

MPTN Backpack Giveaway Registration

1. Email Address: _____
2. Child's Full Name: _____
3. Parent/Guardian's Full Name: _____
4. Parent/Guardian's Phone Number: _____
5. Grade child will be in for 2023-2024 school year: _____
6. School child will attend for 2023-2024 school year: _____
 - a. If in grade 8 - Where do you plan to attend high school? _____
 - b. If in grade 12 - What are your plans after high school? _____
7. Does your child have any of the following supports?
 - Individualized Education Plan (IEP)
 - 504
 - None
 - Other: _____
8. Would you like to receive information about educational supports the tribe is offering?
 - Yes
 - No
9. What are some of your child's interests? Circle all that apply.

Art	Music	Academics/School	Football	Basketball
Soccer	Dance	Cheerleading	Baseball/Softball	Swimming
Yoga	Reading	Video Games	Theater	Other: _____
10. What career is your child interested in or what do they want to be when they grow up?

Please return this form to Jill DeRosa at jderosa@mptn-nsn.gov or drop it off in the office (first floor of community center) by **August 11th to guarantee a backpack**

****Backpack pick up will be on August 22nd from 2:30-6:30 in the community center multipurpose room****