

# FIRST NATIONS STUDIES

## Traditional Shirts and Skirts Sewing Classes

**WHO:** Native American 6th-12th grade students in MPS

**WHEN:** Thursdays, 5:00-7:00 p.m. beginning Nov. 3

**WHERE:** Southeastern Oneida Tribal Services (SEOTS) 5233 W. Morgan Ave., Milwaukee, WI 53220

- Gain sewing knowledge
- learn how to sew with ribbon and create appliqué designs
- learn how to work as a team
- learn cultural teachings and dance styles

PARENTS ARE RESPONSIBLE FOR PICKUP AND DROP-OFF.  
TRANSPORTATION IS NOT PROVIDED.

Scan or complete the form on the back to register!



### CONTACT

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First Nations Studies, MPS  
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### INSTRUCTORS

Audra Williams  
&  
Niko Kal<sup>^</sup>na Daniels





# FIRST NATIONS STUDIES

## Sewing 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: \_\_\_\_\_ Grade: \_\_\_\_\_  
Preferred email: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

### **TRIBAL AFFILIATION**

Name of tribe participant 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.

- 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 of Parent/Guardian (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **FIRST NATIONS STUDIES**

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