



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)

Form with fields: 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
- Athletic Shoes/Equipment
- ACT/SAT Test
- Extracurricular Fees
- Student Fees

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)

Form with fields: Program/School Name, Phone Number, Fax Number, Mailing Address, City, State, Zip, Physical Address, Program/School Representative Name, Program/School Representative Title, Participation Start Date, Hours per Week, Activity Days (SUN, MON, TUE, WED, THUR, FRI, SAT)

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 _____