



708 St. Louis Street • P.O. Box 250
Edwardsville, Illinois 62025
Telephone: (618) 656-1182
Fax: (618) 692-7423
www.ecusd7.org
Dr. Lynda C. Andre, Superintendent



December 17, 2018

Dear Parent/Guardian,

The SIUE Society of Women Engineers is sponsoring their annual conference:

Introduce a Girl to Engineering Day
Saturday, February 16, 2019 from 9:00 a.m. to 3:00 p.m.
SIUE School of Engineering Building
Southern Illinois University Edwardsville

The event will be themed "Famous Women in Engineering." All girls in 5th grade to 8th grade are invited to explore the various fields of engineering while getting a brief lesson in historically famous engineers! There will be a parent session during the event with speakers from SIUE, the Engineering School, and the Society of Women Engineers.

Additional details can be found at: <https://sites.google.com/site/swesiue/igeday> .

Registration:

All participating students and adults **must register on-line** at <https://www.eventbrite.com/e/introduce-a-girl-to-engineering-day-2019-tickets-48699968918>. The registration fee is \$20.00 per participant (plus a \$1.82 registration fee) and must be paid online.

The registration deadline is Friday, January 25, 2019. NO EXCEPTIONS

Transportation:

District 7 will provide bus transportation from Lincoln Middle School to the Southern Illinois University Edwardsville campus for all fifth through eighth grade girls participating in this program. Students must be currently enrolled in District 7. Adults must provide their own transportation. **The bus will depart from Lincoln Middle School at 7:40 a.m. on Saturday, February 16, 2019.** We will return to Lincoln Middle School at approximately **3:15 p.m.**

If you would like for your child to attend the conference with fellow representatives of District 7, please contact Kim Moore kmoore@ecusd7.org.

We hope that you will be able to attend this worthwhile event.

Sincerely,

Kim Moore
kmoore@ecusd7.org

Edwardsville Community Unit School District No. 7
Edwardsville, IL 62025

EDUCATIONAL TOUR PARENT APPROVAL FORM

Date: December 17, 2018

Dear Parent/Guardian:

The 5th, 6th, 7th and 8th grade girls from District 7 Schools will take an educational tour to the Southern Illinois University Edwardsville campus in Edwardsville, IL on **Saturday, February 16, 2019**. Students will leave **Lincoln Middle School** at **7:40 a.m.** and will return to Lincoln Middle School at approximately **3:15 p.m.** The purpose of the educational tour is to attend the Introduce a Girl to Engineering Day.

To meet the actual expenses of the tour, the cost per student/parent will be \$20.00 (plus a \$1.82 fee) and *must be paid online at the time of registration.*

Transportation will be provided by a school bus.

Lunch will be provided.

Supervision of the students on the tour will be provided by: District 7 Administrative staff.

Please return this note to the main office in your child's building by **Friday, February 1, 2019**, so that your child, _____, may join this educational tour.

Thank you.

While the school endorses well-planned tour activities as a valuable part of the extracurricular program and of classroom instruction, it can assume responsibility for safety and welfare of students while they are off-campus only to the point of reasonable provision for their supervision by members of our staff.

Signature of Parent

_____/_____/_____
Date

Student Name _____

Grade _____

- Yes, my child will ride the transportation provided.
- No, I will provide my child transportation to SIUE.

SCHOOL YEAR – 2018-2019

GRADE _____

**DAY EDUCATIONAL FIELD TRIP
MEDICAL RELEASE FORM**

Name _____

EMERGENCY PHONE NUMBERS:

Day: Father _____ Mother _____ Friend _____
Evening/Night: Home _____ Other _____

MEDICATION INFORMATION:

Is student taking medication on a regular basis? Yes No

Name of medication _____

Dosage _____

Reason for medication _____

1. Is your child allergic to any medications? Yes No

If yes, which? _____

2. When was your child's last tetanus shot? Date _____

3. Are there any medical or physical problems of which we need be aware? _____

Date _____ Parent's Signature _____

In case of emergency and a parent cannot be reached by phone, I authorize any teacher/sponsor to obtain medical treatment for my son/daughter,

(Child's Name)

I understand that as the parent I am responsible for medical expenses incurred.

Date _____ Parent's Signature _____