



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 <input type="checkbox"/> Female <input type="checkbox"/>	
Nick Name/s for senior plaque: _____					
Senior Picture was provided to the Education Office for the Senior plaque: Yes <input type="checkbox"/> No <input type="checkbox"/>					
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
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