

**Brown Middle School  
Academic Intramural Registration Form**

Fee for the course is \$25. Please make check payable to Brown Middle School and return with this registration form before Mar 12.

**Course: School Newspaper**  
**Teacher: Mrs. Sypher**  
**Location: Room 110**  
**Dates: Thursdays, 3:00-4:00 pm, Mar. 14 – May 23**  
**Description:** Have you ever wanted your work published? Whether it is a story, a poem, a piece of art, a statement of your accomplishments, or the accomplishments of others, here is your chance! We will be creating, publishing, and distributing a collection of work by the students and for the students. School Newspaper will meet Thursdays from 3:00 pm-4:00 pm beginning December 20, 2018. Come join us and help get the word out.

**Course: Creating Comics**  
**Teacher: Ms. Juergensen**  
**Location: Art Room**  
**Dates: Thursdays, 3:00-4:00 pm, Mar. 14 – May 23**  
**Description:** This is the perfect class for any creative student who loves drawing and making up stories! We will explore different ways to come up with ideas for stories and characters, and learn the process of making comics, including writing, illustrating, lettering, and inking. At the end of the class, we will publish an collection of our own comics. The instructor is a paraprofessional at Brown who studied illustration at the Minneapolis College of Art & Design, and is working on writing and illustrating a graphic novel.

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Course Title: \_\_\_\_\_

Check # \_\_\_\_\_ Amount: \_\_\_\_\_

Emergency Contact Information:

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Mother/Guardian Work phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Father/Guardian Work phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

In an emergency, if the parent/guardian cannot be reached, please call:

1st choice: \_\_\_\_\_ Phone: \_\_\_\_\_

2nd choice: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical/Allergy Issues

Please indicate health issues:

Yes No Diabetes

Yes No Seizures

Yes No Asthma

Yes No Allergies (please list) \_\_\_\_\_

Other Health Concerns (please list) \_\_\_\_\_

Current Medications (please list) \_\_\_\_\_

In the event of a serious medical emergency or accident, school personnel will notify 911 and your child will be transported to an emergency facility. Appropriate school personnel will be informed of health issues.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*Parent/guardian must sign and the student must return this form to school prior to the first meeting.*