



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 Application and 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	MI	Last Name	
Mailing Address	City	State	Zip Code
Enrollment Number	Date of Birth	Phone Number	Email

Please select the activity you are applying for assistance with:

- Music Fees Is this a lesson provided by the School? Yes/No-
If Yes, please provide our department with copy of the instrument contract signed by the rental company, band instructor, and parent.
If No, please provide instructor information, a copy of registration, and cost.
- Athletic Shoes/Equipment: Please provide a copy of receipts along with this application/verification form.
- ACT/SAT Test: Please provide a copy of registration and fee amount with this application/verification form.
- Extracurricular Fees: Please provide supporting documentation and fee amounts with this application/verification form.
- Student Fees: Please provide supporting documentation and fee amounts with this application/verification form.

PARENT/GUARDIAN CERTIFICATION

I certify to the best of my knowledge that the information in this application is accurate and true. I hereby authorize Stockbridge-Munsee Community Division of Education and Career Services to obtain and exchange information related to my application to participate in their program(s). I understand that I may revoke this consent by written notice at any time.

Parent/Guardian Signature _____

Date _____

ACTIVITY INFORMATION (Note: A Program/School Representative should complete this section)

Program/School Name	Phone Number	Fax Number					
Mailing Address	City	State	Zip				
Physical Address	City	State	Zip				
Program/School Representative Name:		Program/School Representative Title:					
Participation Start Date		Hours per Week					
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>

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 _____