



Education and Career Services

Stockbridge-Munsee Community
P. O. Box 70
W12365 County Rd A
Bowler Wisconsin 54416

Phone: 715-793-4100 Fax: 715-253-2436



Student Activities Active Participation Verification Form

To receive assistance, please fill out this form completely with signatures and attach proof of tribal enrollment, supporting documentation, and receipt of purchase if applicable.

STUDENT INFORMATION (Note: the parent/guardian should complete this section)

First Name	Last Name	Date of Birth
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ACTIVITY INFORMATION (Note: A Program/School Representative should complete this section)

Program/School Name	Phone Number	Fax Number
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Mailing Address	City	State	Zip
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Physical Address	City	State	Zip
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Program/School Representative Name:	Program/School Representative Title:
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Participation Start Date	Hours per Week
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Activity Days (Check all that apply)	<u>SUN</u>	<u>MON</u>	<u>TUE</u>	<u>WED</u>	<u>THUR</u>	<u>FRI</u>	<u>SAT</u>
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Does participation in this activity require specific clothes/uniform/shoes? If yes list type: *this list should include ONLY the activity requirements that are NOT provided by the program:* (ex: instrument, shoes, socks, mouth guard, kneepads, etc.):

PROGRAM/SCHOOL REPRESENTATIVE CERTIFICATION

I certify that the information in this form is accurate and true.

Program/School Representative Signature

Date