

Wisconsin Department of Public Instruction
MILWAUKEE PARENTAL CHOICE PROGRAM
TEACHER WAIVER APPLICATION
PI-MPS-PCP-100 (New 09-09)

Type or print legibly in black or blue ink.

Collection of this information is a requirement of Admin Rule 35.07.

INSTRUCTIONS: Keep a copy of your entire application including all documentation since no documents will be returned to you. The employing administrator at the private school participating in the Milwaukee Parental Choice Program (MPCP) must complete Section II of this form and must sign verifying teacher employment of the applicant at the private school on July 1, 2010 and prior teacher employment, if at that school.

Submit original by July 31, 2010, to:
WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
ATTN: MOLLY KORANDA
MILWAUKEE PARENTAL CHOICE PROGRAM

P.O. BOX 7841 MADISON, WI 53707-7841

I. GENERAL INFORMATION							
Legal Name First, Middle, Last	Mailing Address Street, City, State, Zip						
		i (1) Les times Alexandria	April X				
Previous Name(s)	Primary Telephone <i>Area/No.</i> Alternate Telephone <i>Area/No.</i>						
E-Mail Address	Current MPCP	School of Employment		Paginging Data Ma /Day/V-			
L-Wall Address	Culterit WFOF	School of Employment		Beginning Date Mo./Day/Yr.			

II. CUR	RENT MPCP TEACHER E	MPLOYMENT INFORMAT	ION				
MPCP School			\$10,000	•			
Name of Completing Administrator	4.4. A.		T				
Name of Employee Administrator	Telephone Are	a/IVo.	E-Mail Address				
Employment Date(s) of Applicant		Position(s) Held					
(설립) 기계 전기							
Was applicant employed as a teacher at your set	nool on July 1, 20102	School Start Date for the	2010-2011 Schoo	N Year			
Was applicant employed as a teacher at your school on July 1, 2010? School Start Date for the 2010-2011 School Year Yes No							
Analysis and a second s							
I HEREBY CERTIFY that the information is true a	and correct to the best of m	ny knowledge and belief.					
Signature of Employing Administrator				Date Signed Mo./Day/Yr.			
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	PRIOR TEACHING EMPLO						
Applicant must have been employed as a teacher beginning in 2005 through July 1, 2010.	r for at least the last five (5	i) preceding years. This mea	ans the applicant	must have been teaching			
Name of School	Beginning Date	Ending Date	Position	***************************************			
Name of Prior Employee Administrator	Telephone Area/No.		E-Mail Address	•			
Name of Dries Employee Administrator	T-1 A At-						
Name of Prior Employee Administrator	Telephone Area/No.		E-Mail Address				
Name of Prior Employee Administrator	Telephone Area/No.		E-Mail Address				
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Name of Prior Employee Administrator	Telephone Area/No.		E-Mail Address				

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IV. PLAN	FOR COMPLET	ED BACHELOR'S DEG	REE BY JULY 31, 2015	
Attach plan tha	t demonstrates tha	at a bachelor's degree o	an be completed by July	31, 2015.
Name of Accredited Institution of Higher Lea	rning Contac	ct Person		Telephone Area/No.
Name of Organization Accrediting the Institution of Higher Learning Anticipated Date of				f Completed Bachelor's Degree
	V. APPLICAN	T VERIFICATION/SIG	MATURE	
I UNDERSTAND that the issuance or denial or If any of the information contained on this appralready issued.	f a waiver is at the lication is found to	e discretion of the state to be incorrect or misrep	superintendent. The waiv resented the waiver will no	er, If granted, expires July 31, 2015. ot be issued or will be revoked if
Signature of Applicant		Date Signe	d Mo./Day/Yr.	
>				
Complete the table below listing the specific of courses will be completed and the year in white transcript showing courses already completed	ch each course wi that count toward	Il be completed. Attach I the bachelor degree.	additional pages as nece	tion of the learning at which the ssary. If applicable, attach a
VI. BA	CHELOR DEGRE	E COURSEWORK CO	MPLETION TABLE	
Course Title	Acc	redited Institution of I	Year Course Will Be Completed Example 2010-11	
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