data: arent/Guardian's Name	as announced	at the Senior Banquet:				
ame of attending school	:				Gender:	Male □ Female □
lick Name/s for senior p	laque:					
enior Picture was provide	ed to the Educa	ation Office for the Senior p	olaque: Yes 🗖 No			
ribal Affiliation:			Enrollment #:			
ribal Affiliation:			Please add seni (jpeg file)			
OR Parent/Grandparent E	Enrollment #:	TIES, AWARDS, AND	Please add seni (jpeg file)	or pictu	re	
PR Parent/Grandparent E	Enrollment #: AR ACTIVIT onor roll, and e	TIES, AWARDS, AND	Please add seni (jpeg file) ACCOMPLISHM	or pictu	re	
OR Parent/Grandparent E KTRA CURRICULA xamples: clubs, sports, h	Enrollment #: AR ACTIVIT onor roll, and e	TIES, AWARDS, AND	Please add seni (jpeg file) ACCOMPLISHM	or pictur	re	plicable for the last fou Participating Year/
TRA CURRICULA xamples: clubs, sports, h Activity	Enrollment #: AR ACTIVIT onor roll, and e	TIES, AWARDS, AND tc.) Participating Year/s	Please add seni (jpeg file) ACCOMPLISHM	Or picture MENTS: 1 Activity	re	plicable for the last fou

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