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www.ecusd7.org
Dr. Jason Henderson, Superintendent



January 9, 2020

Dear Parent/Guardian,

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

Introduce a Girl to Engineering Day
Saturday, February 15, 2020 from 9:00 a.m. to 3:00 p.m.
SIUE School of Engineering Building
Southern Illinois University Edwardsville

This year's event will be very exciting and the girls will have the opportunity to engage in several hands-on activity sessions. All girls in 5th grade to 8th grade are invited to explore the numerous fields of engineering while participating in events that will include constructing, sorting, and playing games. 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-2020-tickets-82150076089>. The registration fee for a student ticket is \$20.00 per participant (plus a fee) and must be paid online.

The registration deadline is Sunday, January 26, 2020.

Transportation (Optional):

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 if they plan to attend. **The bus will depart from Lincoln Middle School at 8:10 a.m. on Saturday, February 15, 2020.** We will return to Lincoln Middle School at approximately **3:15 p.m.**

If you would like for your child to access District 7 transportation, please complete the attached forms and return to your school office. If you have further questions, please contact Holly Hampton hhampton@ecusd7.org or Melissa Beck mbeck@ecusd7.org for additional information.

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

Sincerely,

Holly Hampton
hhampton@ecusd7.org

Melissa Beck
mbeck@ecusd7.org

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

EDUCATIONAL TOUR PARENT APPROVAL FORM

Date: January 9, 2020

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 15, 2020**. Students will leave **Lincoln Middle School** at **8:10 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 registration 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 3, 2020**, 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 _____

SCHOOL YEAR – 2019-2020

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 _____