

FIRST NATIONS STUDIES

Beading Classes

Angie Twinn
Bead weaving

Sara Deida
Woodlands style bead
work on velvet
Oneida raised beading

WHO: Native American 6th-12th grade students in MPS
and their family members, age 11+

WHEN: Tuesdays, 5:30-7:30 p.m.

New! One Saturday per month, 10:00 a.m.-12:00 p.m.
Jan. 21, Feb. 18, Apr. 22, May 13, Jun 10

**no March Saturday*

WHERE: Ho-Chunk Nation Office
3501 S Howell Ave, Milwaukee, WI 53207

Scan or complete
the form on the
back to register!



NO CHILDCARE, NO TRANSPORTATION
Parent pick up and drop off required for middle school students.

**MUST CALL TO PRE-REGISTER,
SPACE IS LIMITED TO 10
PARTICIPANTS PER GROUP!**

CONTACT

Alyssa Mussa

First Nations Studies, MPS

(414) 902.9665

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**MILWAUKEE
PUBLIC SCHOOLS**



FIRST NATIONS STUDIES

Beading Class Registration Form

Return to the First Nations Studies office by mail, fax, or deliver in person.

PARTICIPANT INFORMATION

Name: _____ Date of Birth (mm/dd/yyyy): _____
School (if applicable): _____ Grade (if applicable): _____
Preferred email: _____ Phone Number: _____
Address: _____
Participant is a (check one): MPS student (age 11+) _____ Family member of an MPS student (age 11+) _____

TRIBAL AFFILIATION

Name of tribe/participant is affiliated with: _____

PARENT/GUARDIAN OR EMERGENCY CONTACT INFORMATION

Name of Primary Emergency Contact: _____ Relationship: _____
Preferred email: _____ Phone Number: _____
Address: _____
Name of Secondary Emergency Contact: _____ Relationship: _____
Preferred email: _____ Phone Number: _____
Address: _____

ALLERGIES/MEDICAL CONCERNS

Please list all food and environmental allergies: _____

Does the student have a health plan on file with MPS? _____ Yes _____ No

ADDITIONAL SERVICES

Please check all the programs your child would like to participate in. We will reach out to you with more information.

- ___ College Access (Grades 9-12)
- ___ Culture Classes: Beading, Sewing, Drumming (Grades 6-12)
- ___ Talking Circles (Grades 6-12)

I give permission to MPS to make or use pictures, digital images or videos of my minor child or of materials owned by me or my child and to put the finished pictures, slides, or images to use without compensation in broadcast productions, publications, on the Web, or other printed or electronic materials related to the role and function of the Milwaukee Public Schools. I understand that by signing this, I am, on behalf of myself and my child, releasing MPS and its directors, officers, employees and agents, from any future claims as well as from any liability arising from the use of any photograph or other images. This form shall be valid for the duration of the First Nations program and can be revoked by the parent and legal guardian at any time in writing. All information is confidential and no identifying information will be shared or distributed with anyone outside of this project with First Nations Studies.

ATTESTATION STATEMENT

I hereby certify that I have read and do understand the above information. Name
Parent/Guardian (please print):

Signature: _____ Date: _____

FIRST NATIONS STUDIES

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Department of Bilingual Multicultural
Education 971 W. Windlake Ave.,
Room 122, Milwaukee, WI 53204

Email: 997@milwaukee.k12.wi.us

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