



# Join us for Girls' STEM Camp!

June 26<sup>th</sup> – 29<sup>th</sup>, 9 am – 3:15 pm,  
Evergreen Space Museum



STEM stands for Science, Technology, Engineering, and Math.  
These subjects will be the focus of our 4 day camp.

### Camp sessions *may* include:

- 3D Modeling
- Graphic Design of Decals
- Scale Models and Architecture
- Game Design in Scratch Programming
- Chromatography/Designing Pinball machines

## Registration Form

- **Summer STEM Camp for girls** *entering* grades 6, 7, 8, & 9
- **Space is limited** - This is a first come, first serve event
- **When:** June 26 – 29, Monday – Thursday
- **Time:**
  - 9 AM – 3:15 PM, Monday – Wednesday, STEM Camp
  - 9 AM – 12:30 PM, Thursday, STEM Camp
  - **AND** 12:30 PM - 3:00 PM, Thursday, Water Park field trip
- **Where:** Engineering and Aerospace Sciences Academy (EASA) in the Evergreen Aviation Space Museum
- **Cost:** \$40 Fee enclosed – **OR** – \$20 reduced fee enclosed
- **Bus Transportation** provided to/from Duniway Middle School and Evergreen Aviation Space Museum, with pick up at 8:40 am and drop-off at 3:30 pm – High school counselor supervision at Duniway MS and on bus.
- **Lunch:** A sack lunch is provided

*For additional information contact: Mary Dressel @ District Office: 503-565-4004*

\*\*\*\*\*

Student Name (please print)\_\_\_\_\_

School:  Duniway  Patton      2017-18 Grade Level\_\_\_\_\_      Student ID#\_\_\_\_\_

Home address\_\_\_\_\_

City

Zip

Mailing Address (if different)\_\_\_\_\_

City

Zip

Email Address\_\_\_\_\_

Daytime phone number(s) in case we need to contact you:\_\_\_\_\_

Parent name (print)\_\_\_\_\_ Signature\_\_\_\_\_

### Return the following to your school's office – OR – District Office:

(Attn. Mary Dressel, 800 NE Lafayette Ave, McMinnville, OR 97128)

1. Signed registration form (this form)
2. Field Trip permission form (on back)
3. Fee of \$40 – **OR** – \$20 reduced fee (but **MUST INCLUDE** Household Income Information form)
  - Make checks payable to McMinnville School District, "Girls' STEM" in memo

**STUDENTS MUST BE REGISTERED TO ATTEND. Register ASAP!**  
Secretaries, please send forms to Mary Dressel @ DO



# McMinnville Public Schools School Event/Trip Permission Slip

Event/Trip: Girls' STEM Camp

Date of Event: June 26<sup>th</sup> thru June 29<sup>th</sup>, 2017

Name of Student: \_\_\_\_\_

Grade: \_\_\_\_\_

I give my permission for the above-named student to go on and participate in this school event/trip. I am aware that the school district will provide transportation for this event/trip that may include the use of school buses, vans, or privately owned vehicles and I hereby authorize my student's use of such transportation. I further authorize the school district and its employees or agents to allow any doctor, medical facility, or paramedical unit to provide any necessary emergency medical care in the event of injury and/or illness to my student while participating in this event/trip. I understand that the school district does not provide medical insurance for my student and that it is my responsibility to pay for all expenses incurred as a result of any injury or illness to my student while participating in this event/trip.

I will not hold the school district, school board members, or school district employees or agents responsible for any accident, injuries, or damages or other losses to my student which may result from his/her participation in this school event/trip.

Parent/Guardian Name \_\_\_\_\_  
(Please print)

Signature \_\_\_\_\_

Date: \_\_\_\_\_

**McMinnville School District**  
**Household Income Information**  
(Please provide only one survey per household)

2016-2017

Address \_\_\_\_\_  
Parent Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

STUDENT NAME(S)	ATTENDING SCHOOL	Do not fill out this section. For School Use Only:
		Student ID: _____
		Student ID: _____
		Student ID: _____
		Student ID: _____
		Student ID: _____
		Student ID: _____

**BENEFITS:** If any member of your household receives SNAP or TANF, provide the name of the member receiving benefits.

Name \_\_\_\_\_  SNAP  
 TANF

**STOP: You do not need to complete the income portion of this form if you are receiving benefits stated above.**

Please check **TWO** boxes below:

- 1) Column 1 that indicates the number of people in your household; and
- 2) Column 2 that represents your annual income.
- 3) Both check marks must be in the same row.

Household Size (check one)	Annual Gross Income (check one)		
	\$20 for Girls' STEM Camp (free/reduced eligibility for other activities)	\$20,827 - \$29,637	\$40 for Girls' STEM Camp Not eligible
<input type="checkbox"/> 1	<input type="checkbox"/> \$0 - \$15,444	<input type="checkbox"/> \$15,445 - \$21,978	<input type="checkbox"/> over \$21,979
<input type="checkbox"/> 2	<input type="checkbox"/> \$0 - \$20,826	<input type="checkbox"/> \$20,827 - \$29,637	<input type="checkbox"/> over \$29,638
<input type="checkbox"/> 3	<input type="checkbox"/> \$0 - \$26,208	<input type="checkbox"/> \$26,209 - \$37,296	<input type="checkbox"/> over \$37,297
<input type="checkbox"/> 4	<input type="checkbox"/> \$0 - \$31,590	<input type="checkbox"/> \$31,591 - \$44,955	<input type="checkbox"/> over \$44,956
<input type="checkbox"/> 5	<input type="checkbox"/> \$0 - \$36,972	<input type="checkbox"/> \$36,973 - \$52,614	<input type="checkbox"/> over \$52,615
<input type="checkbox"/> 6	<input type="checkbox"/> \$0 - \$42,354	<input type="checkbox"/> \$42,355 - \$60,273	<input type="checkbox"/> over \$60,274
<input type="checkbox"/> 7	<input type="checkbox"/> \$0 - \$47,749	<input type="checkbox"/> \$47,750 - \$67,951	<input type="checkbox"/> over \$67,952
<input type="checkbox"/> 8	<input type="checkbox"/> \$0 - \$53,157	<input type="checkbox"/> \$53,158 - \$75,647	<input type="checkbox"/> over \$75,648

**SIGNATURE** An adult household member must sign the application.

*I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive federal and state funding based on the information provided. I understand that school officials may verify (check) the informaton.*

Sign Here: \_\_\_\_\_ Date: \_\_\_\_\_

**HOUSEHOLD INCOME INFORMATION**

MCMINNVILLE SCHOOL DISTRICT is participating in the Community Eligibility Option provision under the National School Lunch Program. Under this option, all children in the school will receive a breakfast/lunch at no charge regardless of completion of this form. However, to determine eligibility for various additional state and federal program benefits that your child(ren)'s school may qualify for, please complete, sign and return this application to your student's building if your income falls within or below the guidelines listed in the following chart. For the following programs we must have your permission to share your information

**Yes, I Do** want school officials to share the following information (Mark each program to which you want information released.)

- Educational/School related program fee waiver/reduction
- Athletic Programs fee waiver/reduction
- Administrative School Programs fee waiver/reductions
- Other programs fee waiver/reduction - (Medical/Dental Program fees)

\*\*\*\*\* **Worksheet** \*\*\*\*\*

TOTAL MONTHLY HOUSEHOULD INCOME - Report income for all members of household excluding foster children. If you have reported a case number, you do not need to complete this section.

Type of Income	Monthly Income	Circle if No Income
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$	None
2. Monthly Welfare Payments, Child Support, Alimony	\$	None
3. Monthly Payments from Pensions, Retirement, Social Security	\$	None
4. Monthly Dividends or Interest on Savings	\$	None
5. Monthly Worker's Compensation, Unemployment, Strike Ben	\$	None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	None
Total Monthly Household Income (Add lines 1-6)	\$	None

**INCOME GUIDELINES**

INCOME GUIDELINES - Guidelines to be effective from July 1, 2016 through June 30, 2017

Free Guidelines					
Persons in Family or Household Size	Annual	Monthly	Twice-Monthly	Every Two Weeks	Weekly
1	\$ 15,444.00	\$ 1,287.00	\$ 644.00	\$ 594.00	\$ 297.00
2	\$ 20,826.00	\$ 1,736.00	\$ 868.00	\$ 801.00	\$ 401.00
3	\$ 26,208.00	\$ 2,184.00	\$ 1,092.00	\$ 1,008.00	\$ 504.00
4	\$ 31,590.00	\$ 2,633.00	\$ 1,317.00	\$ 1,215.00	\$ 608.00
5	\$ 36,972.00	\$ 3,081.00	\$ 1,541.00	\$ 1,422.00	\$ 711.00
6	\$ 42,354.00	\$ 3,530.00	\$ 1,765.00	\$ 1,629.00	\$ 815.00
7	\$ 47,749.00	\$ 3,980.00	\$ 1,990.00	\$ 1,837.00	\$ 919.00
8	\$ 53,157.00	\$ 4,430.00	\$ 2,215.00	\$ 2,045.00	\$ 1,023.00
Each Add't Member Add	\$ 5,408.00	\$ 451.00	\$ 226.00	\$ 208.00	\$ 104.00
Reduced Guidelines					
Persons in Family or Household Size	Annual	Monthly	Twice-Monthly	Every Two Weeks	Weekly
1	\$ 21,978.00	\$ 1,832.00	\$ 916.00	\$ 846.00	\$ 423.00
2	\$ 29,637.00	\$ 2,470.00	\$ 1,235.00	\$ 1,140.00	\$ 570.00
3	\$ 37,296.00	\$ 3,108.00	\$ 1,554.00	\$ 1,435.00	\$ 718.00
4	\$ 44,955.00	\$ 3,747.00	\$ 1,874.00	\$ 1,730.00	\$ 865.00
5	\$ 52,614.00	\$ 4,385.00	\$ 2,193.00	\$ 2,024.00	\$ 1,012.00
6	\$ 60,273.00	\$ 5,023.00	\$ 2,512.00	\$ 2,319.00	\$ 1,160.00
7	\$ 67,951.00	\$ 5,663.00	\$ 2,832.00	\$ 2,614.00	\$ 1,307.00
8	\$ 75,647.00	\$ 6,304.00	\$ 3,152.00	\$ 2,910.00	\$ 1,455.00
Each Add't Member Add	\$ 7,696.00	\$ 642.00	\$ 321.00	\$ 296.00	\$ 148.00