

# HAWKINS ELEMENTARY SCHOOL

475 Darlene Lane, Tracy, CA 95377  
(209) 839-2380 FAX (209) 839-2384

August 1, 2018

*Huskies B.A.R.K.*

***Behavior - Attitude - Responsibility - Kindness***

Dear Hawkins Families,

Welcome to the 2018-2019 Tom Hawkins Elementary School! If you are a returning Hawkins family or are new to our community, we are excited for the opportunity to provide an excellent educational experience for your child. We are eager to rollout some exciting new additions this school year.

Our school community will continue to focus on our positive behavior program – **B.A.R.K.** The four key tenants are **BEHAVIOR**, **ATTITUDE**, **RESPONSIBILITY**, and **KINDNESS** along with our monthly character traits. We will be enhancing this program in our TK-8<sup>th</sup> grade classrooms with new social-emotional curriculum as well as a Husky Bucks incentive student store. Our goal is to see positive changes not only in student behavior, but also in academics. This effort is directly tied to our mission to ensure all students achieve at high levels.

At Tom Hawkins, we work to provide the highest standard of education, develop the whole child, provide a safe school environment, and continuously strive for improvement. The Hawkins staff and parents value programs of instruction in art, music, science, physical education, and character. We know that all students have individual paths to success. Our students are leaders in and out of school and leave the halls of the school well-prepared for high school and beyond. By working together, we can build an exceptional learning community for our children.

Our Welcome Back event is on Friday, August 3<sup>rd</sup> in the multipurpose room from 9:00am to 2:00pm. Families will be able to purchase yearbooks, ASB membership, spirit wear, take school pictures, and pick up student schedules. Please join us if you are available.

As a reminder, the first day of school is Thursday, August 9<sup>th</sup>. This is a minimum day and the release time is at **1:30pm**. I would like to invite you to attend our Back to School Night events. Transitional Kindergarten through 5<sup>th</sup> Grade families will attend on Wednesday, August 15<sup>th</sup>. Our 6<sup>th</sup>-8<sup>th</sup> Grade families will attend on Thursday, August 16<sup>th</sup>. There will be a welcome and orientation in the multipurpose room at 5:30pm. Classrooms will be open from 6:00-7:00pm. For our 8<sup>th</sup> Grade families, there will be a graduation meeting in the multipurpose room at 7:00pm, following Back to School Night. You will have an opportunity to learn about 8<sup>th</sup> Grade activities and volunteer for committees at this meeting. The Hawkins Parent and Faculty Club will be available both evenings if you are interested in joining.

I look forward to the opportunity to serve the Hawkins community this year. If you would like to speak with me directly or have any questions, please contact me at [corsi@sjcoe.net](mailto:corsi@sjcoe.net) or via phone at (209) 839-2380.

Warmest regards,

*Christina Orsi*

Christina Orsi  
Principal



**AUTHORIZATION FOR EMERGENCY TREATMENT AND TRANSPORTATION**

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

I authorize Jefferson School District to dial "911" and to arrange emergency transportation to an emergency treatment center or hospital for my child if s/he is seriously injured or ill.

The undersigned has authorized necessary emergency treatment for the patient whose name appears above and that the treatment and procedures will be performed by medical professionals. The undersigned understands that a personal physician is to be selected by, or on behalf of, the patient within 24 hours if hospitalization or further treatment is required, or immediately, if complications arise.

Financial Responsibility: Parents are reminded that financial responsibility including all costs of paramedic, transportation, hospitalization, and any examination, treatment, or x-ray provided shall be the parent/guardian's responsibility should emergency treatment become necessary.

The undersigned has read the above authorization and understands the same and certifies that no guarantee or assurance has been made as to the result that may be obtained. This authorization for emergency treatment and transportation will remain in effect during the time that the student is enrolled in the Jefferson School District. Authorization is also hereby granted for release to all insurance companies and agencies such information as may be necessary for completion of hospitalization claims.

Does your child have any medical disorders that the school/doctor should be aware of before treatment?

Yes or No – If yes, please describe below:

\_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Group/Policy # \_\_\_\_\_

Primary Physician's Name: \_\_\_\_\_ Physician's Phone #: \_\_\_\_\_

**Print Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



### **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  
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

## WELCOME BACK FROM THE CAFETERIA



2018-2019

Dear Parents,

We hope your children enjoyed the summer. I'd like to take a moment to explain how our school food program works. Each student/family has a household account. This allows siblings to "share" the money in the account. This account is used anytime a student purchases a breakfast or lunch. Breakfast is \$1.50 and Lunch is \$2.80. Milk may be purchased separately for \$.75. You can deposit money into your child(ren)'s account three ways, either cash, check, or online. We serve breakfast before school and at all nutrition breaks.

If you deposit money online, you will need to set up an account on [mymealtime.com](http://mymealtime.com). Directions for this are in this packet. This is a service offered through Mealtime and they charge a small fee for this service. You can also check your child(ren)'s balance and set up to be notified by email when their account balance is getting low. There is no charge for this service. Online deposits are made in real time, they post to accounts immediately.

You can email each site clerk requesting account balances. Hawkins [nmagill@sjcoe.net](mailto:nmagill@sjcoe.net), Monticello [djennings@sjcoe.net](mailto:djennings@sjcoe.net), Traina [ctrovao@sjcoe.net](mailto:ctrovao@sjcoe.net), and Jefferson [slarson@sjcoe.net](mailto:slarson@sjcoe.net).

Charging policy:

Children will be allowed to charge three meals (including breakfast and lunch). After the third charge they will receive option # 3 on the menu until their account is brought current.

If your child(ren) already has a food allergy form (from your Doctor) on file you do not need to fill out a new form. If you need a form you can download one from [www.jeffersonschooldistrict.com](http://www.jeffersonschooldistrict.com) or they are available in each of the school cafeterias and school offices.

We offer a Free and Reduced meal program. We encourage every family to fill out an application. If your child(ren) qualifies for Free or Reduced meals, it includes both breakfast and lunch. Reduced price meals are .30 for breakfast and .40 for lunch. You can either apply with the enclosed application or online. We strongly encourage you to apply online. The approval process is 24-48 hours when you apply online and up to 10 business days with a paper application. Directions for applying online are included in this packet.

If your child(ren) was on the Free and Reduced meal program during the 2017-2018 school year, you have until September 15<sup>th</sup> to turn in a new 2018-2019 application. If you do not turn in a new application by this date, your child(ren) will be terminated from the program. They will be put back to a paid status until a new application is processed. Please allow 24-48 hours for online applications to be processed and 10 business days for paper applications to be processed.

If you have any questions, please feel free to contact me at 209-839-8759 or email [drogers@sjcoe.net](mailto:drogers@sjcoe.net). You can also find information, applications, menus, etc online at [www.jeffersonschooldistrict.com](http://www.jeffersonschooldistrict.com) under the Food Services tab.

On behalf of the entire Food Service department, we look forward to serving your children!

*Debbi Rogers*  
Director of Food Services

In accordance with Federal law & USDA policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, or disability



## MealTime Just Got Easier!

Welcome! Your school district has chosen MealTime Online to provide the opportunity for you to make credit card deposits into your student's cafeteria account or view your student's purchase history via the internet. You may also set up an email notification when your student's account is low.

### To Use MealTime Online:

Visit [www.jeffersonschooldistrict.com](http://www.jeffersonschooldistrict.com) under the departments tab then Food Services tab you will find the link to online payments.

Or go directly to: [www.mymealtime.com](http://www.mymealtime.com)

Step 1: Create a MealTime Online Profile: Click on the "Create new profile" link and enter a Username and Password that you will use to login to MealTime Online. The Username and Password must be at least 6 characters.

Step 2: Add Your Student: Login to your MealTime Online account (using the Username and Password that you created in step 1), click on "Meal Account Deposits" then click the "Add New Student" link and add your student by entering the first name and ID number. You can get their ID number from the cafeteria clerk, school office, Aeries portal or report card.

Step 3: Make a Deposit: Click on the "Make Deposit" link to make a deposit into a school account. There is a transaction fee for making deposits. Click on the "View Details" link next to your student's name to view their account balance and purchase history.

## Applying for Free or Reduced Meals!

Every household has two ways to apply for Free or Reduced meals. You can fill out the enclosed application or you can submit your application online. To apply online go to [www.jeffersonschooldistrict.com](http://www.jeffersonschooldistrict.com) under the Departments tab click Food Services. On the left side click on “Apply Online for Free or Reduced Meals”. It will guide you through the online application process. If you need help with your online application, please call Debbi Rogers at 209-839-8759.

Please allow 48 hours to process an online application and 10 business days for a paper application.

**PLEASE NOTE YOU WILL NEED THE STUDENT ID NUMBER FOR THE ONLINE APPLICATION. YOU CAN GET THE NUMBER FROM THE SCHOOL OFFICE, CAFETERIA CLERK OR A REPORT CARD.**





# FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **Jefferson School District** offers healthy meals every school day. Breakfast costs **\$1.50**; lunch costs **\$2.80**. **Your children may qualify for free meals or for reduced price meals.** Reduced price is **\$.30** for breakfast and **\$.40** for lunch. This packet includes an application for free or reduced price meal benefits. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from **[State SNAP], [the Food Distribution Program on Indian Reservations (FDPIR)]** or **[State TANF]**, are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school’s Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household’s income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year July 1, 2018-June, 30 2019			
Household size	Yearly	Monthly	Weekly
1	22,459	1,872	432
2	30,451	2,538	586
3	38,443	3,204	740
4	46,435	3,870	893
5	54,427	4,536	1,047
6	62,419	5,202	1,201
7	70,411	5,868	1,355
8	78,403	6,534	1,508
Each additional person:	7,992	666	154

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven’t been told your children will get free meals, please call or e-mail **Debbi Rogers at 209-839-8759 or email at [drogers@sjcoe.net](mailto:drogers@sjcoe.net)**.
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Debbi Rogers at 475 Darlene Tracy, Ca 95377.**
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Debbi Rogers at 209-839-8759 or email at [drogers@sjcoe.net](mailto:drogers@sjcoe.net)**, immediately.

5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit **www.jeffersonschooldistrict.com** to begin or to learn more about the online application process. Contact **Debbi Rogers at 209-839-8759 or email at drogers@sjcoe.net.** if you have any questions about the online application.
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: **Debbi Rogers at 475 Darlene Tracy, Ca 95377 Phone number 209-839-8759.**
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact **Debbi Rogers at 209-839-8759 or email at drogers@sjcoe.net.** to receive a second application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **California SNAP** or other assistance benefits, contact your local assistance office or call **1-877-847-3663 (Food)**

If you have other questions or need help, call **209-839-8759**

Sincerely,

**Debbi Rogers**

# 2018-2019 Application for Free and Reduced Price School Meals

{ } New Student

{ } Returning Student

Complete **one application per household**. Please use a pen (not a pencil).

## STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

**Definition of Household Member:** "Anyone who is living with you and shares income and expenses, even if not related."  
 Children in **Foster care** and children who meet the definition of **Homeless, Migrant or Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

Child's First Name	MI	Child's Last Name	Students School	Student? Yes No	Foster Child	Homeless, Migrant, Runaway
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Click all that apply

## STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No

If you answered **NO** > Complete STEP 3. If you answered **YES** > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write only one case number in this space.

## STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Please read **How to Apply for Free and Reduced Price School Meals** for more information. The **Sources of Income for Children** section will help you with the **Child Income** question. The **Sources of Income for Adults** section will help you with the **All Adult Household Members** section.

### A. Child Income

Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

Child income  \$

How often? Weekly  Bi-Weekly  Monthly  Yearly

### B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First, Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Monthly	Yearly			Weekly	Monthly	Yearly			Weekly	Monthly	Yearly	
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

Check if no SSN

## STEP 4 Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available)  Apt #  City  State  Zip  Daytime Phone and Email (optional)

Printed name of adult completing form Signature of adult completing form Today's date

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

**Ethnicity (check one):**

- Hispanic or Latino  
 Not Hispanic or Latino

**Race (check one or more):**

- American Indian or Alaskan Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an

individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

# Solicitud para Comida Escolar Gratuita y de Precio Reducido del 2018-2019

{ } Nuevo Estudiante

{ } Regresar Estudiante

Complete una sola solicitud por hogar. Favor de usar un bolígrafo (no lápiz).

## PASO 1 Haga una lista de todos los bebés, niños y estudiantes hasta el grado 12 miembros de su hogar (si requiere más espacio, agregue otra hoja)

**Definición de Miembro del Hogar:** "Cualquier persona que vive con usted y comparte ingresos y gastos, aunque no sea familia."  
**Niños adoptivos temporales (foster)** que cumplen con la definición de **migrante, sin hogar, o fugitivo** son elegibles para la comida gratuita. Para más información, lea "Como solicitar comida escolar gratuita y de precio reducido".

Primer Nombre del Niño	IM	Apellido del Niño	Estudiante Escuela	¿Estudiante? Sí No	Niño Foster	Migrante, Sin hogar, Fugitivo
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PASO 2 ¿Participa cualquier miembro de su hogar, incluyéndose a usted, en uno o más de los siguientes programas: SNAP, TANF, o FDPIR? Circule su respuesta: Sí / No

Si usted indicó **NO** > Complete PASO 3. Si usted indicó **SÍ** > Escriba aquí el número de su caso y luego continúe con PASO 4.  
 (No complete el PASO 3)

No. de Caso:

Escriba sólo un número de caso en este espacio.

## PASO 3 Declare el ingreso de todos los miembros del hogar (No responda a este paso si usted indicó 'Sí' en el PASO 2)

Favor de leer "Cómo solicitar comida escolar gratuita o de precio reducido" para más información. La sección "Fuentes de ingreso para niños" le ayudará responder a la pregunta sobre el Ingreso del Niño (A). La sección "Fuentes de ingreso para los adultos" le ayudará responder a la pregunta sobre Todos los Miembros Adultos del Hogar (B).

### A. Ingreso del Niño

A veces los niños del hogar ganan dinero. Favor de incluir aquí el ingreso total ganado por todos los miembros del hogar listados en el PASO 1. No tiene que incluir los niños adoptivos temporales (foster).

Ingreso del niño  \$

¿Con qué frecuencia?

semana	quincenal	1x mes	anual
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### B. Todos los Miembros Adultos del Hogar (incluyéndose a usted)

Haga una lista de todos los miembros del hogar no listados en el PASO 1 (incluyéndose a Ud.) sin importar si reciben o no ingresos. Para cada miembro del hogar en la lista que recibe un ingreso, anote el ingreso total de cada fuente en dólares redondeados. Si no reciben ingresos de ninguna fuente, escribe "0". Si usted pone "0" o deja en blanco cualquier espacio, usted certifica (jura) que no hay ingresos.

Nombres y apellidos de los adultos del hogar	Ingresos	¿Con qué frecuencia?				Asistencia pública/ manutención de menores o pensión matrimonial	¿Con qué frecuencia?				Pensión/Jubilación/ otros ingresos	¿Con qué frecuencia?			
		Semana	1x mes	anual			Semana	1x mes	anual			Semana	1x mes	anual	
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Número Total de los Miembros del Hogar (Niños y Adultos)

Los últimos cuatro números del Seguro Social (SSN) del asalariado(a) principal u otro adulto del hogar

Indique si no hay SSN

## PASO 4 Información de contacto y firma de adulto

"Certifico (juro) que toda la información en esta solicitud es cierta y que todo ingreso se ha reportado. Entiendo que esta información se da con el propósito de recibir fondos federales y que los funcionarios de la escuela pueden verificar tal información. Soy consciente de que si falsifico información a propósito, mis hijos pueden perder los beneficios de comida y me pueden procesar de acuerdo con las leyes estatales y federales que aplican."

Calle y número de casa (si está disponible) Apartamento # Ciudad Estado Código Postal Teléfono y correo electrónico (opcional)

Nombre del adulto que completa el formulario (Favor escribir en letra de molde): Firma del adulto que llenó el formulario: Fecha de hoy:

Le pedimos información acerca de la raza y etnicidad de sus niños. Esta información es importante pues nos ayuda a asegurar un servicio pleno a la comunidad. Responder a esta sección es opcional y no afecta la elegibilidad de sus niños para comida gratuita o a precio reducido.

**Etnicidad (Marque uno):**

- Hispano o Latino  
 No Hispano o Latino

**Raza (Marque uno o más):**

- Indio Americano o Nativo de Alaska  
 Asiático  
 Negro o Americano Africano  
 Nativo de Hawái u Otro Isleño del Pacífico Sur  
 Blanco

**La Ley Nacional de Comedores Escolares Richard B. Russell** pide la información arriba en esta solicitud. No tiene que dar la información, pero si usted no la provee, no podemos aprobar comida gratuita o de precio reducido para sus niños. Usted debe incluir los últimos cuatro números del Seguro Social (SSN) del miembro adulto que firma la solicitud. Los últimos cuatro números del SSN no se requieren cuando usted solicita de parte de un niño adoptivo temporal o usted incluye un número de caso del Programa de Asistencia Nutricional Suplementaria (SNAP, por sus siglas en inglés), el Programa de Asistencia Temporal Para Familias Necesitadas (TANF, por sus siglas en inglés) o el Programa de Distribución de Comida en Reservaciones Indígenas (FDPIR, por sus siglas en inglés) u otra identificación FDPIR de su niño. Tampoco necesita indicar el número del SSN si el miembro adulto del hogar que firma la solicitud no lo tiene. Utilizamos su información para determinar si su niño es elegible para la comida gratuita o de precio reducido, y para administrar y hacer respetar los programas de almuerzo y desayuno. Podemos compartir la información sobre su elegibilidad con los programas de educación, salud, y nutrición para ayudarles a evaluar, financiar, o determinar los beneficios de sus programas, así como con los auditores de revisión de programas, y los oficiales encargados de investigar violaciones del reglamento programático.

El Departamento de Agricultura de los Estados Unidos (USDA, por sus siglas en inglés) prohíbe la discriminación contra sus clientes, empleados y solicitantes de empleo basada en raza, color, origen nacional, edad, discapacidad, sexo, identidad de género, religión, o retaliación por haber iniciado una queja de derechos civiles. También se prohíbe la discriminación, cuando es pertinente, basada en creencia política, estado civil, estado familiar o paterno, orientación sexual, información genética, o cuando todo o parte del ingreso de una persona viene de

cualquier programa pública asistencial, en el empleo, o en cualquier programa o actividad realizados o financiados por el Departamento. (No todas las bases prohibidas aplican en todos los programas y/o actividades de empleo.)

Si usted desea poner una queja de derechos civiles de discriminación, complete el Formulario del USDA de Queja de Discriminación que se encuentra en el sitio web, [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html). El formulario también puede obtenerse en cualquier oficina del USDA, o llamando al (866) 632-9992. Envíe por correo el formulario o carta de queja completada a la siguiente dirección: Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, o al fax (202) 690-7442, o por correo electrónico a: [programa.intake@usda.gov](mailto:programa.intake@usda.gov).

Personas sordas, con discapacidad auditiva o de habla, pueden contactar al USDA por medio del Servicio Federal de Retransmisión al (800) 877-8339; o (800) 845-6136 (español).

El USDA es un proveedor y empleador de igualdad de oportunidades.



July 23, 2018

Dear Parent or Guardian,

Your student(s) may be eligible for school bus transportation for the 2018-2019 school year, provided that your student is attending their home school (not on an intra-district or inter-district transfer).

School bus transportation is provided as a service, for a fee, by the Jefferson School District and is provided from the nearest school bus stop (based upon the home address registered with the District) to the student's school of enrollment.

School bus transportation is not fully funded by the state, requiring the Jefferson School District to charge for busing in order to provide the service.

If you are planning to have your student ride the bus to and/or from school, you will need to purchase a bus pass. For your convenience, we are enclosing a bus pass application. The fee schedule is on the application. You may mail this form along with payment (please do not send cash through the mail) to:

Jefferson School District  
Attn: Student Services Department  
1219 Whispering Wind Drive  
Tracy, CA 95377

You may also drop off the application and payment at our office.

**If your student requires transportation beginning the first day of the 2018-2019 school year, a bus pass must be obtained prior to that date.**

The bus pass will be mailed home along with route information prior to the start of school. **All students must show their bus pass upon boarding the bus each school day.**

Bus passes are not refundable unless your student is seriously ill or injured, or moves out of our district. Bus passes must be returned upon request for a refund.

If your student's bus pass is lost, you may purchase a new one for \$2.00. If your child is caught using someone else's pass he or she could lose their riding privileges.

**Rules for riding the bus are enclosed. Please review these rules with your student. No refund will be given if student-riding privileges are suspended due to behavioral problems or violations of the bus rules.**

Applications must be filled out completely and legibly and proper payment must be made before a bus pass will be issued. Again, bus passes must be purchased PRIOR to use of the transportation system.

If you have any questions regarding general transportation information, routes, or bus passes, please call the transportation office at (209) 835-3968 or (209) 839-3760.

Thank you,

*Sam Hagler*

Sam Hagler  
Director of Maintenance, Operations and Transportation  
Jefferson School District





## SCHOOL BUS PASS APPLICATION

2018-2019 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

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

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:	_____

**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 2017-2018

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 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

### 2018-2019 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			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TTL HH Size	Free	Reduced	Denied
_____	<input type="checkbox"/>	Proof of Income*	
TTL 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 2017 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. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

4. \_\_\_\_\_
5. \_\_\_\_\_
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
- 2017 INCOME TAX RETURN

1. \_\_\_\_\_ \$/Mo: \_\_\_\_\_
2. \_\_\_\_\_ \$/Mo: \_\_\_\_\_
3. \_\_\_\_\_ \$/Mo: \_\_\_\_\_

4. \_\_\_\_\_ \$/Mo: \_\_\_\_\_
5. \_\_\_\_\_ \$/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.*

I

\_\_\_\_\_  
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**



# Jefferson Elementary School District

## Transportation Department



### **BUS RULES**

For everyone's safety, BUS RULES MUST BE FOLLOWED AT ALL TIMES:

- Be on time, NEVER run to or from the bus. Arrive at least 5 minutes before bus.
- Stand back from the curb. No pushing or shoving while at the bus stop or while boarding or departing. Wait for the driver's signal before crossing. ALWAYS stand/cross at least twelve (12) feet from the bus.
- DO NOT bring on the bus any glass containers, balloons, skateboards, bats, balls, live animals, live insects or materials of any kind that could cause harm to other students or distract the driver.
- Cell phones or other electronic devices may not be used on the bus.
- Follow the driver's instructions AT ALL TIMES. Disrespectful behavior is NOT allowed.
- All riders MUST wear seatbelts at all times if the bus is so equipped. Bus 1 has seatbelts and the law requires they be worn.
- STAY IN YOUR SEAT! DO NOT stand or change seats while the bus is in motion. Stay in your seat, feet on the floor, face forward and sit upright. Do not change seats without permission of the driver. DRIVER IS AUTHORIZED TO ASSIGN SEATS!
- All riders MUST be silent at railroad crossings.
- NEVER crawl under a school bus.
- DO NOT yell, shout or use profanity.
- DO NOT fight. No horseplay. DO NOT annoy others.
- DO NOT eat, drink, chew gum, or litter on the bus.
- Keep all body parts inside the bus.
- DO NOT bring tobacco, alcohol or weapons on the bus.
- DO NOT deface the bus in any way (including writing, cutting or sticking things to seats or walls). PARENTS WILL BE CHARGED FOR DAMAGES!
- For safety reasons, crutches are allowed ONLY if the rider can board and depart bus WITHOUT use of the crutches.
- All students must show their bus pass before entering the bus.

**Students in violation of any of the bus rules will be subject to the following actions:**

1. Verbal Warning
2. Written citation with copy sent home to parent(s)/guardian(s) to sign
3. Three (3) day suspension – parent(s)/guardian(s) contacted
4. Ten (10) day suspension – parent(s)/guardian(s) contacted
5. Termination – no transportation for remainder of year

**Students may be given IMMEDIATE suspension or termination from the bus, depending on the severity of the student's actions.**



2018- 2019 School Year

RE: Voluntary Student Accident Insurance

Dear Parents:

The Jefferson School District would like to provide you with some valuable information about Voluntary Student Accident Insurance.

The Student Accident Insurance Program, underwritten by Gerber Life Insurance Company, allows a choice of three school time plans. Plan A provides a high level of coverage for the cost of \$43.00, Plan B provides a medium level of coverage for the cost of \$28.00, and Plan C provides a basic program for the cost of \$14.00. These plans include the basic dental insurance coverage, however, you can opt to purchase the Extended Dental benefit at the premium cost of \$8.00. For additional premiums, the option of 24-Hour Coverage (year-round and worldwide) and Tackle Football coverage is available to parents through all plans.

We urge you to consider carefully the extent of coverage afforded by this program. Enrolling your student in low-cost insurance now may ease your concerns considerably should an injury occur in the future.

To enroll:

- Direct submission: through our secure web portal, [www.studentinsuranceusa.com](http://www.studentinsuranceusa.com), you can complete your Student Accident Insurance application directly on our website. The applications for insurance will be effective immediately and a policy number and insurance card will be available right away. This system is equipped to accept credit, debit, and e-checks for parent's convenience.
- Web "download": through our secure web portal, [www.studentinsuranceusa.com](http://www.studentinsuranceusa.com), you can fill out and print your Student Accident Insurance application directly from our website. Parents who would like to send certified funds will continue to have the option to do so, we would need to receive the hard copy application and cashier's check or money order in our offices for the policy to be effective.

More information regarding each program can be obtained by contacting the vendor directly at:

Student Accident Insurance Program  
(800) 367-5830

Please give this program your careful consideration.

Sincerely,

*Mindy Maxedon*

Mindy Maxedon  
Chief Business Officer

**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.

**DRESS AND GROOMING** (continued)

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.

**DRESS AND GROOMING** (continued)

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



## Jefferson School District 2018 - 2019 Instructional Calendar

JULY				
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			

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

SEPTEMBER				
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**

### Total Instructional School Days

August	17
September	18
October	23
November	16
December	14
January	18
February	18
March	20
April	16
May	20
	<hr/> 180

OCTOBER				
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		

NOVEMBER				
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

DECEMBER				
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
31				

JANUARY				
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	











FEBRUARY				
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	

MARCH				
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

APRIL				
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			

MAY				
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*	<del>30</del>	31

JUNE				
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

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		Full day
Teachers First/Last Work Day		Half day
End of First/Second Trimester		
P/T Conference (no students)		
Professional Development Day (MOU) (no students)		
Professional Development Buy Back Day (no students)		



## 5th-8th Grade Bell Schedules

\*1<sup>st</sup> Period contains additional time for announcements and lunch count.

<b>Regular Schedule</b>	
Class Period	Time
1	8:15-9:05*
2	9:08-9:55
3	9:58-10:45
<b>BREAK</b>	10:45-10:55
4	10:58-11:45
5	11:48-12:35
<b>LUNCH/RECESS</b>	12:35-1:20
6	1:23-2:10
7	2:13-3:00

<b>Minimum Day Schedule</b>	
Class Period	Time
<b>Unity Assembly</b>	8:15-8:27
<b>Second Step</b>	8:30-9:05
1	9:08-9:35
2	9:38-10:05
<b>BREAK</b>	10:05-10:15
3	10:18-10:45
4	10:48-11:15
5	11:18-11:45
6	11:48-12:15
<b>LUNCH/RECESS</b>	12:15-1:00
7	1:03-1:30

<b>AM Assembly Schedule</b>	
Class Period	Time
1	8:15-9:00*
2	9:03-9:40
<b>ASSEMBLY</b>	9:45-10:45
<b>BREAK</b>	10:45-10:55
3	10:58-11:35
4	11:38-12:15
<b>LUNCH/RECESS</b>	12:15-1:00
5	1:03-1:40
6	1:43-2:20
7	2:23-3:00

<b>PM Assembly Schedule</b>	
Class Period	Time
1	8:15-8:59*
2	9:02-9:40
3	9:43-10:21
<b>BREAK</b>	10:21-10:31
4	10:34-11:12
5	11:15-11:53
6	11:56-12:34
<b>LUNCH/RECESS</b>	12:34-1:19
7	1:22-2:00
<b>ASSEMBLY</b>	2:00-3:00



## TK/K

- 10 glue sticks (no purple)
- 1 box Crayola crayons (48-64)
- 1 palatte Crayola oval watercolors
- 1 pump container hand sanitizer
- 1 container cleaning wipes
- 1 package baby wipes
- 1 box Band-Aids
- 1 box Crayola colored pencils classic colors
- 1 box tissue

## 1<sup>st</sup> Grade

- Standard sized backpack without wheels
- 1 Homework folder
- 1 large glue stick .77oz
- 2 red correction pencils
- 1 box Crayola colored pencils classic colors
- 1 box 16 count Crayola crayons
- 1 colored sock (for erasing white boards)
- 1 pkg broad line washable markers
- 6 black dry erase markers, thin
- 6 black dry erase markers, thick
- 1 black sharpie
- 3 large boxes of baby wipes
- 1 set of earbuds
- 1 pencil sharpener (small & large pencils)
- 1 large box of tissue
- 1 box of plastic bags:
  - Gallon size for students with A-L last names; Sandwich size for students with M-Z last names

## 2<sup>nd</sup> Grade

- Standard sized backpack without wheels
- 2 two pocket folders
- 3 boxes Kleenex
- 1 box (50 count) of quart size ziplock bags
- 2 package color crayons (24 count)
- 10 large glue sticks
- 4 packages pre-sharpened pencils
- 3 packages of 100 4x6 index cards: ruled on one side, solid on one side
- 1 large bottle hand sanitizer
- 1 package baby wipes
- 2 black Expo dry erase markers
- 1 black Sharpie
- 1 yellow highlighter
- 1 pair of earbuds that fit comfortably (please place in a small baggie and label with your child's name)
- Homework Supply Kit: glue sticks, scissors, sharpened pencils, color crayons or pencils, ruler (inches and centimeters)

## 3<sup>rd</sup> Grade

- 3 composition notebooks (wide ruled)
- 3 folders with a pocket
- 1" clear view binder
- 1 box Kleenex
- 2 dozen #2pencils and hand sharpener
- 1 set thin colored markers
- 1 box crayons
- 1 box colored pencils
- Ruler, scissors, pencil box
- 3 black Expo dry erase markers
- 5 glue sticks
- Earbuds



## 4<sup>th</sup> Grade

- 1 small pencil box for desk
- 3 two-pocket folders
- 5 standard wide ruled composition books (2-blue, 1-green, 2-black)
- 1 set of earbuds
- Colored pencils, markers, and crayons
- Highlighter
- Pencils (students average 2 per week)
- Pens to correct homework
- Pair of scissors
- 2 Dry erase markers
- 6 glue sticks
- 1 box tissue
- 1 box gallon ziplocs
- 1 box of band-aids
- PE shoes (Athletic with laces and/or Velcro. No thick soles – Heelies/skater style)

## 5<sup>th</sup> Grade

- 5 Composition notebooks-*not spiral (one of each color (blue,black,red,green,yellow))*
- One 2-inch white binder with clear view
- One pack of dividers (5)
- 1 pronged folder with pockets
- 24 glue sticks
- Small pair of scissors Plenty of markers, colored pencils & crayons
- 3 Highlighter (different colors-1 yellow)
- 6 blue & black ink pens
- 1 pack graph paper
- 1 pack wide ruled binder paper
- Large supply of #2 sharpened pencils
- 3 rolls of scotch tape
- 2 packs 3x5 white ruled index cards
- 1 pencil pouch with 3 holes
- 3 black low odor EXPO markers
- 1 pair of earbuds for computer use
- 4 boxes of Kleenex
- 1 bottle of hand sanitizer
- 1 box of Ziploc bags (gallon & sandwich)
- 1 pack address labels (1" x 2 5/8")
- PE shoes (Athletic with laces and/or Velcro. No thick soles – Heelies/skater style)
- NO WHITE OUT!!

## 6<sup>th</sup> Grade

- 7 Composition notebooks
- Set of colored pencils
- Highlighter set (3 colors)
- 8 dry erase markers and eraser
- Pencil sharpener
- 12 #2 pencils
- Blue, black, and red ink pens (no clickers)
- 12 glue sticks
- 5 pads of 3x3 sticky notes
- 1 package lined binder paper
- 1 package graph paper
- Scissors
- 5 boxes of tissue for classroom
- 2 hand sanitizers
- Protractor
- Ear bud head phones
- PE shoes (Athletic with laces and/or Velcro. No thick soles – Heelies/skater style)

## 7<sup>th</sup> Grade

- 1 ½" binder
- 1 Set of binder dividers
- College rule binder paper 1 pack)
- 3 composition notebooks
- 3 large plastic cover notebooks 8.5x11 (History, Reading & ELA)
- 4 Folders (History, Math, Reading & ELA)
- 5 packs of Post it notes (3 x 3)
- Index Cards
- Pens (black, red & blue only)
- Pencils (Regular & colored), Erasers
- Highlighters (of different colors)
- Glue Sticks (20-30 for entire year)
- Dry erase markers (2-3)
- Ear buds/head phones
- Markers, Ruler & Scissors
- Hand Sanitizers & Tissues
- PE shoes (Athletic with laces and/or Velcro. No thick soles – Heelies/skater style)

## 8<sup>th</sup> Grade

- 3 lined composition books
- 3 large plastic cover notebooks 8.5x11 (History, Reading & ELA)
- 4 Folders (History, Math, Reading & ELA)
- 5 packs of Post it notes (3 x 3)
- Index Cards
- Pens (black, red & blue only)
- Pencils (Regular & colored), Erasers
- Highlighters (of different colors)
- Glue Sticks (20-30 for entire year)
- Dry erase markers (2-3)
- Ear buds/head phones
- Markers, Ruler & Scissors
- Hand Sanitizers & Tissues
- PE shoes (Athletic with laces and/or Velcro. No thick soles – Heelies/skater style)

We are excited to let you know that Jefferson School District utilizes a communication platform within Aeries called Communications.

Communications is a simple tool that allows for quick, easy and secure engagement with parents, students, and staff. How does Communications allow parents to remain up-to-date with district, school, and classroom communication?

1. Parents/guardians can customize notification preferences - email, phone calls, and/or text messaging
2. Parents/guardians can respond to direct messages straight from email
3. Parents/guardians can create and receive messages in their preferred language

Next steps:

- Get Started right away by logging into the Aeries portal and click on Communications
- Once inside, you can customize your preferences
- Respond Start (or Stop) to the opt-in text message  
OR
- Simply let all communication land in your inbox

If you have any questions please consult the school office (209) 839-2380, refer to Parent/Guardian Walkthrough or contact Aeries support for more information.



# Aeries Communication

Powered By  
Signal Kit

Parent & Guardian Walkthrough



# Your Feed

## 1 Announcement Feed

The chronological feed of announcements from the district, schools, classes, and groups that you or your child belong.

## 2 Schools, Classes, Groups

To filter your feed down to a specific school, class or group, just click on the name within the side menu.

## 3 Follow Groups

Click on the plus button next to groups and check out groups to follow in your school.

## 4 Direct Messages

Use Direct Messages to start a one-to-one conversation with a teacher or school administrator.

## 5 Settings

To update your profile and notification settings, click on your avatar in the lefthand menu.

## 6 Help

Unsure of something? Click here to visit the support site for FAQs and further assistance.

The screenshot displays the Signal Kit app interface. On the left is a white navigation sidebar with a user profile at the top (marked with a red '5'), a menu icon (marked with a red '2'), a direct message icon (marked with a red '4'), and a list of categories: 'SCHOOLS' (with 'Brookridge Elementary' listed), 'CLASSES' (with 'Mrs. Butler 3-A' and 'Mr. Wilson 2-A' listed), and 'GROUPS' (with 'Youth Basketball' listed and a plus sign icon marked with a red '3'). The main content area has a blue header with a sun icon, the text 'JAMESTOWN DISTRICT', and a personalized greeting 'Good Morning, Amy!' (marked with a red '6'). Below the header, the first announcement is from 'Signal Kit' (marked with a red '1') addressed to 'Rachelle Butler' (marked with a red '3'). The message text reads: 'Welcome to Signal Kit. This feed is where announcements will show up. The navigation on the left lets you filter this stream of content. Take a look around. If you need any help just click the (?) at the top of the page.' The time 'Just Now' is shown at the bottom right of the message. The second announcement is from 'Brookridge Elementary' (marked with a red '6') addressed to 'All School' (marked with a red '3'). The message text reads: 'Just a reminder to all parents that the annual book fair will begin next Monday the 28th and run through the'.

# Direct Messages

## 1 Direct Message Toggle

Click on the  icon to jump over to Direct Messages.

## 2 Create a new message

After clicking on the "Create a new message" button just type in your recipient, enter your message and send it.

## 3 Message Archive

Here you can quickly jump back into your recent conversations or search your recipient history.

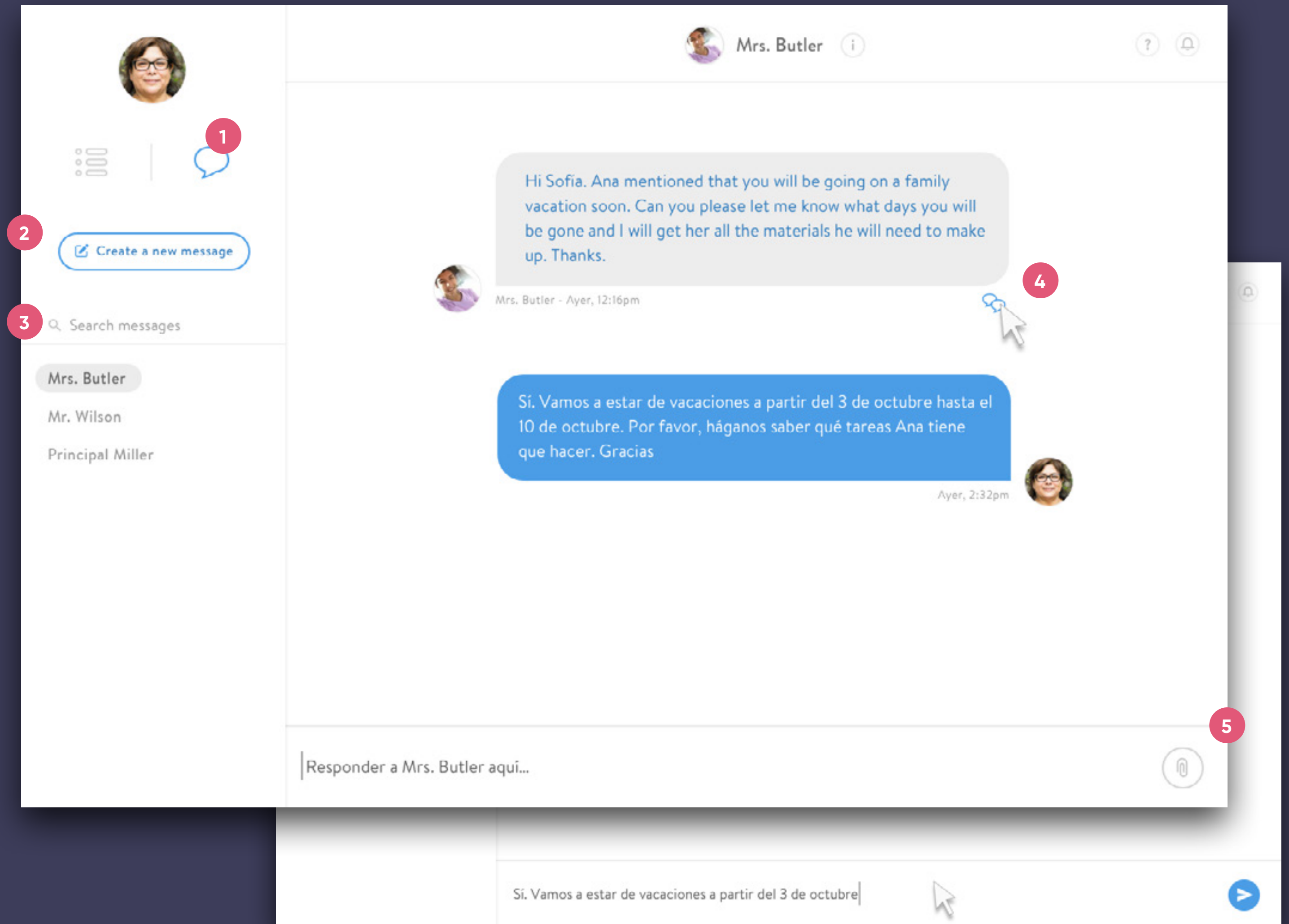
## 4 DM Auto-Translation

When sending a message, the app instantly translates it for both parties based on their preferred language (editable within Personal Settings). If you want to view the original message just tap this translation toggle.

## 5 Message Entry / Send Attachment

Here you can either type your message or send an attachment (paper clip icon). When you begin typing, the Send button will replace the Attachment button.

Messages are delivered instantly inside the app. Depending on how the recipient has notifications set up, he/she will be notified via email or SMS text if a message is received while offline.



# Profile Settings | Personal Info

## 1 Settings Menu

Click on your avatar to open your settings.

## 2 Photo

To upload or change your profile photo just click on the large avatar and follow the upload instructions.

## 3 Display Name

Click on your name to edit how your name will be displayed within the app.

## 4 Add / Edit

To add an email or phone number, click on the plus next to its section. To edit a field, just click on it and make any changes. Please note: Your district may have these locked and require contact info changes be made elsewhere.

## 5 Language Preference

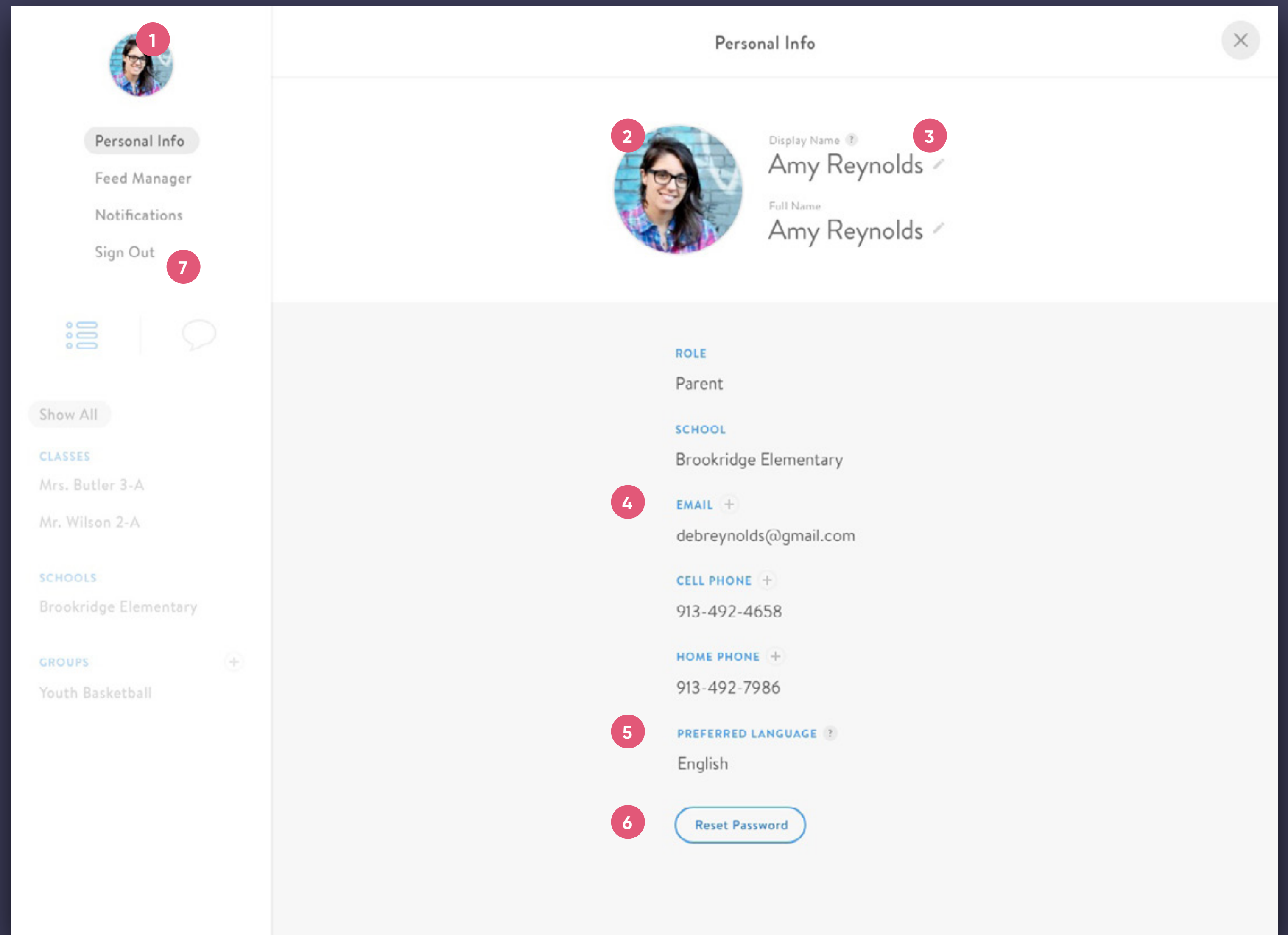
Adjust your preferred language to receive translated announcements and direct messages.

## 6 Reset Password

To change your password just click here and follow the simple instructions. If you are accessing the app from within another solution this button may not be visible.

## 7 Sign Out

If you are accessing the app from within another solution this button may not be visible.





# Profile Settings | Feed Manager

## 1 Feed Manager

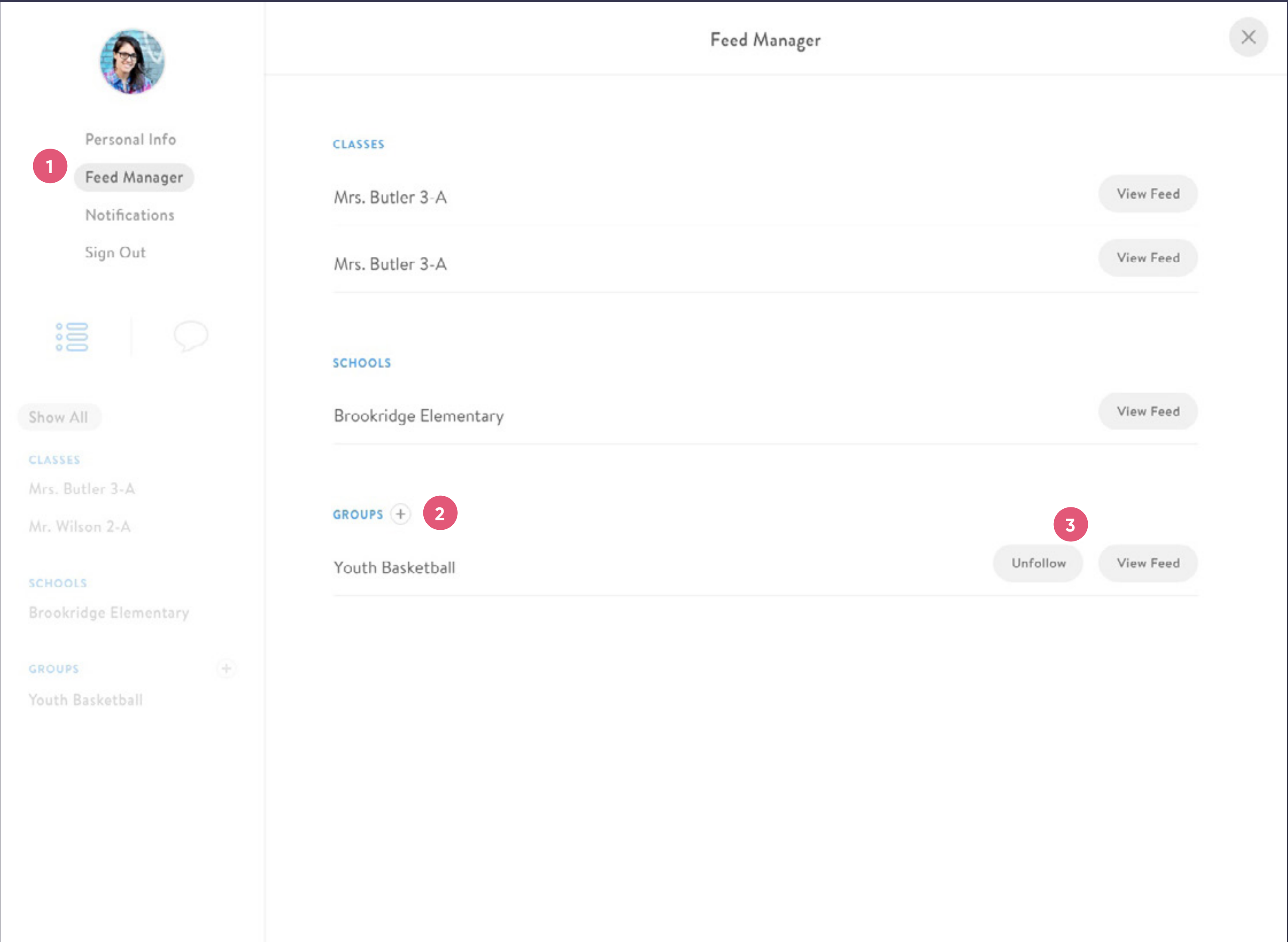
The next item under profile settings is your Feed Manager. This is where you can edit what appears in your announcement feed and what you are notified about.

## 2 Add

To start following a new group, click on the plus button to browse the public groups in your district.

## 3 Unfollow

To stop following a group just click the Unfollow button.



# Profile Settings | Notifications

## 1 Notification Settings

Only want certain kinds of announcements sent to your phone or email? Here you can click/unclick the check-boxes to update these granular settings. Depending on your district's integration certain Auto-Alerts may not currently be available.

	Phone Call	SMS Text	Email
Direct Message Recieved	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Class Announcements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Group Announcements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
General District Announcements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
General School Announcements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Attendance Alerts	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lunch Balance Alerts	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Grade Alerts	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Emergency Announcements i.e. Weather closures, school lockdown These notifications cannot be turned off	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

# Activity

## 1 Activity Alert

Check out the Activity Panel by clicking on the activity "bell" icon.

## 2 Activity Panel

Similar to other social apps, the Activity Panel shows you a quick overview of the activity related to your account. Click on anything within the Activity list to be taken to that specific Announcement or DM conversation.

The screenshot shows a social media interface. On the left is the 'Activity Panel' with a user profile picture at the top. Below it are icons for a list and a message. The panel is divided into sections: 'Show All', 'SCHOOLS' (with 'Brookridge Elementary'), 'CLASSES' (with 'Mrs. Butler 3-A' and 'Mr. Wilson 2-A'), and 'GROUPS' (with 'Youth Basketball' and a plus icon). On the right is a direct message conversation with 'Mrs. Butler 3-A'. The message header includes a search icon, a help icon, and a notification bell icon with a red '1'. The message content shows two messages from 'Mrs. Butler' to 'Mrs. Butler 3-A'. The first message, marked with a red '2', says: 'Just a reminder to all parents that the permission slip for next week's field trip need to be returned to me by this Friday (9/13). Thanks!'. The second message says: 'We will be having a class in the park next Wednesday Dress accordingly and bring a snack if you want.' Both messages have a 'Just' timestamp. A notification bell icon with a red '1' is also visible in the top right corner of the message view.