



FIRST NATIONS STUDIES

2nd-6th Grade

Reading Circle Book Club



WHO: Native American 2nd-6th grade students in MPS

WHEN: Thursdays, 5:00-7:00 p.m. beginning Dec. 7

WHERE: SEOTS
5233 W. Morgan Ave., Milwaukee

- Meet other Native students
- Games and activities
- Work on reading skills
- Field trips
- Light refreshments provided

PARENTS ARE RESPONSIBLE FOR TRANSPORTATION.

Scan or complete the form on the back to register!



INSTRUCTOR
Casey Gott



CONTACT
 First Nations Studies Office
 Email: 997@milwaukee.k12.wi.us
 Phone: 414.902.7312
 Fax: 414.902.7317



FIRST NATIONS STUDIES

Reading Circle Book Club Registration Form

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

PARTICIPANT INFORMATION

Name: _____ Date of Birth (mm/dd/yyyy): _____
School: _____ Grade: _____
Preferred email: _____ Phone Number: _____
Address: _____

TRIBAL AFFILIATION

Name of tribe student is affiliated with: _____

PARENT/GUARDIAN OR EMERGENCY CONTACT INFORMATION

Name of Primary Parent/Guardian: _____ Relationship: _____
Preferred email: _____ Phone Number: _____
Address: _____
Name of Secondary Parent/Guardian: _____ Relationship: _____
Preferred email: _____ Phone Number: _____
Address: _____

ALLERGIES/MEDICAL CONCERNS

Please list all food and environmental allergies: _____

Does your child 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.

After-School Tutoring (Grades 6-12) Sewing (Grades 6-12)
 Beading (Grades 6-12) Drumming (Boys, Age 10+)

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 of Parent/Guardian (please print):

Signature: _____ Date: _____

FIRST NATIONS STUDIES

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