

# Duniway Middle School After-School Clubs

## Fall 2025

Students have the opportunity to participate in programs which will boost their academics, provide enrichment, and enhance their social life!

### THIS LIST IS SUBJECT TO CHANGE!

<input type="checkbox"/> Art Studio (Aspholm)	Room 96	MON 3:20-4:20
<input type="checkbox"/> Gay Straight Alliance (Fox/Tamber)	Library	MON 3:20-4:20
<input type="checkbox"/> STEM (Murray)	Room 217	TUES 3:20-4:20
<input type="checkbox"/> Board Games(Augustine/Tamber))	Library	TUES 3:20-4:20
<input type="checkbox"/> Music Practice(Dana)	Room 89	TUES 3:20-4:20
<input type="checkbox"/> Video Game Design (Sanders)	Room 242	WED 3:20-4:20
<input type="checkbox"/> <b>Fitness (K Van Cleve)</b>	<b>Fitness Ctr.</b>	<b>TUES/THURS 3:20-4:20 Beg.11/6</b>
<input type="checkbox"/> <b>Mechanics(Sandoval,Graber)</b>	<b>Cascade/Modular</b>	<b>Thurs 3:20-4:20 Beg. 11/6</b>
<input type="checkbox"/> Fellowship of Christian Athletes	Room 242	To Be Determined
<input type="checkbox"/> Chess (Terrill)	Library	Thurs. 3:20-4:20
<input type="checkbox"/> <b>Travel Club (Mrs. Van Cleve)</b>	<b>Library</b>	<b>Wed. 3:20-4:20 Beg. 11/5</b>
<input type="checkbox"/> MovieMaking (Terrill)	Cascade	Mon/Tues 3:20-4:20
<input type="checkbox"/> Nail Club	Art Room 96	Wed 3:20-4:20

ACTIVITY BUS LEAVES AT 4:45 (Pre-arranged route. See Ms. Aspholm for details) Wait for transportation in the commons.!

\_\_\_\_ My child has permission to participate in the clubs. I understand the fee is \$31 per semester for participation in one or more clubs. I may apply for a reduced rate (\$20 or \$10) based on the information I will provide on the District Household Income Information form.

\_\_\_\_ My child has permission to ride the Activity Bus. (Busing is available for students who are regular bus riders, but the after school bus route stops established by transportation services are limited. Please contact Ms. Aspholm at raspholm@msd.k12.or.us for specifics or if you have questions.)

Busing Address \_\_\_\_\_

\_\_\_\_ Yes!

I approve my child's participation in the after school program, and hereby authorize the teachers, coaches, and school administrators to act for me according to their best judgment in any emergency requiring medical attention. I am aware that participating in certain activities may require strenuous physical exertion, which could result in physical injury. I will be responsible for any medical or other charges in connection with his/her participation.

Student Name (please print)

Grade

ID# \_\_\_\_\_

Parent Name (please print) and Signature

Office Use

Fee Paid \_\_\_\_\_

Date \_\_\_\_\_