



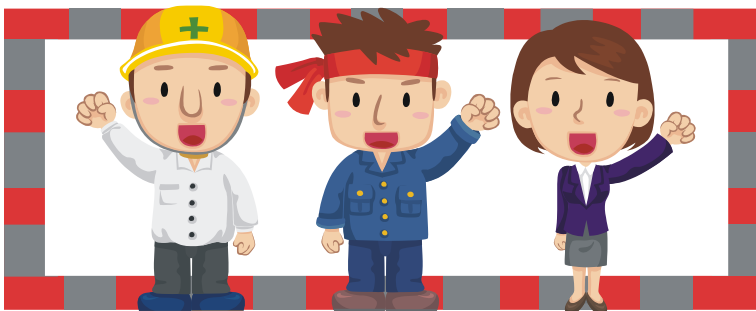
Korean Language / Culture Program

After-school Program at Kingsview Middle School for students in grades 6th - 8th Grade

We are so excited to offer the **Korean Language/Culture Program** to Kingsview Middle School students. The program is funded through a partnership with the Korean Embassy.

- ❖ Your student will spend each week having fun learning the rich language and culture of Korea.
- ❖ The lessons taught will meet the needs of individual students at all levels of Korean language proficiency, whether they are brand new to the language or heritage speakers.
- ❖ Your student will enjoy cultural arts activities including Jong Yi Jup Ki (paper-folding class) and sogo Korean hand drums.

If you have any questions or concerns, please contact Mrs. Michelle Park directly at Michelle.M.Park@mcpsmd.net. Please complete the attached registration form and email to Ms. Park by **Monday, October 15, 2018**.





Kingsview Middle School
Korean Language and Culture Program
Registration Form 2018-2019



Session 1: October 24, 2018 – January 30, 2019

Session 2: February 1, 2019 – May 8, 2019

Any Korean proficiency level student can sign up. The program will meet directly after school on Wednesdays starting at 3:10 p.m. and will end at 4:30 p.m. There will be 20 students per class. Please be advised that the class fills up on a first-come, first-serve basis.

Students in this program will be eligible for activity bus transportation if they live within the designated route areas. Please see the activity bus schedule on the Kingsview MS website.

If you would like to register your child for this program, please complete this form and e-mail it to Ms. Michelle Park at Michelle.M.Park@mcpsmd.net by **Monday, October 15, 2018**. You will receive registration confirmation e-mail from Ms. Park. If you have any questions concerning this program, please feel free to contact Ms. Park.

Student Name: _____ Grade: _____

My child is interested in attending the Korean Language and Culture Program at Kingsview Middle School.

_____ **Session 1: October 24, 2018 – January 30, 2019**

_____ **Session 2: February 1, 2019 – May 8, 2019**

First Period Teacher's Name: _____ Student Allergies? ____Yes ____No

If yes, please describe: _____

Parent Name: _____ Cell #: _____

Parent Signature: _____ Date: _____

E-mail Address: _____

