



**MILWAUKEE
PUBLIC SCHOOLS**



First Nations Studies College Access Program

Office of Academics
Department of Bilingual Multicultural Education
First Nations Studies
971 W. Windlake Ave., Rm. 122
Milwaukee, WI 53204
(414) 902-7312 • Fax (414) 902-7317 • E-mail: 997@milwaukee.k12.wi.us

REGISTRATION FORM — Please fill in one registration form per child. Please print.

Student Information		
Last name	First name	Middle initial
Gender: Male Female	Birth date (Month/Day/Year) ____/____/____	Grade
Home address	Apt. City	ZIP
Home phone		
Email		
School	Student ID	
Tribe		
Emergency Contact Information		
Parent/Guardian #1: Mother Father Guardian	Parent/Guardian #2: Mother Father Guardian	
Name	Name	
Phone: Mobile	Phone: Mobile	
Phone: Home/Work	Phone: Home/Work	
Email	Email	
Address	Address	
City/State/Zip	City/State/Zip	
Health Information		
List any condition(s) this student has:		
List any medication(s) this student is currently taking:		
List any known allergies this student has:		
Student's doctor	Clinic name/phone	
Parent/Guardian Consent and Photo Release		
<p>I hereby give permission that my child _____ can participate in the First Nations College Access Program (Grades 9-12) at Southeastern Oneida Tribal Services and various school locations every week.</p> <p>I understand, as parent/legal guardian of the child listed on this form, that there are times when the local media requests the opportunity to videotape, take photographs, and/or interview children within the Milwaukee Public Schools. I also 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 in 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. <i>I hereby certify that I have read and do understand the above information:</i></p>		
Parent/Guardian Signature	Date	
Print – Parent/Guardian Name		

For additional questions, please contact the First Nations College Access Program at (414) 902-7316 or 997@milwaukee.k12.wi.us.