



**MC<sup>2</sup>**  
MILWAUKEE COLLEGE & CAREER  
HIGH SCHOOL

A program of Seeds of Health, Inc.



**MC<sup>2</sup> High School**  
131 South 1<sup>st</sup> Street  
Milwaukee, WI 53204  
tel 414.308.1230  
fax 414.308.1231

## Student Application Form

### Student Information:

Current School: \_\_\_\_\_ Current grade: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex:  Male  Female

### Parent/Guardian 1 Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_  
Email address: \_\_\_\_\_

### Parent/Guardian 2 Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_  
Email address: \_\_\_\_\_

(over)

**We will contact you to schedule an interview after your complete application has been received.**

**Directions:**

1. Please choose two (2) academic teachers (or an administrator and a teacher) and give each of them an MC<sup>2</sup> High School form titled “**Confidential Recommendation Form**” to complete. Ask them to return the completed form to Stephanie Steinbach at MC<sup>2</sup> High School by **Friday, November 8, 2019** via fax at 414.308.1231, email to [ssteinbach@seedsofhealth.org](mailto:ssteinbach@seedsofhealth.org), or mail to the address below.

I have chosen the following teacher(s)/administrator to recommend me:

Teacher/Administrator

Name: \_\_\_\_\_

Teacher/Administrator

Name: \_\_\_\_\_

2. Return this completed form along with your **most recent report card and/or transcripts, and copies of your MAP, STAR, Wisconsin Forward Exam, or ACT Aspire test results (or the assessment that your school uses)** to Stephanie Steinbach at MC<sup>2</sup> High School **Friday, November 8, 2019** via fax at 414.308.1231, email to [ssteinbach@seedsofhealth.org](mailto:ssteinbach@seedsofhealth.org), or mail to the address below.

**If you have any questions, please call Stephanie Steinbach at 414.308.1232.**

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