

STRONG AS STEEL

Welding Camp for Girls



JUNE 9 – 13, 2025
9AM TO 3PM

Fox Valley Technical College
1825 N Bluemound Dr
Appleton, WI 54914

About Camp:

- Incoming 8th and 9th Grade Girls
- \$25 fee (Reductions available)
- Take home project completed
- Tours of welding facilities
- Taught by local women welders

Contact Us

Carrie Giauque

giauquecarrie@aasd.k12.wi.us

**SPARK
FORCE**TM
THE **FMA** FOUNDATION

Registration will be conducted online through the School Store on the Parent Portal
[Directions for registration can be found by clicking here](#)

**Out of district or private school students: Please complete and return the form.

2025 ATECH STRONG AS STEEL CAMP REGISTRATION FORM

Student Name _____ Gender: M / F Date Of Birth _____

Address _____ Apt # _____ City _____ Zip _____

Home Phone # _____ Grade next Fall _____

Is student currently attending an AASD school?

_____ Yes, my child is currently attending _____ school (name of elementary school).

_____ No, my child attends school in the _____ school district (name of school district child is currently attending).

Does this student have an IEP, Building Intervention Plan, or 504 Plan? ____ Yes ____ No (If yes, please explain): _____

According to WI Dept of Public Instruction, summer school classes are not tailored to implement a student's IEP.

All Appleton School District policies for the regular academic school year regarding dress, behavior and school safety are in effect during Summer School. If you would like a copy of these policies, please contact the Summer School office.

EMERGENCY INFORMATION

Parent/Guardian Name _____ Phone # _____

Work # _____ Cell # _____ E-mail Address _____

Parent/Guardian Name _____ Phone # _____

Work # _____ Cell # _____ E-mail Address _____

If parent/guardian cannot be reached by phone, please contact:

Name _____ Relationship _____

Phone Number(s) _____

Special Health Concerns/Medical Diagnoses: _____

Will your child have medications at summer school? Yes _____ No _____

If so, please provide the name of the medication(s): _____

Reason for Medication(s) _____

Time(s) medication is administered: Routine/Daily _____ As Needed _____ Emergency _____

(Please bring any medications to the site coordinator on the first day of summer school.)

I hereby authorize summer school personnel to obtain emergency medical care for my child if needed.

Parent/Guardian _____

Clothing Size for Camp T-Shirt

T-Shirt size (please circle one)

Adult Sm

Adult M

Adult Lg

Adult XL

Registration and fee: All registration forms are due on or before May 16th, 2025. No late registrations will be accepted. Please send registration form to:

Summer School ATECH Camp
Appleton West High School
610 N. Badger Ave.
Appleton, WI 54914

Confirmation: You will be notified that your student has been accepted for ATECH Camp via email. If you have any questions, please email the ATECH camp coordinator at giauquecarrie@asds.k12.wi.us