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

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.

Type or print legibly in black or blue ink.

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

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

I. GENERAL INFORMATION

Legal Name *First, Middle, Last*	Mailing Address *Street, City, State, Zip*	
Previous Name(s)	Primary Telephone *Area/No.*	Alternate Telephone *Area/No.*
E-Mail Address	Current MPCP School of Employment	Beginning Date Mo./Day/Yr.

II. CURRENT MPCP TEACHER EMPLOYMENT INFORMATION

MPCP School		
Name of Employee Administrator	Telephone *Area/No.*	E-Mail Address
Employment Date(s) of Applicant	Position(s) Held	
Was applicant employed as a teacher at your school on July 1, 2010? ☐ Yes ☐ No	School Start Date for the 2010-2011 School Year	

I HEREBY CERTIFY that the information is true and correct to the best of my knowledge and belief.

Signature of Employing Administrator ➢	Date Signed *Mo./Day/Yr.*

III. PRIOR TEACHING EMPLOYMENT INFORMATION

Applicant must have been employed as a teacher for at least the last five (5) preceding years. This means the applicant must have been teaching beginning in 2005 through July 1, 2010.

Name of School	Beginning Date	Ending Date	Position
Name of Prior Employee Administrator	Telephone *Area/No.*		E-Mail Address
Name of Prior Employee Administrator	Telephone *Area/No.*		E-Mail Address
Name of Prior Employee Administrator	Telephone *Area/No.*		E-Mail Address
Name of Prior Employee Administrator	Telephone *Area/No.*		E-Mail Address

IV. PLAN FOR COMPLETED BACHELOR'S DEGREE BY JULY 31, 2015

Attach plan that demonstrates that a bachelor's degree can be completed by July 31, 2015.

Name of Accredited Institution of Higher Learning	Contact Person	Telephone Area/No.

Name of Organization Accrediting the Institution of Higher Learning	Anticipated Date of Completed Bachelor's Degree

V. APPLICANT VERIFICATION/SIGNATURE

I UNDERSTAND that the issuance or denial of a waiver is at the discretion of the state superintendent. The waiver, if granted, expires July 31, 2015. If any of the information contained on this application is found to be incorrect or misrepresented the waiver will not be issued or will be revoked if already issued.

Signature of Applicant	Date Signed *Mo./Day/Yr.*
➢	

Complete the table below listing the specific courses required to complete the bachelor degree, the higher institution of the learning at which the courses will be completed and the year in which each course will be completed. Attach additional pages as necessary. If applicable, attach a transcript showing courses already completed that count toward the bachelor degree.

VI. BACHELOR DEGREE COURSEWORK COMPLETION TABLE

Course Title	Accredited Institution of Higher Learning	Year Course Will Be Completed *Example 2010-11*