



**MILWAUKEE
PUBLIC SCHOOLS**

**Office of Academics
Department of Curriculum & Instruction
First Nations Studies**
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First Nations Studies Culture Night

REGISTRATION FORM

One participant per form

*****REGISTRATION FORM MUST BE SUBMITTED IN PERSON, VIA FAX, OR VIA E-MAIL*****

Participant name _____

If applicable, name of current school attending _____ Grade level _____

Mailing address _____ Apt. _____

City/state/ZIP _____

Home phone # _____ Cell phone # _____ Other phone # _____

E-mail address _____

X _____ Date _____

Participant/parent/guardian signature (if participant is under 18 years old)

Participant/parent/guardian Name (please print)

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 me and/or 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. I hereby certify that I have read and do understand the above information.

Emergency contact (if participant is under 18 years old)

Name _____ Relationship _____

Mailing address _____ Apt. _____

City/state/ZIP _____ Phone # _____