## District 205 Summer Stem Programs

# Registration Form

#### **Admissions Criteria:**

- **Copy of Latest Report Card**
- **Teacher Recommendation Form:** 
  - Good attendance record
  - NO behavior issues/referrals
  - Minimum of a B average (3.0 GPA)

STEM PROGRAMS OFFICE USE ONLY
Paid

#### **Payment Information**

- o Program Cost: \$50
- o Cash or Money Orders ONLY
- o Final Payment Due Friday, May 27, 2016

Please make all MONEY ORDERS payable to District 205 Stem Workshops. NO PERSONAL

#### \*\*\*\*DIFACE DDINIT\*\*\*

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									/ /
lom	e Address			City		State		Zip C	Code
Age	Current Gra	ade Level S	chool Att	ending in Fall	Pa	rent Emai	I Address		
	e Telephone	1		Work Phone			Cell Ph	one	
Par	ent I	Parent 2		Parent I	Parent 2		Parent I		Parent 2
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nis	Be Picked Up	ease Check (	one)						
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_		٠,		utomotive engineering					
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		k 4 Compute k 5 3D Printii		esign (CAD) and R botic Design	esearch Desi	gn			
We			•	Demo Day: Student	s will display the	ir knowledg	e in the followir	ng areas.	
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	o Improv	ved math skills;	J	•	J		J	0,	
		oer understandir	_	,					
	o Creatii	ng a concept and	d bringing it	to fruition using engin	eering and techn	ology.			
'leas	se list any medic	al conditions	s below:						
	-								

\*\*\*\*Parent or Guardian is responsible for notifying UN staff of any medical changes\*\*\*\*

### District 205 Summer Stem Programs Registration Form



#### Please check the boxes for contacts authorized to pick-up student(s)

Parent/Guardian Last	Name	First Name	Relationship			
Parent/Guardian Last	Name	First Name	Relationship			
In case of an emergency	, list 2 othe	er contacts if parent/gu	ardian cannot be reached.			
Emergency Contact La	st Name	First Name	Home Phone	Cell P	hone	Relationship
Emergency Contact La	st Name	First Name	Home Phone	Cell P	hone	Relationship
List any additional adult the parent will be able t			lents, use the boxes below. If no	o adults liste	ed below, an	nd no boxes checked, o
Last Name		First Name	Home Phone	Cell P	hone	Relationship
			1	1		
***	*PARE		N PERMISSION FO		I ACTIV	/ITIES***
***	*PARE		N PERMISSION FO		I ACTIV	/ITIES****
***		PLEAS		Y		/ITIES****
I hereby give permissi Stem Workshops activ programs. If a medical	Must be on for the vities, whi emergencolic emerg	PLEAS  pe signed by parent/gua  participant(s) listed l  ich may include off-si- y arises, Stem staff wil ency vehicle for trans	E READ CAREFULL  rdian for student participants  below and on the reverse sid  te events, academic assistan  Il take all steps necessary to e  port to an emergency facility	I 8 and unde le to take p ice, continu	r part in the ling educat safety of th	District 205 Summe ion, and recreationa e participant and wil
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