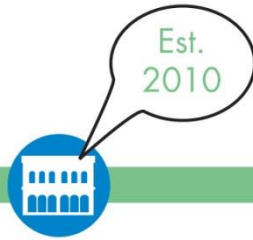




MC² HIGH SCHOOL
MILWAUKEE COLLEGE & CAREER
HIGH SCHOOL

A program of Seeds of Health, Inc.



MC² High School
131 South 1st 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 MC² High School form titled “**Confidential Recommendation Form**” to complete. Ask them to return the completed form to Stephanie Steinbach at MC² High School via fax at 414.308.1231, email to 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 MC² High School via fax at 414.308.1231, email to 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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131 South 1st Street
Milwaukee, WI 53204**