

# Jefferson Times

Alyssa Wooten, Principal  
Lauren Beith, Secretary  
Michele Vinyard, Clerk

August 21, 2017

Dear Jefferson Families,

Monday is the Solar Eclipse and Jefferson School can't wait to view this amazing event. The Solar Eclipse takes place in the Tracy area between 9:02am and 11:39am, but is most visible to us at 10:16am. We will not have a full view of the eclipse but will be able to see most of it. Jefferson School will be providing every student and staff member with approved glasses to view the eclipse. Below are a few links for you to review with your children over the weekend so they are prepared for the solar eclipse on Monday.

When will the eclipse be visible in Tracy? <https://www.timeanddate.com/eclipse/in/usa/tracy>

Want to live stream the eclipse? <https://eclipse2017.nasa.gov/eclipse-live-stream>

Monday is Minimum Day and we will be having a short assembly in the morning at 8:15 to discuss this amazing event, review safety and importance of the wearing the glasses, and to educate all of us on the science of a Solar Eclipse. Furthermore, due to the event, we will not be serving second chance breakfast in the cafeteria. Please send a snack with your child to school if they usually rely on that meal in the morning.

This past week we had a back to school assembly and promoted the importance of students being involved on campus. Jefferson students learned about our Associated Student Body (ASB), sports opportunities, academic competitions, and our music program. Currently we are taking students in our music program and we urge you to contact Ms. Gieseke at [agieseke@sjcoe.net](mailto:agieseke@sjcoe.net) with any questions! We have a wonderful program here at Jefferson and want to expand it even more to provide new opportunities for our students.

Thank you for your support. Please continue to read the newsletter on a weekly basis and do not hesitate to contact me at (209) 835-3053 or at [awooten@sjcoe.net](mailto:awooten@sjcoe.net).

Sincerely,

Alyssa Wooten  
Principal



## FUTURE DATES TO REMEMBER

MJPFA meeting ~ Thursday, August 24<sup>th</sup> Monticello School 2:15pm

KONA ICE – Wednesday, August 30<sup>th</sup> both lunches

MJPFA Annual Carnival ~ Friday, October 20<sup>th</sup> Monticello School  
3-7:30pm

Minimum day - EVERY Monday

Be Responsible

Do Your Best Each Day - Think Before You Speak

## JEFFERSON CREED

Put Others First - Avoid Conflict



# Walk The Beat

Tracy Police is partnering with the community for neighborhood foot patrol once a month. Our goal is to meet and speak with residents on these walks in locations within the Tracy community.

**Please Join Us!**

**Wednesday, August 23, 2017**

**3:00p.m.**

**Edgar Thoming Park**

**1001 Cambridge Place**



*There's a youth development organization in our community that helps young people gain citizenship, leadership, and life skills. It's more than just animals....*

## **Join the Revolution of Responsibility**

# Jefferson 4-H



Please join us for our

First Meeting of the 2017-2018 Year

Community Club Meeting

August 21, 2017

Theme: Summer/Ag Fest

6:00pm located at Traina School Multi-Purpose Room

Accepting sign-ups for Children ages 5-19 years of age

For more information:

Contact: Lucinda Suttle 209-740-7094 or Goldie Hineman 925-202-3027



Jefferson 4-H

*Project groups include: Arts & Crafts, Swine, Sheep, Cooking, Sewing, Rabbits, Dog Training, Turkeys, and Robotics just to name a few!!!*





# GURUS EDUCATION



Registration is Open for Fall Classes 2017!

## PUBLIC SPEAKING, DEBATES, MEDIKIDS & PERSONAL FINANCE CLASSES IN TRACY FOR 1-10 GRADE

### **Building Confidence in Public Speaking: 1 - 3 graders**

Mondays, 4:30 – 5:30 pm  
09/25/2017 - 11/20/2017 (No class on 10/9)  
BARCODE 11288

### **Public Speaking and Debate Combo: 4 - 8 graders**

Mondays, 5:30 – 6:30  
09/25/2017 - 11/20/2017 (No class on 10/9)  
BARCODE 11290

### **Personal Finance: *Spending and Saving*: 5 - 10 graders**

Mondays, 4:30 – 5:30  
09/25/2017 - 11/20/2017 (No class on 10/9)  
BARCODE 11289

### **Medikids - *Health Matters*: 2 - 5 graders**

Fridays, 4:30 – 5:30  
09/29/2017 - 11/17/2017

**Location:** Tracy Transit Station

**Register Today:** Online at [www.tracyartsandrec.com](http://www.tracyartsandrec.com)

Or register in person at the Grand Theatre Center for the Arts located at 715 N Central Ave, Tracy, CA 95376

Contact us with any questions at [209-831-6202](tel:209-831-6202)



More info : [www.guruseducation.com](http://www.guruseducation.com), 510 573 2497 (Tel)/ [info@guruseducation.com](mailto:info@guruseducation.com) (email)

A Fundraiser For -- McHenry House Tracy Family Shelter  
18<sup>th</sup> Year Anniversary

A Community Service Opportunity



# Kids In A Box



*Kids should play in boxes not live in them*

**SEPTEMBER 22<sup>nd</sup> – 23<sup>rd</sup>, 2017**

**FRIDAY 4PM TO 8AM SATURDAY**

**ST. BERNARD'S on EATON AVE.**

Pick up your registration forms **NOW** at McHenry House Tracy Family Shelter Office 739 A Street, Tracy  
OR go online

[www.mchenryhousetracy.org](http://www.mchenryhousetracy.org)

# TRACY HIGH CHEER CLINIC

## JOIN THE TRACY HIGH CHEER TEAM FOR A NIGHT OF FUN & LEARNING!!!

Wednesday Sept. 6, 2017 from 5:30pm-8:00pm  
@ Tracy High School – Main Gym

The cost is \$40.00 per participant and includes:

- Cheer Clinic T-Shirt
- Pizza Dinner
- Instruction in Cheer Technique, Motions, Jumps, & Stunting.
- Half-Time Routine (in a novice, intermediate, or advanced group)
- Half-Time Performance and Free Entrance (with paid adult) to the THS Varsity Football Game on Friday September 8, 2017.

PLEASE COMPLETE THIS FORM (front&back) & RETURN WITH PAYMENT TO:

- The Tracy High Bookkeeper by 8/25/17,
- A Tracy High Cheerleader by 9/1/17, OR
- The day of the clinic for same-day registration (beginning at 5:00pm).

*Shirt sizes will be available on a first come, first serve basis.*

LAST NAME (only 1 form per-household required): \_\_\_\_\_

T-Shirt Sizes Available: YS, YM, YL, AS, AM, AL, or AXL

Participant #1 NAME: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Participant #2 NAME: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Participant #3 NAME: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Referred By: Kaydence Ramirez (Name of Cheerleader or Group referred by)

PLEASE COMPLETE ATHLETIC RELEASE FORM ON BACK – POLICY # IS REQUIRED!

For Questions Contact: [tracyhighcheer@gmail.com](mailto:tracyhighcheer@gmail.com)

**TRACY HIGH SCHOOL ATHLETIC RELEASE FORM**  
**Athletes will NOT be allowed to practice or perform without this form**

STUDENT'S NAME: \_\_\_\_\_ Grade: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY/ZIP: \_\_\_\_\_

Emergency Phones: Hm \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

My student has my permission to participate in the following activity at Tracy High School during the 2015-16 school year (please indicate name of sport):

Fall Sport: CHEER CLINIC Winter Sport: N/A Spring Sport: N/A

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**PHYSICAL REQUIREMENT**

**PHYSICAL  
NOT REQUIRED  
FOR CHEER CLINIC**

(Heart Disease, Diabetes, Epilepsy, Kidney, Convulsions, Hepatitis, Other)

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**INSURANCE REQUIREMENT**

Our personal health or group insurance is adequate to pay for and reimburse us for medical, dental, hospital and surgical expenses that may be incurred due to injuries that may result from participation in the activity. I will continue this medical coverage in force through the time of the activity. I will promptly notify the school in the event insurance coverage changes. (Various types of insurance may be purchased through the school including Tackle Football, School Time Insurance or Full Insurance. Forms are available in the Tracy High School Athletic Office).

\_\_\_\_\_  
Name of personal insurance company

\_\_\_\_\_  
Policy or Group Number

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

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**CONSENT AUTHORIZATION**

I hereby authorize the Tracy Unified School District and its authorize representatives to obtain or provide reasonable medical and/or emergency treatment for my child if he/she becomes ill or injured while participating in the extra- curricular activity. I agree to release and hold harmless the District and its representatives from any and all liability resulting from such injury and/or treatment. (See California Education Code Sections 35330 and 49407. I understand that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary. I understand that the Tracy Unified School District, its employees and its Board assume no liability of any nature in relation to the transportation or treatment of the said minor. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my responsibility.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_