

STUDENT INFORMATION

Applying for Admission to Grade:  9  10  11  12 for MUHS academic year 20\_\_

Full Legal Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Name Student Commonly Goes By: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_ Age: \_\_\_\_

Race/Origin:  American Indian  Eastern Indian  Hispanic  Caucasian  Asian/Oriental  
 Filipino  Middle Eastern  African American  Other: \_\_\_\_\_

Student Lives With:  Mother and Father  Mother/Stepfather  Father/Stepmother  Guardian  
 Mother  Father  Relative  Other, Specify: \_\_\_\_\_

Current School: \_\_\_\_\_  
NAME LOCATION

Are You Interested in Participating in the Parental School Choice Program?  Yes  No

Student's Religion: \_\_\_\_\_ Parish/Congregation/Synagogue: \_\_\_\_\_

How Did You Find Out About MUHS? \_\_\_\_\_

FAMILY INFORMATION

**FATHER:**  Mr.  Dr.  Other: \_\_\_\_\_  MUHS Alumnus, Year of Graduation: \_\_\_\_\_

\_\_\_\_\_  
LAST FIRST MIDDLE

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone Home: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

**MOTHER:**  Ms.  Mrs.  Dr.  Other: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

\_\_\_\_\_  
LAST FIRST MIDDLE

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone Home: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Check All that Apply: *Note to divorced parents: School information will be sent to both parents unless stipulated in divorce papers.*

Parents Separated  Parents Divorced  Father Deceased  Mother Deceased

**LEGAL GUARDIAN:**  Mr.  Ms.  Mrs.  Dr.  Other: \_\_\_\_\_

\_\_\_\_\_  
LAST FIRST MIDDLE

Home Address: \_\_\_\_\_

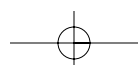
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone Home: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

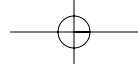
Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_



Admission

**MILWAUKEE PARENTAL SCHOOL CHOICE PROGRAM:**  
Parents of students interested in the Milwaukee Parental School Choice Program should contact the Director of Admission at (414) 933-7220 to be fully notified of your rights under the statute. There is a separate state application for this program. Parents should call prior to submitting an application or paying an application fee.



# Application

**MUHS AFFILIATIONS:** Please list all relatives of the prospect who attend(s)/attended MUHS.

NAME	RELATIONSHIP	MUHS GRADUATION YEAR
NAME	RELATIONSHIP	MUHS GRADUATION YEAR
NAME	RELATIONSHIP	MUHS GRADUATION YEAR

Please list all siblings of the prospective student.

NAME	RELATIONSHIP	CURRENT GRADE LEVEL
NAME	RELATIONSHIP	CURRENT GRADE LEVEL
NAME	RELATIONSHIP	CURRENT GRADE LEVEL

**ACTIVITIES/INTERESTS/AWARDS:**

List Any Activities That You Currently Participate In.

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List Any Activities You Wish To Participate In At MUHS.

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List Any Awards You Have Received.

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**STUDENT STATEMENT OF INTENT:** Why do you, the prospective student, want to attend MUHS?

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Student Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PARENTAL STATEMENT OF INTENT:** Why do you, the parents, want your son to attend MUHS?

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**AUTHORIZATION TO RELEASE RECORDS:** I give permission for Marquette University High School to request and receive all pertinent records from my son's current school of attendance.

Parent(s) Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**TO APPLY:**  
 Send the completed application and a \$25.00 check (non-refundable) to:  
 Director of Admissions  
 Marquette University High School  
 3401 West Wisconsin Avenue  
 Milwaukee, WI 53208  
 (414) 933-7220

Apply online @ [www.muhs.edu](http://www.muhs.edu)

