

# Monticello Elementary School



1001 Cambridge Place Tracy, CA 95377 (209) 833-9300 Fax (209) 833-9317

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August 1, 2019

Dear Monticello Families:

Welcome to the 2019-2020 school year. All of us at Monticello are looking forward to seeing our students on the first day of school, **Thursday, August 8<sup>th</sup>. The first bell rings at 8:10am and the tardy bell rings at 8:15am.** The first day of school is a **minimum day with dismissal at 1:30pm.** Please make the necessary arrangements to ensure students are dropped off and picked up on time. Attached you will find information on our pick-up procedures. It is important to thoroughly read the attached information to ensure you are following our traffic routines. Staff will be visible and assisting with traffic procedures. On the first day of school, all students will be provided with two laminated name cards for pick up. Please place these on the front right side of your dashboard during pick-up. They greatly assist with the speed and efficiency of the pick-up process.

Our Jaguar Den was hugely successful last year! Students received over 10,000 Jaguar Den Tickets for demonstrating positive behavior! We will continue to place a great emphasis on social and emotional development this year, as well as promoting positive character traits. We recognize the importance of educating the whole child, and strive to provide a learning environment rich in academics, and well as physical, social and emotional learning.

The school office will reopen on Thursday, August 1<sup>st</sup>, and resume our regular office hours of 7:30am – 4:00pm. All student schedules will be available for pick up from the school office at noon on Monday, August 5<sup>th</sup> through Wednesday, August 7<sup>th</sup>. Class schedules will also be available after 4:00pm on Friday, August 2<sup>nd</sup> in the Aeries parent portal.

Back to School Night is **Thursday, August 15<sup>th</sup> from 6:00 – 7:00pm.** Teachers will provide an overview of their class, and will be available to answer questions.

Enclosed in this packet are several important documents including the following: Administration of Medication, Dress Code Policy, Drop off/Pick up Procedures, Grade Level Supply Lists, and Bell Schedules. Please sign and return forms to your child's teacher on the first day of school.

I am eager to begin my third year as the Principal of Monticello. I am honored to be a part of the Monticello family; a community of parents, teachers, and students who continuously strive to build positive relationships and support academic and social growth. Please note that my email has changed. You can reach me at [estroup@jsdtracy.com](mailto:estroup@jsdtracy.com) or (209) 833-9300. I am looking forward to a productive, successful year!

Sincerely,

Emily Stroup  
Principal

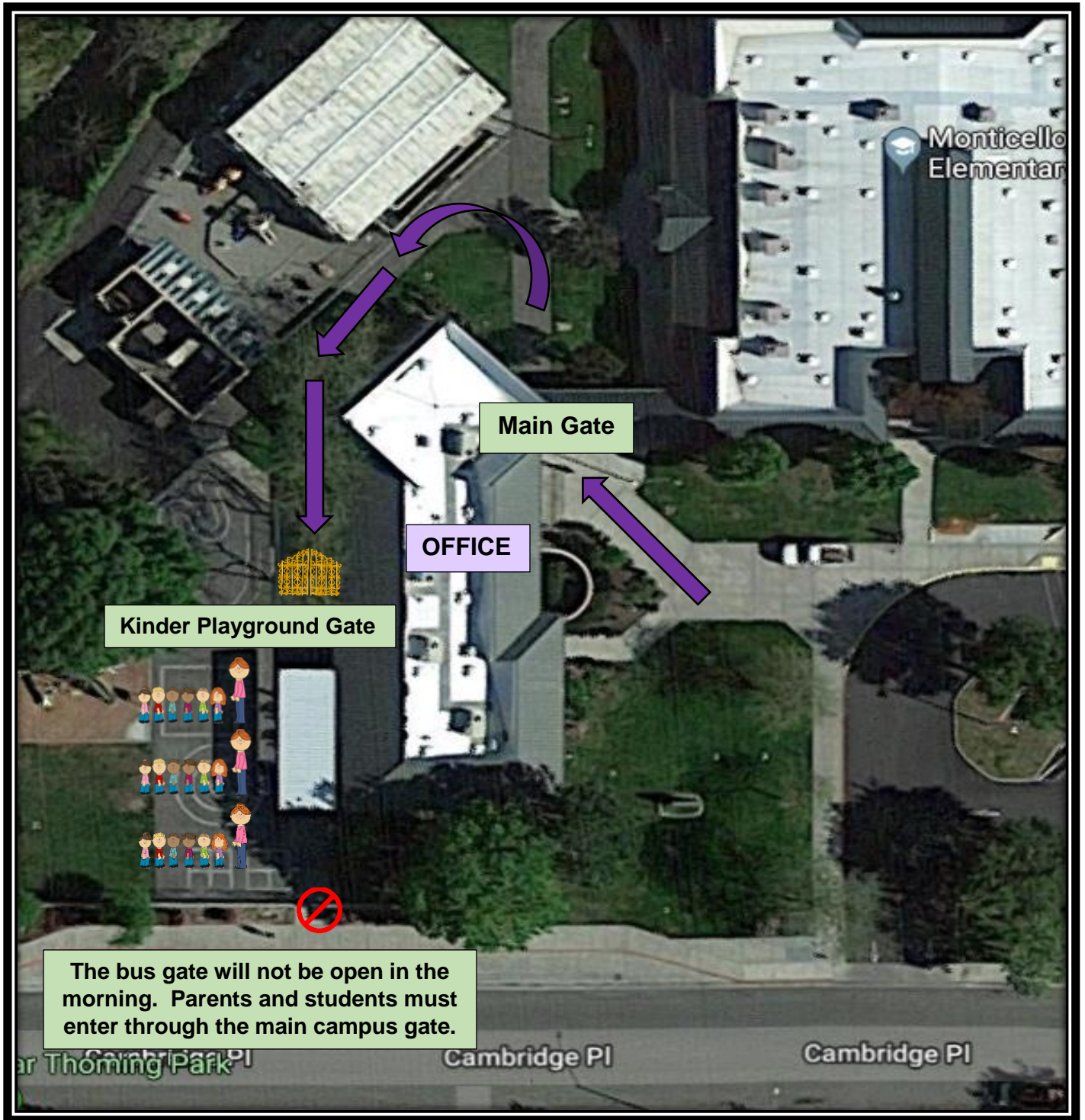


## **BEFORE SCHOOL PROCEDURES**

**The feeling of family and community on the Monticello campus is one of our best qualities. In the mornings, many parents walk their children to class, and socialize with other families. This demonstrates that there is great strength in our social community.**

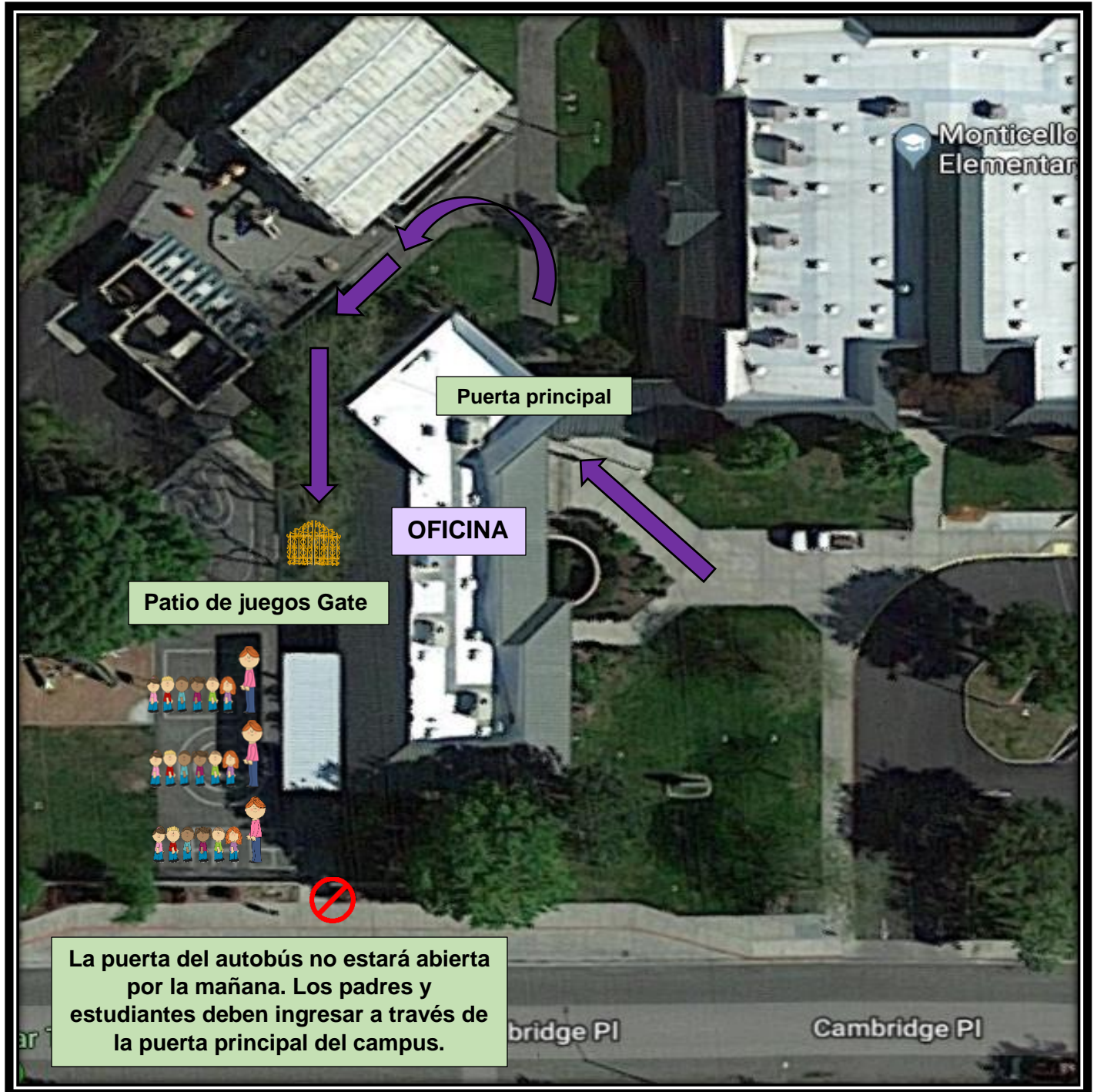
**In a continued effort to ensure the safety of our students, other than on the first day of school, parents are asked not to enter the classroom in the morning with their student. Students should be entering the classroom independently following the 8:10am bell, with the expectation that they are in their classroom, ready to learn at 8:15am. Any parents entering a classroom should only do so if they have checked in at the office and are wearing a Visitor/Volunteer badge, and have made prior arrangements with the teacher to be visiting/volunteering in the classroom. In addition to safety, we are working hard to instill independence and responsibility in all of our students, encouraging them to actively participate in their education, and teaching them to be prepared to start their day at 8:15am when the bell rings. Feel free to continue to walk your student(s) to class in the morning, but please say your goodbyes at the door at 8:10.**

# Monticello TK & Kindergarten Morning Drop Off



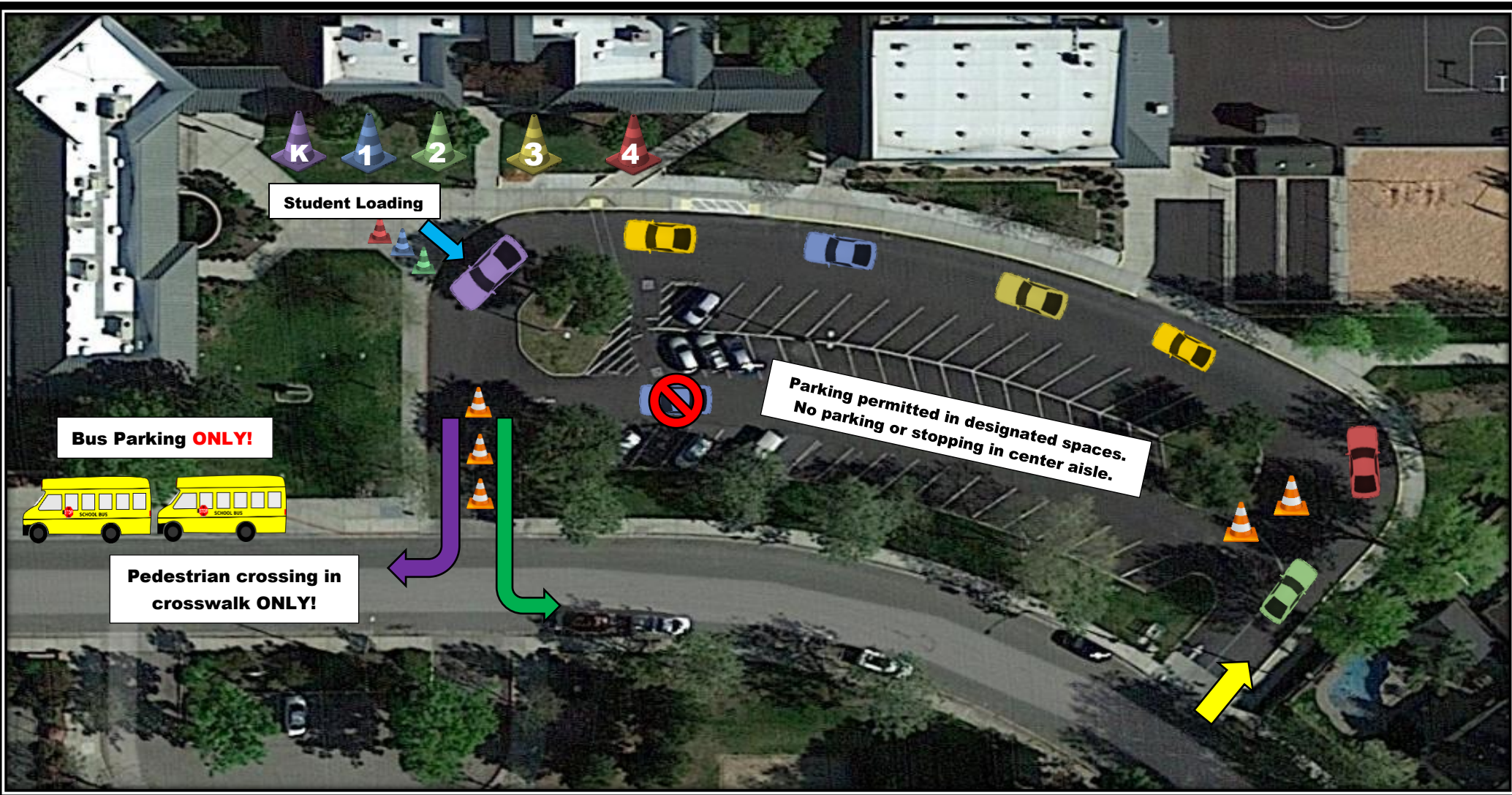
1. Students arriving between 7:30am and 8:00am must report to the Cafeteria. Students will be supervised, and all TK and Kindergarten students will be escorted to the Kindergarten playground following the 8:00am bell.
2. Students arriving after the 8:00am bell must be escorted to the Kindergarten playground by their parent/guardian. The Kinder playground gate will be opened as soon as the Campus Aide arrives with the students from the cafeteria. 🏰
3. The bus gate will not be opened in the mornings. 🚫
4. Students will be supervised on the Kindergarten playground from 8:00am – 8:10am.
5. Following the 8:10am bell, students line up and are escorted into the classroom by their teacher.
6. Students arriving after the 8:15am bell are considered Tardy and must be taken to the office by their parent/guardian to obtain a Tardy slip prior to entering class.




# Monticello TK & Kindergarten Procedimientos de entrega por la mañana



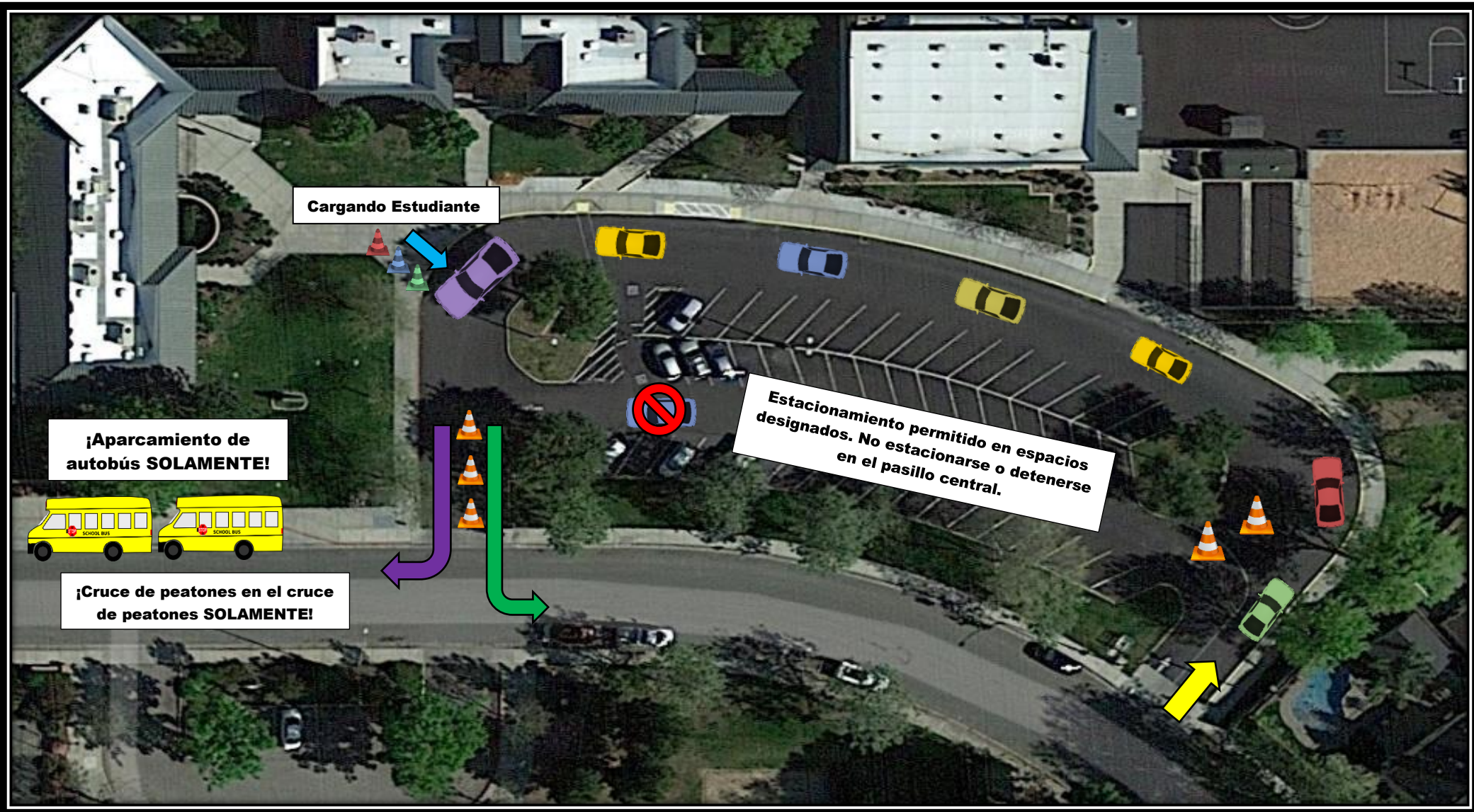
1. Los estudiantes que lleguen entre las 7:30 am y las 8:00 a.m. deben presentarse en la cafetería. Los estudiantes serán supervisados, y todos los estudiantes de TK y Kindergarten serán acompañados al patio de recreo de kínder después de la campana de las 8:00 am.
2. Los estudiantes que lleguen después de la campana de las 8:00 am deben ser acompañados al patio de recreo de Kinder por sus padres / tutores. La puerta del patio de recreo de Kinder se abrirá tan pronto como llegue el asistente del campus con los estudiantes de la cafetería. 🏡
3. La puerta del autobús no estará abierta por las mañanas. 🚫
4. Los estudiantes serán supervisados en el patio de Kindergarten de 8:00 a.m. a 8:10 a.m.
5. Después de la campana de las 8:10 a.m., los estudiantes se alinean y son acompañados al aula por su maestro.
6. Los estudiantes que lleguen después de la campana de las 8:15 a.m. se consideran tardíos y los padres / tutores deben llevarlos a la oficina para obtener un pase de tardanza antes de ingresar a la clase.




# MONTICELLO AFTER SCHOOL PICK UP PROCEDURES



1. Enter the parking lot from the east entrance. 
2. **Continue to pull forward until you reach the Student Loading area.**  For safety reasons, students will only be permitted to enter a vehicle in the loading area. Please place your student name card in the front right side of your dashboard. Teachers will direct your student(s) to the loading area for pick up.
3. Parking is permitted in designated spaces ONLY. No parking or stopping in the center aisle. 
4. Pedestrians **must** cross in a designated cross walk. (Corner of Cambridge Place and Sycamore Parkway or Corner of Cambridge Place and Heritage Place)
5. Please be patient as we settle into this new routine.

# MONTICELLO DESPUÉS DE LA ESCUELA PROCEDIMIENTOS DE RECOGIDA



1. Ingrese al estacionamiento desde la entrada este. 
2. Continúa avanzando hasta que llegues al área de carga de estudiantes.  Por razones de seguridad, a los estudiantes solo se les permitirá ingresar a un vehículo en el área de carga. Coloque su tarjeta de identificación de estudiante en la parte frontal derecha de su tablero. Los maestros dirigirán a su (s) estudiante (s) al área de carga para recogerlos.
3. Se permite el estacionamiento en espacios designados SOLAMENTE. No estacionarse o detenerse en el pasillo central. 
4. Los peatones deben cruzar en una caminata designada. (Esquina de Cambridge Place y Sycamore Parkway o esquina de Cambridge Place y Heritage Place)
5. Por favor, sea paciente al establecernos en esta nueva rutina.



## DRESS AND GROOMING

In cooperation with teachers, students and parents/guardians, the principal or designee shall establish school rules governing student dress and grooming which are consistent with district policy and regulations. These school dress codes shall be regularly reviewed.

The following guidelines shall apply to all regular school activities:

### Jefferson School District DRESS CODE GUIDELINES

Jefferson District is noted for the outstanding appearance of its students. Wearing extreme fashions is not conducive to a quality educational atmosphere and has no place in Jefferson School District. In keeping with this philosophy of good style and taste, the following rules apply to all regular school activities:

1. Clothing should be in good repair and reflect modest taste.
2. Students are to come to school dressed for learning and for playing.
  - a. Shirts are not permitted to be low-cut, strapless, off the shoulder, halter top or backless. Shirts without sleeves must have a strap that is equal to or greater than four of the student's fingers. All shirts must be long enough (without having to be pulled into place) so that they could be tucked in (and would realistically remain tucked in) if necessary. This rule applies regardless of changing weather throughout the warmer months.
  - b. All pants, shorts, skirts and dresses need to be an appropriate length and size so as not to expose a student's posterior or undergarments. Pants, shorts, skirts and dresses shall not be tight fitting or shorter than a student's extended fingertips. Pajama pants are not allowed except on designated spirit days. Leggings and yoga pants are allowed with an over garment that is fingertip length. Pants must fit at the waist and should not be more than one size too large, sagging is not permitted. Pants, shorts and skirts shall be free of holes above the extended fingertips.
  - c. Students need to wear shoes that will allow them to run and play. All footwear must have straps or enclosed backs. Flip flops and slippers are not allowed.
  - d. Students are not permitted to wear baseball caps, hats, knit caps, visors, and hoods in class, assemblies, or in any indoor school function. Outdoors, hats must be worn forward facing.
3. All clothing, jewelry, backpacks, and other personal items shall be free of writing, pictures and/or other insignia which are crude, vulgar, profane, sexually suggestive, gang related, or depict nudity or weapons. In addition, clothing or personal items shall not exhibit drug, alcohol or tobacco references, or advocate racial, ethnic or religious prejudice.
4. Any clothing or accessory that may be deemed dangerous, i.e. wallets with chains, steel-toed boots, items with spikes or studs, and belts worn long are unacceptable.
5. Any clothing which may be disruptive to the school environment or deemed offensive by school personnel is prohibited.

Students who are considered to be in violation of the Jefferson School District Dress Code shall be referred to the principal or the designee.

- a. First offense: The student's parent/guardian shall be contacted and may be asked to meet with school staff. The student will be required to wear loaner clothes or call home for a change of clothes.
- b. Second offense: The student's parent/guardian shall be contacted and may be asked to meet with school staff. The student will be required to wear loaner clothes or call home for a change of clothes. The student shall be assigned detention as determined appropriate by the principal or the designee.
- c. Third offense: The student's parent/guardian shall be contacted and may be asked to meet with school staff. The student will be required to wear loaner clothes or call home for a change of clothes. The principal or the designee shall assign the student ten hours of community service to be performed within thirty calendar days.

d. Fourth and subsequent offenses: The student shall be suspended for a period of 1-5 days as determined by the principal or the designee.

**In order to discourage the influence of gangs and gang related apparel, Unauthorized Group Apparel is prohibited and the following rules shall apply:**

1. Jewelry, accessory, notebook or manner of grooming (including haircuts) which by virtue of its color, arrangement, trademark or any other attribute denotes membership in an unauthorized group or group is prohibited.
2. Clothing or articles of clothing (including but not limited to gloves, bandanas, shoestrings, wristbands, hats, lanyards, belts, jewelry) related to unauthorized groups that may provoke others to acts of violence are prohibited.
3. Belt buckles with initials or red, blue, or brown web belts, belts hanging out of pants are prohibited.
4. Gloves, towels, suspenders or other items hanging from rear pants pockets or from belt are prohibited. Students may not wear one pant leg rolled up.
5. Excessive clothing items (2 or more) of predominately one color that symbolize unauthorized group apparel are prohibited.

Because symbols are constantly changing, definitions of unauthorized group apparel may be reviewed and updated whenever related information is received by administrators and/or school safety committee. If a student is determined to have violated the dress code by wearing unauthorized group colors, he/she will be banned from wearing specific colors or any unauthorized group related apparel.

The following consequences will be implemented for a violation of any one of the above:

- a. First Offense: Parent/guardian contact. Student sent home to change clothes or provided with alternative clothing, Confiscation of unauthorized group-related jewelry accessory, notebook etc. Possible 1-5 day suspension.
- b. Second Offense: Parent/guardian conference and 1-5 day suspension.
- c. Third Offense: Parent/guardian contact. Minimum of five (5) day suspension Report to law enforcement agency.
- d. Fourth and subsequent offenses: Parent/guardian contact. Minimum of five (5) day suspension and recommendation for expulsion. Report to law enforcement agency.

No grade of a student participating in a physical education class shall be adversely affected if the student does not wear standardized physical education apparel because of circumstances beyond the student's control. (Education Code 49066)

The principal, staff, students, and parent/guardians at each school may establish reasonable dress and grooming regulations for times when students are engaged in extracurricular or other special school activities.

Students who participate in a nationally recognized youth organization shall be allowed to wear organization uniforms on days when the organization has a scheduled meeting. (Education Code 35183)





## JEFFERSON SCHOOL DISTRICT DRESS CODE GUIDELINES

### ACCEPTABLE TOPS



### NOT ACCEPTABLE TOPS



### ACCEPTABLE BOTTOMS



### NOT ACCEPTABLE BOTTOMS



### ACCEPTABLE SHOES



### NOT ACCEPTABLE SHOES





Dear Parents,

Today, one in 13 children has food allergies, or roughly two in every classroom. Nearly 40 percent of these children have already experienced a severe or life-threatening allergic reaction.

In response to this emerging epidemic, the Centers for Disease Control and Prevention (CDC) in 2013 published guidelines for managing food allergies designed to help schools avoid, recognize and treat allergic reactions while ensuring that students with food allergies are safely included in school activities.

The Jefferson School District is home to a number of students who have severe allergies. If these students are exposed to nuts by way of ingestion, touch and even through the air, the student may develop a life-threatening allergic reaction that requires emergency medication and medical treatment. In order to reduce the risk of exposure for these students, we are asking for your assistance.

In 2016 The Jefferson School District implemented a number of safety guidelines surrounding allergy-related concerns. In addition to these, the district would also like to require the following from our parents:

- Please do not send any nuts/nut oil containing products to be eaten in the classroom.
- Please do not bring in any of the aforementioned products for classroom celebrations.
- In the cafeteria there is a designated nut-free table. Your child will only be allowed to sit at this table if their lunch is nut-free. If this is not the case, your child will be asked to move so that we can maintain the safety of the students who are at risk.
- We encourage good hand-washing at school before and after meals and returning to the classroom. In addition, wipes and hand sanitizers are available for use so that we can reduce the risk of exposure to allergens as well as illness. We would like to also encourage your children to wash their hands at home before arriving at school, if they have consumed nut containing products for breakfast.

We appreciate your attention to and your cooperation with the implementation of these guidelines.

Students with food allergies develop a sense of security when a positive school environment is created and accommodations such as these are put into place to ensure their physical and emotional well-being. For more information, please visit [www.foodallergy.org/CDC](http://www.foodallergy.org/CDC).

*\*Nut-Free alternatives: egg salad, tuna, deli meats, pasta, soups, chili, grilled cheese, fruits and veggies and popcorn.*

Tina Coverdale, RN/BSN  
District Nurse  
tcoverdale@jsdtracy.com  
209-839-1842 Special Education Department  
209-832-8941 Fax

Jefferson  
7500 W Linne Rd  
(209)835-3053  
(209)835-4419 F

Monticello  
1001 Cambridge Pl  
(209)833-9300  
(209)833-9317 F



Tom Hawkins  
475 Darlene Ln  
(209)839- 2380  
(209)839-2384 F

Anthony Traina  
4256 Windsong Dr  
(209)839-2379  
(209)839-2314 F

**Administration of Medication and Liability Release**

**School Year 20\_\_/\_\_\_**

Section 49423 of the California Education Code allows students to take medications prescribed by a physician during the school day, to be assisted by designated school personnel with the medication or to carry and self-administer **CERTAIN** medication when authorized in writing by the student's parent/guardian **AND** physician.

STUDENT NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_  
CURRENT ADDRESS: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

**PARENT/GUARDIAN AUTHORIZATION (Please refer to page 1 for medication requirements)**

In accordance with Education Code 49423 sections (a), (b 1, 2 & 3), and (c), 49423.1 sections (a), (b 1, 2 & 3) and (c) and 49407, I, the undersigned parent/guardian of the above named student hereby authorize:

\_\_\_\_\_ A School Nurse or designated school personnel to **ASSIST** my child with medication administration, monitoring, and testing according to the physician's instructions and authorization below.

\_\_\_\_\_ **IF APPLICABLE**, my child to **CARRY AND/OR SELF-ADMINISTER**: auto-injectable epinephrine ( ) inhaled asthma medication ( ) and/or insulin and blood sugar monitor/supplies ( ) according to the physician's instructions and authorization below.

In accordance with California Education Code 49407, I hereby RELEASE, DISCHARGE, AND HOLD HARMLESS the **JEFFERSON ELEMENTARY SCHOOL DISTRICT**, it's officers, employees and agents from all liability, including injury, death, adverse reactions, or other damages which may arise from the self-administration or assistance with medication administration according to the undersigned parent/guardian and physician described herein.

I agree to provide the medication(s) indicated below in original prescription or manufacturer's containers, which are labeled with the name of the child, the prescribing physician, the medication and dosing instructions. I further authorize the School Nurse or designated school personnel to consult with the prescribing physician should any questions arise, (49480).

I understand that continuous medication requires **ANNUAL AUTHORIZATION** to the school's office at the beginning of each year.

\_\_\_\_\_  
Print Parent/Guardian Name Parent/Guardian Signature

**PHYSICIAN AUTHORIZATION (This section to be completed by the prescribing physician only)**

Condition for which medication(s) are being administered: \_\_\_\_\_

<u>NAME OF MEDICATION</u>	<u>DOSAGE</u>	<u>ROUTE</u>	<u>FREQUENCY/TIME</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Possible reaction(s) requiring physician notification: \_\_\_\_\_

Storage Requirements: \_\_\_\_\_ START DATE: \_\_\_\_\_ STOP DATE: \_\_\_\_\_

\_\_\_\_\_ I authorize my patient to **CARRY AND/OR SELF-ADMINISTER**: auto injectable epinephrine ( ) inhaled asthma medication ( ) and/or insulin and blood sugar monitor/supplies ( ) according to my instructions and authorization stated herein.

\_\_\_\_\_ I confirm that I have instructed my patient in the procedures, dosing, and timing by which the above medication(s) is/are to be administered and he/she is **COMPETENT** in the self-administration of prescribed medication(s) California Education Code(s) 49423 sections (a), (b 1, 2 & 3) and (c), 49423.1 sections (a), (b 1, 2 & 3) and (c)

\_\_\_\_\_  
Print Physician Name Physician's Signature Date

\_\_\_\_\_  
Physician's Address Phone Number Fax Number



### **Instructions for Completing the Medication Administration Form**

In compliance with Education Code 49423, no medication will be accepted or administered at school without meeting the following requirements. The procedure for administration of medication by prescription and/or non-prescription/over the counter (OTC) medication listed on the medication administration form will be expedited as follows:

1. Only medication prescribed by the student's physician as being necessary to be taken by the student in the manner listed on the medication administration form should be brought to school. The form **MUST BE COMPLETE** and include required parent and prescribing physician signatures.
2. Medication brought to the school to be administered to the student according to the provisions listed on the medication administration form shall be in the **ORIGINAL** prescription or manufacturer's container/packaging, clearly marked with the student's name, the prescribing physician, and the medication name, dose, route, time/frequency and the pharmacy, if physician prescribed.
3. Medications that contain narcotics (Some pain and cough relief medications) **WILL NOT** be administered at school.
4. All medications will be in a cool dry and secured place inside the school office. Any special instructions for storage or security measures of any medication should be written by the prescribing physician on the medication administration form.
5. Parent/Guardian or adult 18 years or older shall deliver the medication and the completed administration form to the school office. **DO NOT SEND MEDICATION TO SCHOOL WITH YOUR STUDENT.**
6. Parent/Guardian or adult 18 years or older shall pick up remaining medication during the last week of school. **THE SCHOOL SITE IS NOT RESPONSIBLE FOR MEDICATION LEFT IN THE OFFICE DURING THE SUMMER.**
7. If continuance of medication is necessary, a new medication administration authorization form **MUST** be completed **ANNUALLY** at the beginning of the year.

## Jefferson School District 2019 - 2020 Instructional Calendar

JULY				
M	T	W	TH	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

AUGUST				
M	T	W	TH	F
			1	2
5*	6	7	8*	9
12*	13	14	15	16
19*	20	21	22	23
26*	27	28	29	30

SEPTEMBER				
M	T	W	TH	F
2	3	4	5	6
9*	10	11	12	13
16*	17	18	19	20
23*	24	25	26	27
30				

### Total Instructional School Days

August	17
September	19
October	22
November	15
December	15
January	19
February	18
March	21
April	16
May	18
	180

OCTOBER				
M	T	W	TH	F
	1**	2**	3**	4**
7*	8	9	10	11
14*	15	16	17	18
21	22	23	24	25
28*	29	30	31	

NOVEMBER				
M	T	W	TH	F
				1
4*	5	6	7	8
11	12	13	14	15
18*	19	20	21	22
25	26	27	28	29

DECEMBER				
M	T	W	TH	F
2*	3	4	5	6
9*	10	11	12	13
16*	17	18	19	20
23	24	25	26	27
30	31			

JANUARY				
M	T	W	TH	F
		1	2	3
6*	7	8	9	10
13*	14	15	16	17
20	21	22	23	24
27*	28	29	30	31

FEBRUARY				
M	T	W	TH	F
3*	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24*	25	26	27	28

MARCH				
M	T	W	TH	F
2*	3	4	5	6
9*	10	11	12	13
16*	17	18	19	20
23*	24	25	26	27
30*	31			

APRIL				
M	T	W	TH	F
		1	2	3
6*	7	8	9	10
13	14	15	16	17
20*	21	22	23	24
27*	28	29	30	

MAY				
M	T	W	TH	F
				1
4*	5	6	7	8
11*	12	13	14	15
18*	19	20	21	22
25	26	27*	28	29

JUNE				
M	T	W	TH	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30			

Holidays	
Students First/Last Day (1:30 pm Release)	
Minimum Day (1:30 pm Release)	*
Minimum Day (2 pm Release)	**
Teachers First/Last Work Day	
Teachers First/Last Work Day	
End of First/Second Trimester	
P/T Conference (no students)	
Professional Development Day (MOU) (no students)	
Professional Development Buy Back Day (no students)	

	Full day
	Half day

APPROVED: May 8, 2018



**SCHOOL BUS PASS APPLICATION**

2019 - 2020 SCHOOL YEAR

**ONE APPLICATION PER FAMILY**

Please complete all steps of the application and return to:  
 Jefferson Elementary School District – Student Services  
 1219 Whispering Wind Drive, Tracy, CA 95377  
 Questions? Call us at (209) 835-3968

FOR OFFICE USE ONLY					
PROCESSED DATE	_____	TOTAL FEES COLLECTED	_____		
CHK AMT	_____	CASH	_____		
CHK #	_____	RECEIPT #	_____		
ACCEPTED BY (PRINT)	_____	ACCEPTED BY (SIGN)	_____		
INTEROFFICE	MAIL	FAX	WALKIN	SPECIAL ED APPROVAL:	_____

**PASS MUST BE DISPLAYED TO BOARD THE BUS**

**Family & Student Information:** All Students(s) information must be completed.

**Parent/Guardian Name(s):** \_\_\_\_\_

**Student Information:** List each student's name. **Schools:** *J = Jefferson M = Monticello H = Hawkins T = Traina*

1.	_____	_____	_____	_____	_____	_____	_____
First Name	Last Name	Grade	School	AM/PM/RT	Type of Pass Code	Cost	
2.	_____	_____	_____	_____	_____	_____	_____
First Name	Last Name	Grade	School	AM/PM/RT	Type of Pass Code	Cost	
3.	_____	_____	_____	_____	_____	_____	_____
First Name	Last Name	Grade	School	AM/PM/RT	Type of Pass Code	Cost	
4.	_____	_____	_____	_____	_____	_____	_____
First Name	Last Name	Grade	School	AM/PM/RT	Type of Pass Code	Cost	
5.	_____	_____	_____	_____	_____	_____	_____
First Name	Last Name	Grade	School	AM/PM/RT	Type of Pass Code	Cost	

**Types of Services/Fees 2019-2020**

Code	Semester Service	One Student	Two Students	Three or More Students
SOW	One Way <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup>	<input type="checkbox"/> \$60	<input type="checkbox"/> \$110	<input type="checkbox"/> \$155
	Check Semester Box			
SRT	Round Trip	<input type="checkbox"/> \$120	<input type="checkbox"/> \$220	<input type="checkbox"/> \$305
Code	Annual Service	One Student	Two Students	Three or More Students
AOW	One Way <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup>	<input type="checkbox"/> \$120	<input type="checkbox"/> \$220	<input type="checkbox"/> \$305
	Check Semester Box			
ART	Round Trip	<input type="checkbox"/> \$230	<input type="checkbox"/> \$430	<input checked="" type="checkbox"/> \$600

Free/Reduced Transportation (check the applicable box)	Students Eligible for Free Transportation (check the applicable box)
Complete both sides of the bus application to apply for the Free /Reduced Transportation <input type="checkbox"/> Free/Reduced Transportation*	<input type="checkbox"/> Food Service Acceptance Letter* <input type="checkbox"/> Foster Status* Case# _____ <input type="checkbox"/> Special Education
<b>*Documentation of proof of income will be required</b>	<b>*All documentation must be included with this application to qualify for the Free bus pass.</b>

				FEES	
Address	Apt	Phone # 1	Home/Mobile/Work	\$2.00	Replacement Fee
City	Zip	Phone # 2	Home/Mobile/Work	For Lost or Stolen Passes	
Sub-Division	Nearest Cross Street	Email Address		\$20.00	Returned Check
				For any non-sufficient fund (NSF) check	

Your signature indicates that you have read and understand the rules and regulations by which your student(s) must abide while riding any District school bus. All existing policies and rules regarding safety, student behavior and discipline on the bus remain in effect. Please review rules and regulations which are available online at [www.jeffersonschooldistrict.com](http://www.jeffersonschooldistrict.com). With your assistance JSD can continue to provide safe transportation. All students must behave appropriately while on the bus. Citations will be issued for misbehavior. Misuse of a pass may result in suspension or termination of transportation privileges **without** a refund.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Jefferson Elementary School District – Transportation Department

## FREE OR REDUCED BUS APPLICATION

### 2019- 2020 SCHOOL YEAR

Please complete all steps of the application and return to:

Jefferson Elementary School District – Student Services

1219 Whispering Wind Drive, Tracy, CA 95377

Questions? Call us at (209) 835-3968

OFFICE USE ONLY							
_____	TTL HH Size	<input type="checkbox"/>	Free	<input type="checkbox"/>	Reduced	<input type="checkbox"/>	Denied
_____	TTL Income	<input type="checkbox"/>	Proof of Income*				
				*Statements & income for all adults in household			
_____	Determining Official	_____	Determining Date				

**Privacy Act Statement:** requires that, unless your child’s SNAP, CalWORKs or FDPIR case number is provided, you must attach a copy of your 2016 Income Tax Return\*, and/or two current paycheck stubs from all adults residing in the home. Verification may include program reviews, audits, contacting employers to determine income, contacting the State’s Employment Development or local welfare offices to determine the amount of benefits received, and checking the documentation produced by household members to prove the amount of income received. Reporting incorrect information may result in being denied district paid transportation. (\*Income Tax Return must show student(s) dependent as an exemption)

#### **SNAP and CalWORKs Information:**

If you do not have a case number skip to Section 2 below. If you are receiving SNAP or CalWORKs, please enter case number below.

**SNAP Case #:** \_\_\_\_\_ **CalWORKs Case #** \_\_\_\_\_

#### **LIST ALL CHILDREN IN THIS HOUSEHOLD (under 21 years of age):**

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Total Number of **CHILDREN** in this household: \_\_\_\_\_

#### **LIST ALL ADULTS IN THIS HOUSEHOLD AND THEIR TOTAL MONTHLY GROSS INCOME.**

#### **DOCUMENTATION & PROOF OF INCOME IS REQUIRED. (COPIES MUST BE ATTACHED IN ORDER TO PROCESS APPLICATION)**

Write the names of those 21 years or older, and anyone else with income in the household, regardless of age.

- TWO CURRENT PAYCHECK STUBS AND ANY OTHER PROOF OF GROSS INCOME FOR ALL ADULTS AT HOME , OR
- 2016 INCOME TAX RETURN

- |          |              |          |              |
|----------|--------------|----------|--------------|
| 1. _____ | \$/Mo: _____ | 4. _____ | \$/Mo: _____ |
| 2. _____ | \$/Mo: _____ | 5. _____ | \$/Mo: _____ |
| 3. _____ | \$/Mo: _____ | 6. _____ | \$/Mo: _____ |

Total Number of **ADULTS** in this household: \_\_\_\_\_

#### **ALL MUST READ AND COMPLETE THIS SECTION**

California Education Code Section 39807.5 Payment of transportation cost; amount of payment: The governing board shall exempt from these charges pupils and parents and guardians who are indigent or handicapped as set forth in rules and regulations adopted by the board. Children participating in the free transportation program will not be overtly identified by the use of special tokens, special tickets, special identification, or any other means.

**Confidentiality** You must include the social security number of the adult signing the application or indicate that the adult signing the application does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the residents in carrying out efforts to verify the correctness of the information stated on the application. These verification efforts may be carried out through program review, audits, and investigations and may include contacting employers to determine income, benefits, contacting State offices to determine the amount of benefits received and checking the documentation produced by residents to prove the amount of income received. These efforts may result in a loss of benefits, administrative claims or legal actions if incorrect information is reported.

*I certify that all of the information on this application as well as on materials I have provided is true and correct and that all individuals and income is reported. I understand that this information is given for the receipt of free or reduced cost transportation services; that school officials may verify the information on the application and the misrepresentation of information may subject me to immediate termination of free or reduced transportation services as well as prosecution under applicable State and Federal laws.*

_____	_____	_____	_____
Signature of Adult Household Member Completing Application	Social Security Number	Home Phone	Date
_____	_____	_____	_____
Printed Name	Total Household Size	Cell Phone	

**COMPLETE BOTH SIDES: ANY INCOMPLETE APPLICATIONS WILL BE RETURNED**