



**Education and Career Services Division**  
 Stockbridge-Munsee Community  
 P.O. Box 70  
 W12635 County Rd A  
 Bowler, Wisconsin 54416  
 Phone: 715-793-4100      Fax: 715-253-2436



## LIFETIME BASIC EDUCATION APPLICATION

Academic Year: \_\_\_\_\_ - \_\_\_\_\_  
 (Please complete after you have registered)

First Name	MI	Last Name	Maiden Name	Male/Female	Date of Birth
Social Security Number		Enrollment Number			
Street Address		City	State	Zip Code	
Cell Phone		Message Phone		Email Address	
PLEASE CHECK ONE BOX ONLY BELOW: <input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER <input type="checkbox"/> LICENSING EXAM (attach receipts and proof of successful completion)					

**IMPORTANT: COMPLETE ENTIRE NEXT SECTION AS APPLICABLE**

College/University Attending	College/University Address	College/University Phone #
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NAME OF COURSE or LICENSING EXAM	COURSE # if applicable	CHECK IF ON-LINE	CREDITS If applicable	START DATE	END DATE

### CERTIFICATION

I hereby apply for educational or employment services from the Stockbridge-Munsee Community. I certify that the language in this application is true and correct. I authorize the Education Department to process my application and verify the information contained in it. I further release other parties, including schools and governmental programs, to provide requested information to the Stockbridge-Munsee Education Department so it may process my application. I understand that the falsification or material omission of information on this application shall be grounds for the denial of services and may result in legal action against me. I agree to abide by the program requirements outlined in the Education and Career Services Program's Handbook in relation to services provided based on this application and understand that I may have appeal rights under the Education Handbook.

Applicants' Signature	Date	Parent/Guardian Signature (If Applicable)	Date
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