



Wisconsin Department of Public Instruction  
**MILWAUKEE PARENTAL CHOICE PROGRAM**  
**STUDENT APPLICATION**  
 MPS-PCP-3A (Rev. 12-08)

**INSTRUCTIONS: A separate form must be completed for each child** applying under this program. Type or Print clearly in ink. **Return completed form to the school.**

*This collection is a requirement of s. 119.23, Wis. Stats.*

School Applying To <i>No Abbreviations</i>				Grade Level For School Year <b>2009-2010</b>	
Student's Last Name		First Name		M.I.	Date Of Birth <i>Month/Day/Yr.</i>
Student's Home Street Address		City	State	ZIP	Telephone <i>Area/No.</i>
Parent/Guardian Last Name		First Name		M.I.	School Attended During <b>2008-2009</b> School Year

**STUDENT ELIGIBILITY**

Please answer the following three (3) questions to determine the student's eligibility for the Milwaukee Parental Choice Program (MPCP) in the 2009-2010 school year.

- Yes  No 1. Did your child participate in the MPCP during the 2008-2009 school year?
- Yes  No 2. Does your child have a sibling that participated in the MPCP during the 2008-2009 school year? Sibling means a brother or sister who shares at least one parent by birth or adoption or by his or her parents' current marriage. If you answered "Yes" to question 2, complete the following sibling information. *List only one sibling.*

Sibling Name	Sibling Date of Birth <i>Mo./Day/Yr.</i>	School Sibling Attended During 2008-2009
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**New MPCP Students Only**  
**(175% of Federal Poverty Level)**

**3a.** If you answered **No** to **both** questions 1 and 2, check the box that corresponds with your household size. Then, check "Yes" if your yearly income level is at or below the amount listed for your household size or "No" if your income is higher than the amount listed. If you answer 3a, do **not** answer 3b.

Household Size	Maximum Yearly Income	Yes	No
1	<input type="checkbox"/> Is your yearly income at or below \$ 18,729?	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/> Is your yearly income at or below \$ 25,211?	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/> Is your yearly income at or below \$ 31,693?	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/> Is your yearly income at or below \$ 38,175?	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/> Is your yearly income at or below \$ 44,657?	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/> Is your yearly income at or below \$ 51,139?	<input type="checkbox"/>	<input type="checkbox"/>
—	<input type="checkbox"/> Is your yearly income at or below \$ _____?	<input type="checkbox"/>	<input type="checkbox"/>

For each additional household member above 6, add \$6,482 to the \$51,139 to determine the maximum yearly income. List household size and maximum income on the above blank lines.

**Household Size** includes any parents, grandparents, children, other relatives and unrelated people who live in your household. Foster children are counted as a household of one (1) and only the foster child's income is counted.

**Maximum Yearly Income** is based on your Adjusted Gross Income (AGI) on the federal income tax return (line 37 of Form 1040, line 21 of Form 1040A, or line 4 of Form 1040EZ) for the prior calendar year (2008 for the 2009-10 choice program.) You must provide the school with a federal income tax return for the prior year if filed. If you did not file a 2008 tax return, you must provide the school with 2008 income documentation. You may also provide evidence of expected income for the current calendar year that makes you eligible.

**Continuing MPCP Students and their Siblings Only**  
**(220% of Federal Poverty Level)**

**3b.** If you answered **Yes** to **either** question 1 or 2, check the box that corresponds with your household size. Then, check "yes" if your yearly income level is at or below the amount listed for your household size or "No" if your income is higher than the amount listed. If you answer 3b, do **not** answer 3a.

Household Size	Maximum Yearly Income	Yes	No
1	<input type="checkbox"/> Is your yearly income at or below \$ 23,544?	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/> Is your yearly income at or below \$ 31,693?	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/> Is your yearly income at or below \$ 39,842?	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/> Is your yearly income at or below \$ 47,991?	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/> Is your yearly income at or below \$ 56,140?	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/> Is your yearly income at or below \$ 64,289?	<input type="checkbox"/>	<input type="checkbox"/>
—	<input type="checkbox"/> Is your yearly income at or below \$ _____?	<input type="checkbox"/>	<input type="checkbox"/>

For each additional household member above 6, add \$8,149 to the \$64,289 to determine the maximum yearly income. List household size and maximum income on the above blank lines.

**PARENT or GUARDIAN SIGNATURE**

**For Use of Parent or Guardian:** I as the parent or guardian certify that all of the above information is true and correct. I understand that any of the information on this application, including income and residency documentation, may be subject to further review and verification by school and/or state officials.

Signature of Parent or Guardian <i>Must be the same name as listed above.</i>	Date Signed <i>Mo./Day/Yr.</i>
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<b>For Use of School:</b> I, as the administrator responsible for pupil admissions, have reviewed the student application and have concluded that it is properly and completely filled out to the best of my knowledge. I attest that documents verifying income and residency are on file at the school.	Based on the information provided by the parent or guardian, the student is eligible. <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name of School Administrator or Designee <i>Print or Type</i>	Date Application Received <i>Mo./Day/Year</i>
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School Administrator or Designee Signature	Date Signed
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