

BUS CONDUCT RULES

In order to insure the safety of all students riding our school buses, the "Bus Conduct Rules" are handed out at the beginning of the school year.

1. Students shall be at the bus stop five minutes before the scheduled pick-up time. Crowding and pushing at the bus stop is prohibited.
2. Each student may be assigned a seat and shall not be permitted to move from the assigned seat except upon permission of the bus driver or the Principal.
3. Students shall sit up in their seats and face the front of the bus, keeping feet out of the aisle. Students are prohibited from standing up or being out of their seats while the bus is in motion.
4. Students are prohibited from putting any part of the body, head, or arms out of bus windows.
5. Students are prohibited from interfering with another student or molesting the property of another student.
6. The following are prohibited:
 - a. Throwing objects (balls, paper, pencils, clothing, etc.). Throwing objects will cause the immediate loss of bus privileges.
 - b. Excessive noise (yelling, whistling, swearing, or playing musical instruments).
 - c. Fighting or throwing articles, including shooting rubber bands.
 - d. Eating, drinking, or chewing gum.
7. Glass jars, animals, or pets are prohibited.
8. Whenever it is necessary for a student to cross over a highway when being taken home, he/she will wait behind the front of the bus until directed by the bus driver to cross the street safely.
9. Students will not be allowed to get off at any stop other than their regular stop without a permission slip signed by their parent and approved by the Principal.
10. Students damaging upholstery and equipment will be liable for cost and repair.
11. Persistent refusal to submit to the authority of the bus driver or to obey the rules shall be sufficient reason to deny transportation to a student.

CONSEQUENCES FOR THE VIOLATION OF BUS CONDUCT RULES

FIRST VIOLATION: Warning by Principal, notification of parent, punishment may be administered.

SECOND VIOLATION: Student may ride home that night, but will not be permitted on any bus for five (5) school days and until the parents and student have had a conference with the Principal.

THIRD VIOLATION: Exclusion from riding ANY bus for the remainder of the school year unless reinstated by the Principal.

Appointments for consideration of reinstatement may be scheduled with the Principal by calling the School Office, between 8:00 a.m. and 3:30 p.m., Monday through Friday.
Helen Wilcox School: 533-7626 Palermo School: 533-4708

It is requested that the Bus Conduct Rules and Consequences for the Violation of Bus Conduct Rules be carefully reviewed and discussed by both parents and students.

PALERMO UNION SCHOOL DISTRICT COMPUTER/NETWORK ACCEPTABLE USE AGREEMENT

THE FOLLOWING FORM MUST BE READ AND SIGNED BY STUDENTS/ PARENTS/GUARDIANS

We agree to abide by the following restrictions. We have discussed these rights and responsibilities.

We further understand that the Palermo Union School District does not have control of the information on the Internet, although it attempts to provide prudent and available barriers. Other sites accessible via the Internet may contain material that is illegal, defamatory, inaccurate, or potentially offensive to some people. The Palermo Union School District's intent is to make Internet access available to further its educational goals and objectives, however, students/employees may have the ability to access other materials, which may be inappropriate.

The Palermo Union School District believes that the benefits to educators and students from access to the Internet far exceed any disadvantages of access. Ultimately, administration, parent(s) and guardian(s) of minors are responsible for setting and conveying the standards that their employees/students should follow. To that end, the Palermo Union School District supports and respects each family's right to decide whether or not to allow their student access to the Internet through the Butte Educational Network.

We understand that student access to the Butte Educational Network exists to support the Palermo Union School District's educational responsibilities and mission. The specific conditions and services that are offered will change from time to time. In addition, Palermo Union School District makes no warranties with respect to the Butte Educational Network service and it specifically assumes no responsibilities for:

<ul style="list-style-type: none">• The content of any advice or information received by a student from a source outside the Palermo Union School District, or any costs or charges incurred as a result of seeking or accepting such advice• Any costs, liability or damages caused by the way a student/employee chooses to use his/her network access	<ul style="list-style-type: none">• Any consequences of service interruptions or changes even if these disruptions arise from circumstances under the control of the Palermo Union School District• While Palermo Union School District supports the privacy of electronic mail, students/employees must assume that this cannot be guaranteed.
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BY SIGNING THIS FORM, THE FOLLOWING TERMS ARE AGREED TO:

- Use of the Butte Educational Network must be consistent with the Palermo Union School District's primary goals.
- I will not use the Butte Educational Network for illegal purposes of any kind.
- I will not use the Butte Educational Network to transmit, view, access, post, submit, download, publish or display harmful matter or material that is threatening, obscene, disruptive or sexually explicit, or that could be construed as harassment or disparagement of others based on their race, national origin, sex, sexual orientation, age, disability, religion or political beliefs.
- I will not use the Butte Educational Network to interfere with or disrupt network users, services or equipment. Disruptions includes, but are not limited to, distribution of unsolicited advertising, propagation of computer viruses, and using the network to make unauthorized entry to any other machine accessible via the network. I will print only to my local printer or to the printer designated by my supervisor/instructor.
- It is assumed that information and resources accessible via Butte Educational Network are private to the individuals and organizations which own or hold rights to those resources and information unless specifically stated otherwise by the owners or holders of rights. Therefore, I will not use Butte Educational Network to access information or resources unless permission to do so has been granted by the owners or holders of rights to those resources or information.

A violation of these rules will result in the following discipline. The first infraction will result in removal from the computer network for one (1) week (parent/guardian notification). The second infraction will result in removal from the computer network (for the remainder of the semester with letter to parent/guardian).

Consequences of violations for students include but are not limited to: suspension of information network access, revocation of information network access, suspension of network privileges, revocation of network privileges, suspension of computer access, revocation of computer access, school suspension, school expulsion, and applicable legal action and prosecution by the authorities.

I hold Palermo Union School District harmless of any unforeseen conditions resultant from the use/misuse of the Palermo Union School District's intranet structure. I hold Palermo Union School District harmless of any unforeseen conditions resultant from the use/misuse of any server outside the classroom/office.

STUDENTS

I understand and will abide by the above Internet Acceptable Use Agreement as presented by Palermo Union School District. I further understand that any violation of the regulations above constitutes unethical behavior and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked or my employment terminated. At such time that I no longer qualify for e-mail and internet services from Palermo Union School District, I understand that all services will be terminated.

PARENTS/GUARDIANS

As a Parent or Guardian of this student, I have read the Palermo Union School District's Internet Acceptable Use Agreement. I understand that this access is designed for educational purposes. I also recognize it is impossible for Palermo Union School District to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give permission to issue an account for my child and certify that the information contained on this form is correct.

SPONSORING TEACHER

I have read the Palermo Union School District's Internet Acceptable Use Agreement and agree to promote this agreement with the student. Because the student may use the network for individual work or in the context of another class, I cannot be held responsible for the student's use of the network.

**PALERMO UNION SCHOOL DISTRICT
PROMOTION/ACCELERATION/RETENTION CRITERIA**

Grades K-3 (Reading):

1. Earn an "average" or an "above average" grade in reading on his/her report card.
---and---
2. Read "at grade level" (for example, a second grader will score at the second grade reading level on the Accelerated Reader STAR Test).
---and---
3. Earn a score of proficient on two of the three grade level multiple assessments in Reading.

Grade 4 (Reading/Language Arts and Math):

1. Earn an "average" or an "above average" grade in Reading/Language Arts and Math on his/her report card. (Both the Reading/Language Arts and Math will be averaged together.)
---and---
2. Earn a score of proficient on two of the three grade level multiple assessments in Reading/Language Arts.
---and---
3. Earn a score of proficient on two of the three grade level multiple assessment in Math.

Grades 5-8 (Reading/Language Arts and Math):

1. Earn a grade point average (GPA) of 1.67 (C- average for the entire school year) in Reading/Language Arts and Math. (Both the Reading/Language Arts and Math grades will be averaged together.)
---and---
2. Earn a score of proficient on two of the three grade level multiple assessments in Reading/Language Arts.
---and---
3. Earn a score of proficient on two of the three grade level multiple assessment in Math.

Also for 8th Graders:

In addition to the above requirements, an eighth grader must earn an overall 2.0 yearly average grade point average (2.0 GPA), as per Board Policy #6146.5, in order to be promoted to ninth grade, to graduate and receive a diploma, and to participate in the graduation ceremony.

Special note: Any K-8 student who does not achieve all of the criteria for his/her grade level will be retained.

LETTER TO HOUSEHOLDS ABOUT THE NATIONAL SCHOOL LUNCH PROGRAM AND THE SCHOOL BREAKFAST PROGRAM FOR 2006-2007 SCHOOL YEAR

Dear Parent or Guardian:

The Palermo Union School District/Agency takes part in the National School Lunch and/or School Breakfast Programs. Meals are served every school day at participating schools. Students may buy lunch for \$1.75 and/or breakfast for \$1.00. Eligible students may receive meals free or at a reduced price of \$.40 for lunch and/or \$.30 or breakfast. Students may also buy milk for \$.25.

- **This district/agency participates in Direct Certification:** In a school participating in a meal program, your child is automatically certified to receive free meals, if your household currently receives Food Stamp (FS), or if your child receives California Work Opportunity and Responsibility to Kids (CalWORKs), Kinship Guardianship Assistance Payments (Kin-GAP), or Food Distribution Program on Indian Reservations (FDPIR) benefits. (See "HOW TO APPLY - FOOD STAMP BENEFITS" below.)
- A foster care child who is the legal responsibility of the welfare agency or ward of the court may be eligible to receive meals free or at a reduced price regardless of your income. Foster children must have a separate application from other children in your household, and their eligibility is based on their "Personal Use Income." (See "HOW TO APPLY - FOSTER CARE" below.)
- If you do not receive benefits automatically qualifying your child for free meals, you may apply for free/reduced-price meals for your child(ren). If your total **household** income is the same or less than the amounts on the income scale below, your child may receive meals free or at a reduced price. "Household" means a group of related or non-related individuals who are living as one economic unit and sharing **living expenses**. "Living expenses" include rent, clothes, food, doctor bills, and utility bills. (See "HOW TO APPLY - INCOME HOUSEHOLDS" below.)

HOW TO APPLY

FOOD STAMP, CalWORKs, KIN-GAP, and FDPIR BENEFITS — If your household receives Food Stamps (FS), or if your child receives CalWORKs, Kin-GAP, or FDPIR benefits, you **DO NOT COMPLETE A MEAL APPLICATION**. School officials will notify you of your child(ren)'s eligibility for free meals. If you are not contacted by **Sept. 15th** but think your child(ren) is/are eligible for free meals, please contact the school. You may need to complete an application.

FOSTER CARE CHILDREN or CHILDREN PLACED IN OUT-OF-HOME CARE — Complete a separate application for each child who is the legal responsibility of the welfare agency or is a ward of the court. Write the name of the child and the specific school the child attends. If the child receives personal-use income, list the amount of income. Personal-use income is (a) money given by the welfare office identified by category for the child's personal use, such as clothing, school fees, and allowances; and (b) all other money the child receives, such as money from family and earnings from full-time or regular part-time employment. The foster parent or agency official must sign the application.

INCOME HOUSEHOLDS (wages, salary, pensions, etc.) — To apply for free or reduced-price meals for your child(ren), complete the attached **Application for Free and Reduced-Price Meals or Free Milk**, sign it, and return it to the school as soon as possible. The application cannot be approved unless it contains complete eligibility information. If you do not enter a FS, CalWORKs, Kin-GAP, or FDPIR case number for each student listed on the application, you must enter the following (go to next column):

- The names of all school-age children in your household and the school(s) they attend
- The names of all other children in your household who do not attend school
- The names of all adults and other household members, the amount each person received last month, and the source of income
- The Social Security number of the adult household member who signs the application or indicate "none" if the adult does not have a Social Security number.

An application must be completed, with all household members and income listed, for a child who is living with relatives or friends, whether or not the child is a ward of the court.

An adult household member must sign the application.

* A household of one means a foster child, a child in out-of-home

INCOME ELIGIBILITY GUIDELINES

July 1, 2006 - June 30, 2007

household size	YEAR	month	TWICE	EVERY	
			PER	TWO	
			month	WEEKS	WEEK
1	\$ 18,130	\$ 1,511	\$ 756	\$ 698	\$ 349
2	24,420	2,035	1,018	940	470
3	30,710	2,560	1,280	1,182	591
4	37,000	3,084	1,542	1,424	712
5	43,290	3,608	1,804	1,685	833
6	49,580	4,132	2,066	1,907	954
7	55,870	4,656	2,328	2,149	1,075
8	62,160	5,180	2,590	2,391	1,196

For each additional family member, add:

care, or a pupil who is his/her sole support.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). The USDA is an equal opportunity provider and employer.

CURRENT INCOME—The amount of income each household member received last month, before taxes or anything else is taken out, and where it came from, such as earnings, welfare, pensions, and other income. If any amount last month was more or less than usual, write the usual monthly income or project the annual income. To calculate monthly income: **Weekly x 4.33; every two weeks x 2.15; twice a month x 2.**

INCOME TO REPORT

EARNINGS FROM WORK	WELFARE CHILD SUPPORT ALIMONY	PENSIONS RETIREMENT SOCIAL SECURITY	OTHER INCOME
Wages, salaries and tips, strike benefits, unemployment compensation, workers' compensation, net income from self-owned business or farm	Public assistance payments, welfare payments, alimony, and child support payments	Pensions, supplemental security income, retirement payments, Social Security Income (SSI) (including SSI a child receives)	Disability benefits; cash withdrawn from savings; interest and dividends; income from estates, trusts, and investments; regular contributions from persons not living in the household; net royalties and annuities; net rental income; any other income

FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)—Households participating in the FDPIR are categorically eligible for free meals or milk. The FDPIR is authorized by Section 4(b) of the Food Stamp Act of 1977. Under this section, eligible households may elect to participate in either the Food Stamp Program or the FDPIR.

Since households are afforded the option to participate in either program, FDPIR households have been determined to receive the same categorical benefits as Food Stamp households.

SOCIAL SECURITY NUMBER—The application must have the Social Security number of the adult who signs it. If the adult does not have a Social Security number, write "none" or something else to show that the adult does not have a social security number. If a Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number for the child is listed, or if the application is for a foster child, a social security number is not required.

APPLYING FOR BENEFITS—You may apply for benefits at any time during the school year. If you are not eligible now but your income goes down, you lose your job, your family size becomes larger, or you become eligible for Food Stamp, CalWORKs, Kin-GAP, or FDPIR benefits, you may submit an application at that time.

VERIFICATION—School officials may check the information on the application at any time during the school year. You may be asked to send information to prove your income, or current eligibility for Food Stamp, CalWORKs, Kin-GAP, or FDPIR benefits. Refer to the application for more detailed explanation.

MEALS FOR DISABLED—If you believe your child needs a food substitute or texture modification because of a disability, please contact the school. A child with a disability is entitled to a special meal at no extra charge if the disability prevents the child from eating the regular meal.

WIC PARTICIPANTS — If you currently receive benefits under the Special Supplemental Nutrition Program for Women, Infants, and Children—better known as the WIC Program—your child may be eligible for free or reduced-price meals. You are encouraged to complete an application and return it to the school for processing.

NONDISCRIMINATION—Children who receive free or reduced-priced meals must be treated in the same manner as those children who pay full price for their meals.

FAIR HEARING—If you do not agree with the school's decision regarding your application or the result of verification, you may discuss it with the school. You also have the right to a fair hearing. A fair hearing may be requested by calling or writing the following school official:

NAME: SAMUEL CHIMENTO, SUPERINTENDENT

ADDRESS: 7390 BULLDOG WAY
PALERMO CALIF. 95968
TELEPHONE: 530-533-4842 EXT 7

CONFIDENTIALITY—Family size, household income, and social security number information will remain confidential and will not be shared for any purpose. Information you provide will determine your child(ren)'s eligibility to receive free or reduced-price meals.

If you have any questions or need assistance in completing the application, please contact:

NAME: JAN HATFIELD

ADDRESS: 7390 BULLDOG WAY
PALERMO CALIF. 95968
TELEPHONE: 530-533-4708 EXT 238

You will be notified by the school when your application has been approved or denied for free or reduced-price meals.

Sincerely,

Jan Hatfield
Cafeteria Manager



CARTA A LOS HOGARES SOBRE EL PROGRAMA DE ALMUERZO ESCOLAR NACIONAL Y EL PROGRAMA DE DESAYUNO ESCOLAR PARA 2006-07

Estimados Padre o Tutor:

El Distrito Escolar/La Agencia Palermo Union School toma parte en el Programa de Almuerzo Escolar pueden Nacional y/o en el Programa de Desayuno Escolar. Comidas están servidas todos los días de escuela. Estudiantes comprar el almuerzo por \$1.75 y el desayuno por \$ 1.00. Estudiantes elegibles pueden recibir comidas gratis o a precio reducido de \$.40 para el almuerzo y \$.30 para el desayuno.

- Si usted ahora recibe beneficios de estampillas para comida, Programa de California de Oportunidades de Trabajo y Responsabilidad Hacia Los Niños (CalWORKs), Kinship Guardianship Assistance Payments (Kin-GAP), o del Programa de Distribución de Alimentos en Reservas Indígenas (FDPIR), su niño puede recibir comidas gratis.
- Si el total de los ingresos de su hogar es igual o menos del nivel indicado en la escala de ingresos abajo, su niño puede recibir comidas gratis o a precios reducidos. Hogar significa un grupo de parientes o no parientes, individuos viviendo como una unidad económica y que comparten los gastos de subsistencia. Gastos de vivienda incluye renta, ropa, comida, gastos médicos y gastos de utilidades.
- Un niño adoptivo (foster) que esta bajo la responsabilidad legal de la agencia de asistencia publica o de la corte puede recibir comidas gratis o a precios reducidos sin tomar en cuenta los ingresos del hogar.

COMO SOLICITAR

Para solicitar comidas gratis o a precios reducidos para su niño(s), llene la adjunta **Solicitud para Comidas Escolares Gratis y a Precios Reducidos**, firmela, y regrésela a la escuela lo más pronto posible. La solicitud no puede ser aprobada al menos que contenga información completa sobre la elegibilidad.

HOGARES QUE PARTICIPAN EN EL PROGRAMA DE ESTAMPILLAS PARA COMIDA, CalWORKs, Kin-GAP, o FDPIR— Si ahora recibe beneficios de estampillas para comida, CalWORKs, o FDPIR para su niño(s), escriba el nombre de cada niño y el número del caso de las estampillas para comida, CalWORKs, Kin-GAP, o FDPIR. **UN MIEMBRO ADULTO DEL HOGAR TIENE QUE FIRMAR LA SOLICITUD EN LA SECCIÓN C.**

NIÑOS ADOPTIVOS (FOSTER) O INSTITUCIONALIZADOS — Utilice una solicitud por cada niño adoptivo (foster) o institucionalizado que está bajo la responsabilidad legal de la agencia de asistencia publica o de la corte.

Escriba el nombre del niño adoptivo (foster) o institucionalizado y la escuela particular que el niño atiende. Si el niño adoptivo (foster) o institucionalizado recibe ingreso para uso personal, apunte la cantidad del ingreso. "Ingreso para uso personal" es (a) dinero recibido de la oficina de asistencia publica identificado por categoría para el uso personal del niño, tal como ropa, cobros de escuela, y otras cantidades permitidas; y (b) cualquier otro dinero que el niño recibe, tal como dinero de su familia y dinero que proviene del trabajo del niño, ya sea el trabajo de tiempo completo o de tiempo parcial regular.

El padre adoptivo o un oficial de la agencia tiene que firmar la solicitud en la **Sección C**.

Llene la Sección A, "ingreso de hogar" con todos los miembros y ingresos del hogar escritos, si un niño vive con parientes o amigos y aunque este bajo la responsabilidad legal de la corte.

HOGARES DE TODO OTRO TIPO DE INGRESOS (Sueldos, salarios, pensiones, etc.) — Si no indica un numero de caso para las estampillas para comida, CalWORKs, Kin-GAP, o FDPIR para cada estudiante en la solicitud, tiene que hacer lo siguiente:

- Escriba los nombres de todos los niños y las escuelas que atienden
- Escriba los nombres de los otros niños quienes no atienden a ninguna escuela
- Escriba los nombres de todos los adultos (21 años o mayores) y otros miembros del hogar, la cantidad que cada uno recibió el mes pasado, y el origen del ingreso
- Escriba el número de seguro social del miembro adulto del hogar quien firma la solicitud o la palabra "ninguno" si el adulto no tiene un numero de seguro social

Un miembro adulto del hogar tiene que firmar la solicitud.
*Un hogar de una sola persona consiste de uno niño adoptivo, un niño

GUÍA DE INGRESOS ELEGIBLES

1 de Julio de 2006 - 30 de Junio de 2007

Personas En Hogar	Categoría de Ingreso				
	ANUAL	MENSUAL	QUINCENAL	SEMANAL	DIARIA
1	\$18,130	\$ 1,511	\$ 756	\$ 698	\$ 349
2	24,420	2,035	1,018	940	470
3	30,710	2,560	1,280	1,182	591
4	37,000	3,084	1,542	1,424	712
5	43,290	3,608	1,804	1,665	833
6	49,580	4,132	2,066	1,907	954
7	55,870	4,656	2,328	2,149	1,075
8	62,160	5,180	2,590	2,391	1,196

Para cada miembro adicional del hogar añade:
\$ 6,290 \$ 525 \$ 263 \$ 242 \$ 121
Institucionalizado, o un estudiante que se sostiene a sí mismo.

De acuerdo a lo establecido por las leyes Federales y el departamento de Agricultura de los EE.UU. (USDA-siglas en inglés), prohíbe a esta organización la discriminación por raza, color, origen nacional, sexo, edad, o impedimentos de las personas.

Para presentar una queja sobre discriminación, escriba a USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, o llame al (202) 720-5964 (voz y TDD). USDA es un proveedor y empleador que ofrece oportunidad igual a todos.

INGRESO ACTUAL — La cantidad de ingresos que cada miembro del hogar recibió el *mes pasado*, antes de deducciones, el origen de los ingresos, tal como salarios/sueldos, asistencia pública, pensiones, y otros ingresos. Si alguna cantidad del *mes pasado* era más o menos que lo normal, escriba la cantidad mensual normal o proyecte el ingreso anual. Para calcular el ingreso mensual: **semanal x 4.33; cada dos semanas x 2.15; dos veces al mes x 2.**

INGRESOS PARA REPORTAR

INGRESOS DE TRABAJO

Sueldos/Salarios/Propinas,
Beneficios de Huelgas,
Compensación de Desempleo,
Compensación de Trabajadores, Ingreso neto de negocio propio o rancho

ASISTENCIA PÚBLICA, AYUDA ECONÓMICA PARA NIÑOS, ASISTENCIA DE DIVORCIO

Pagos de Ayuda Pública,
Asistencia de Divorcio/Ayuda Económica Para Niños

PENSIONES JUBILACIÓN SEGURO SOCIAL

Pensiones, Ingreso Complementario de Seguro, Pagos de Jubilación, Seguro Social

OTROS INGRESOS

Beneficios de incapacidad, Dinero sacado de la cuenta de ahorros, Intereses/Dividendos, Ingresos de Herencia/Fideicomiso/Inversiones, Contribuciones regulares de personas que no viven en el hogar, Ingresos netos de derechos de autor, anualidades, alquileres, O cualquier otro ingreso

PROGRAMA DE DISTRIBUCIÓN DE ALIMENTOS EN RESERVAS INDÍGENAS (FDPIR) — Hogares que participan en el FDPIR ahora son categóricamente elegibles para recibir comidas o leche gratis. EL FDPIR esta autorizado por la Sección 4(b) del Acta de Estampillas de Comida de 1977. Bajo esta sección, hogares elegibles pueden optar por participar en el programa de estampillas para comida o en el FDPIR. Como los hogares tienen la opción de participar en cualquiera de los dos programas, hogares de FDPIR han sido determinados de recibir los mismos beneficios categóricos como los hogares que reciben estampillas para comida.

NUMERO DE SEGURO SOCIAL — La solicitud tiene que tener el numero de seguro social del adulto que firma. Si el adulto no tiene un numero de seguro social, escriba "ninguno" o alguna otra cosa para indicar que el adulto no tiene un numero de seguro social. Si anotó un numero de caso de estampillas para comida, CalWORKs, Kin-GAP, o FDPIR para el niño, o si la solicitud es para un niño adoptivo (foster), un numero de seguro social no es necesario.

SOLICITANDO BENEFICIOS — Puede solicitar beneficios cuando quiera durante el año escolar. Si no es elegible ahora pero su ingreso baja, pierde su trabajo, o el numero de personas en su hogar aumenta, entonces puede llenar otra solicitud.

VERIFICACIÓN — La información en la solicitud puede ser comprobada por oficiales de la escuela en cualquier momento durante el año escolar. Se le puede pedir comprobantes de su ingreso, o elegibilidad actual para estampillas para comida, CalWORKs, Kin-GAP, o FDPIR. Refiérase a la solicitud para una explicación más detallada.

COMIDAS PARA INCAPACITADOS (PERSONAS CON LIMITACIONES) — Si piensa que su niño requiere una dieta especial o necesita sustituir algún alimento o modificar la textura de alguna comida a causa de una incapacidad o impedimento, favor de ponerse en contacto con la escuela. Un niño con una discapacidad o limitación tiene derecho a una comida especial sin precio adicional si la discapacidad le impide al niño comer la comida regular de la escuela.

PARTICIPANTES EN WIC — Si recibe usted beneficios bajo el Programa de Nutrición para Mujeres y Niños Infantiles — mejor conocido como el Programa WIC, su niño puede ser elegible para comidas gratis o a precios reducidos. Se le recomienda llenar una solicitud y devolverla a la escuela para procesar.

SIN DESCRIMINACIÓN — Niños que reciben comida gratis o a precios reducidos tienen que ser tratados en la misma manera que los niños que pagan precio completo por sus comidas.

AUDIENCIA IMPARCIAL — Si no está de acuerdo con la decisión de la escuela con respecto a su solicitud o con el resultado de la verificación, puede discutirlo con la escuela. Usted también tiene el derecho a una audiencia imparcial. Una audiencia imparcial se puede solicitar llamando or escribiendo al siguiente oficial escolar:

NOMBRE: Samuel Chimento, Superintendent

DOMICILIO: 7390 Bulldog Way
Palermo Calif. 95068

TELÉFONO: 530-533-4842 ext 7

CONFIDENCIALIDAD — Información sobre el numero de personas en la familia, los ingresos del hogar, y el numero de seguro social permanecerá confidencial y no se divulgará por ningún motivo. La información que usted provee determinará la elegibilidad de su niño(s) para recibir comidas gratis or a precios reducidos y para verificar la elegibilidad.

Si tiene alguna pregunta o necesita ayuda en llenar la solicitud, favor de ponerse en contacto con:

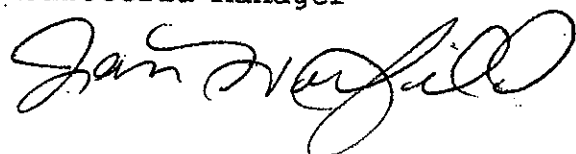
NOMBRE: Jan Hatfield

DOMICILIO: 7390 Bulldog Way

TELÉFONO: 530-533-4708 ext 238

La escuela le avisara cuando su solicitud sea aprobada o negada para comidas gratis o a precios reducidos.

Sinceramente,
Jan Hatfield
Cafeteria Manager



**PALERNO UNION SCHOOL DISTRICT
APPLICATION FOR FREE AND REDUCED-PRICE MEALS
OR FREE MILK FOR SCHPP: YEAR 2006-2007**

Please complete, sign, and return this application to the school. For additional instructions refer to the Letter to Households that is attached to this form.

SECTION A. HOUSEHOLDS RECEIVING Food Stamps, CalWORKs, Kin-GAP, and/or FDIPIR benefits:

1. List your children that receive the above mentioned benefits and their case number(s):

LAST NAME	FIRST NAME	SCHOOL / GRADE	CASE NUMBER

2. If you do not receive Food Stamp, CalWORKs, Kin-GAP, or FDIPIR benefits for each child in your household, go to Section B. Otherwise, sign the application in SECTION C.

Foster Child: In some cases, foster children are eligible for free or reduced-price meals or free milk regardless of the household's income. If you have foster children living with you and you wish to apply for such meals or milk for them, please contact your school's food administrator.

SECTION B. HOUSEHOLDS NOT RECEIVING Food Stamps, CalWORKs, Kin-GAP, or FDIPIR:

1. Is this application for a Foster Child? Yes No
If Yes, write the child's name and personal income, then date and sign the application.

Child's Name _____ Income \$ _____

2. List the names of the school children in your household who do not receive Food Stamps, CalWORKs, Kin-GAP, or FDIPIR benefits.

LAST NAME	FIRST NAME	SCHOOL / GRADE	INCOME

3. List the names of other children in the household that are not in school:

LAST NAME	FIRST NAME	LAST NAME	FIRST NAME

SECTION C. ADULT HOUSEHOLD MEMBERS: List all adult household members, regardless of income, indicate amount and source of monthly income each household member received last month, if amount(s) last month were more or less than usual, enter the usual monthly income. Do not complete this section if a Food Stamp, CalWORKs, Kin-GAP, or FDIPIR case number is provided for each child listed in Section A.

LAST NAME	FIRST NAME	GROSS EARNINGS FROM WORK (BEFORE DEDUCTIONS) INCLUDE ALL JOBS	
		\$	\$

This Institution is an Equal Opportunity Provider

California Education Code Section 49557(a) Applications for free and reduced-price meals may be submitted at any time during a school day. Children participating in the National School Lunch Program will not be overly identified by the use of special tokens, special tickets, special serving lines, separate entrances, separate dining areas, or by any other means.

Privacy Act Statement: National School Lunch Act (Section B) requires that, unless your child's Food Stamp, CalWORKs, Kin-GAP, or FDIPIR case number is provided, you must include the Social Security number of the adult household member signing the application or indicate that the household member signing the application does not have a Social Security number. Provision of a Social Security number is not mandatory, but the application cannot be approved if a Social Security number is not provided or an indication is not made that the signer does not have such a number. The Social Security number may be used to identify the household member in carrying out efforts to verify correct information provided on the application. These verification efforts may be carried out through program reviews, audits, and investigations; and may include contacting employers to determine income, contacting the State's Employment Development Department 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 loss or reduction of the household's program benefits, or in administrative claims and/or legal actions against household members.

I certify that all of the information provided is true and correct and that all income is reported. I understand that this information is given in connection with the receipt of federal funds, that school officials may verify me to prosecution under applicable state and federal laws.

SIGNATURE OF ADULT HOUSEHOLD MEMBER COMPLETING THIS FORM _____ SOCIAL SECURITY NUMBER (WRITE "NONE" IF N/A) _____

X FRONT NAME OF ADULT SIGNING THIS APPLICATION _____ DATE _____

MAILING ADDRESS _____

CITY _____ ZIP CODE _____

HOME TELEPHONE _____ WORK TELEPHONE _____

SECTION D. CHILDREN'S RACIAL AND ETHNIC IDENTITIES (Optional):

1. Mark one or more racial identities:

- American Indian or Alaska Native Black or African American Asian Native Hawaiian or Other Pacific Islander White
2. Mark one ethnic identity: Of Hispanic or Latino Origin Not of Hispanic or Latino Origin

PENSION, RETIREMENT, SOCIAL SECURITY	WELFARE BENEFITS, CHILD SUPPORT, ALIMONY PAYMENTS	ANY OTHER MONTHLY INCOME
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____

Y A PRECIOS REDUCIDOS O PARA LECHE GRATIS EN EL AÑO 06-07.

Por favor llene, firme, y regrese esta solicitud a la escuela. Si necesita más ayuda con esta solicitud, refiérase a la Carta A Los Padres atada a esta forma.

SECCIÓN A. Solamente hogares que reciben Estampillas para Comida, beneficio de CalWORKs, Kinship Guardian Assistance Payments (KinGAP), o participan en el Programa de Distribución de Alimentos en Reservas Indígenas (FDPIR). **SECCIÓN A.** Solamente hogares que reciben Estampillas para Comida, beneficio de CalWORKs, Kinship Guardian Assistance Payments (KinGAP), o participan en el Programa de Distribución de Alimentos en Reservas Indígenas (FDPIR).

1. Escriba los nombres de los niños que reciben Estampillas para Comida, beneficios de CalWORKs, Kin-GAP, o FDPIR:

APELLIDO	NOMBRE PRIMERO	ESCUELA	GRADO

2. Escriba el número del caso de Estampillas para Comida, CalWORKs, Kin-GAP, o FDPIR:

ESTAMPILLAS PARA COMIDA	CALWORKS	KIN-GAP	FDPIR

3. Si no recibe Estampillas para Comida, CalWORKs, Kin-GAP, o FDPIR para cada niño en su hogar. Si no, firme la solicitud en la Sección C.

SECCIÓN B. Para los demás hogares. Un niño adoptivo (foster) que esta bajo la responsabilidad legal de la agencia de welfare o corte puede recibir comida gratis o a precios reducidos sin tomar en cuenta sus ingresos.

1. Es esta solicitud para un niño adoptivo (foster)? Si No, Si la respuesta es si, escriba para cada niño adoptivo (foster) el nombre del niño y la cantidad del "ingreso personal" que el niño recibe cada mes:

Nombre _____ Ingreso \$ _____

2. Escriba los nombres de los niños en su hogar que están en la escuela y que no reciben Estampillas para Comida, CalWORKs, Kin-GAP, o FDPIR.

APELLIDO	PRIMER NOMBRE	ESCUELA	GRADO

3. Escriba los nombres de los niños en su hogar que no están en la escuela:

APELLIDO	PRIMER NOMBRE	APELLIDO	PRIMER NOMBRE

SECCIÓN C. Todos los hogares haciendo solicitud lean esto y firmen abajo. Escriba los nombres de todos los miembros adultos del hogar y indique la cantidad y el origen del ingreso que cada niño de la sección al tiene para cada niño de la sección en el mes pasado. Si esto no refleja correctamente su ingreso mensual, proyecte su ingreso mensual normal. No llene esta sección si tiene para cada niño de la sección el número del caso de Estampillas para Comida, CalWORKs, Kin-GAP, o FDPIR.

APELLIDO	PRIMER NOMBRE	SUELDOS DE TRABAJO (ANTES DE LAS DEDUCCIONES) INCLUYA TODOS LOS TRABAJOS	PENSIONES, JUBILACIÓN, SEGURO SOCIAL	BENEFICIOS DE WELFARE, O AYUDA ECONOMICA PARA NIÑOS, ASISTENCIA DE DIVORCIO	CUALQUIER OTRO INGRESO	FOR SCHOOL USE ONLY PARA USO DE LA ESCUELA SOLAMENTE TOTAL MONTHLY INCOME

Esta institución es un proveedor igual de la oportunidad



Sección 49557(a) del Código de Educación de California: Usted puede someter una solicitud para las comidas gratis o a precios reducidos puede ser entregada en cualquier momento durante el día escolar. A los niños que participan en el Programa Nacional de Alimentos Escolares, no se les distinguirá con el uso de fichas especiales, bofetos especiales, filas especiales de servicio, entradas separadas, comedores separados, o otra forma de discriminación.

Programa Nacional de Alimentos Escolares de la Ley Federal (Sección 8) requiere que Ud., al menos que ante el número del caso de Estampillas de Comida, CalWORKs, Kin-GAP, o FDPIR de su hijo, tiene que incluir el número del Seguro Social del adulto miembro del hogar que firma la solicitud o indicar que el miembro del hogar firmando la solicitud no tiene un número del Seguro Social. No es obligatorio dar el número del Seguro Social, pero si no se proporciona un número del Seguro Social o no se indica que el que firma no tiene tal número, la solicitud no puede ser aprobada. El número del Seguro Social puede ser usado para identificar al miembro del hogar para luego poder verificar la información indicada en la solicitud. Estos esfuerzos de verificación pueden ser realizados por medio de revisión del programa, comprobación de recibos y cuentas, e investigaciones, y pueden incluir contacto con patronos para determinar ingreso, contacto con la Oficina de Desarrollo de Empleos del Estado (State's Employment Development Department) o agencias locales de asistencia social para determinar la cantidad de beneficios recibidos, y para revisar la documentación producida por los miembros del hogar para luego comprobar la cantidad de ingreso recibido. Proporcionar información incorrecta puede resultar en pérdida o reducción de beneficios, reclamo de administración y/o acciones legales en contra de miembros del hogar.

Entiendo que toda la información en esta solicitud es verdadera y correcta, y que todos los ingresos son declarados. Entiendo que esta información es para el recibo de fondos federales; que las autoridades escolares puedan verificar la información de esta solicitud; y que la falsificación deliberada de datos, me exponga a ser enjuiciado/a conforme a las leyes federales y estatales pertinentes.

FRAMA DE MIEMBRO ADULTO DEL HOGAR QUE LLENA ESTA FORMA		ESCRIBA EL NÚMERO DEL SEGURO SOCIAL (SOLAMENTE PARA NIÑOS)
FIRMAR CON LETRAS DE MAYÚSCULA DEL NOMBRE DEL ADULTO QUE FIRMA ESTA FORMA		FECHA
Nombre DOMICILIO	California	TELEFONO DEL HOGAR
Ciudad	GOBIERNO POSTAL	
TELEFONO DEL HOGAR	TELEFONO DEL TRABAJO	
TOTAL NUMERO DE ADULTOS Y NIÑOS DEL HOGAR		
SECCIÓN D. Identidades Étnicas Y Raciales de Niños (Opcional) 1. Apunté uno o mas identidades raciales: <input type="checkbox"/> Indígena Americanos o Nativo de Alaska <input type="checkbox"/> Asiático <input type="checkbox"/> Negro o Africano Americano <input type="checkbox"/> Hawaiano Nativo o otro Islajero Pacíficos <input type="checkbox"/> Blanco 2. Apunté una identidad étnica: <input type="checkbox"/> De origen Latino o Hispánico <input type="checkbox"/> No de origen Latino o Hispánico		

APPLICATION FOR FREE AND REDUCED-PRICE MEALS OR FREE MILK FOR SCHOOL YEAR 06-07

Please complete the application on the reverse, sign the application, and return it to your child's school. For additional instructions, refer to the *Letter to Households* that is attached to this form. This application cannot be processed without the following information:

- The name of the child or children for whom you are applying for free or reduced-price benefits
- The names and income of all other household members
- The signature of the child's or children's parent or guardian
- The Social Security number of the person who signed the application. If the person signing the application does not have a social security number, write "none" in the space provided.

ALL HOUSEHOLDS: READ THIS SECTION

California Education Code Section 49557(a): Applications for free and reduced-price meals may be submitted at any time during a school day. Children participating in the National School Lunch Program will not be overtly identified by the use of special tokens, special tickets, special serving lines, separate entrances, separate dining areas, or by any other means.

Privacy Act Statement: National School Lunch Act (Section 9) requires that, unless your child's Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member signing the application does not have a social security number. Provision of a social security number is not mandatory, but the application cannot be approved if a social security number is not provided or an indication is not made that the signer does not have such a number. The social security number may be used to identify the household member in carrying out efforts to verify correct information provided on the application. These verification efforts may be carried out through program reviews, audits, and investigations; and may include contacting employers to determine income, contacting the State's Employment Development Department 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 loss or reduction of the household's program benefits, or in administrative claims and/or legal actions against household members.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). "USDA is an equal opportunity provider and employer."

Palermo Union School District

Student Health Inventory

Student Name	Teacher	Grade	Date
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1) Check if your child has or has had any of the following conditions:

Allergy to insect sting *	Fainting Spells	Orthopedic Prob.
Allergy to food *	Head Injury	Seizures
Allergy – Other *	Heart Condition	Surgeries
Asthma *	Kidney Problem	Other:
Diabetes	Neurological Problem	

Explain all items checked above. Complete reverse side for any starred (*) items: _____

2) Does your child have any health problems now? Yes No
 If yes, explain: _____

3) Is your child currently under a doctor's treatment for any reason? Yes No
 If yes, explain. _____

4) Is your child taking any medication regularly? Yes No
 If yes, name of medication (s). _____
 If yes, is medication taken during the school day? Yes No
 If yes, which medications are taken at school? _____

5) EARS AND HEARING – check any that apply:

Known hearing problem	Ear Surgery
Wears hearing aid(s)	Other:
Tubes in ears	
Frequent ear infections	

Explain any items checked above: _____

6) EYES AND VISION – check any that apply:

Eye or vision problem	To be worn at all times
Eye surgery	To be worn for close work only
Other:	To be worn for distance only
Wears glasses	Month/Year of last vision exam
Wears contact lenses	
At school with student	

7) Would you like to talk with the school nurse regarding any health concerns? Yes No
 Do you need assistance with obtaining medical /dental care for your family? Yes No

Thank you for completing this form which helps us to understand and meet your child's needs.

Parent/Guardian Signature	Date
---------------------------	------

Complete this side only if you checked * items on the reverse side.

Please help...

Please help us better understand your child's situation by completing and returning this form to the school health office. For some students, asthma or allergies (such as bee sting or miscellaneous allergies) can be a serious problem.

Asthma/Allergies – miscellaneous (check appropriate answer)

1) Does your child have asthma or allergies? (check one) Yes No

2) If allergies, what are they? _____

3) If yes to question #1, does your child take medication at home? as needed on a regular basis no

4) Is there a need to keep medication at school? Yes No

5) Are there any limitations of physical activities, particularly when considering P.E. classes? Yes No

6) Has your child ever had a life-threatening reaction to a food or other substance (other than a bee sting)? Yes No

What substance(s) caused this reaction? _____

Bee Sting Allergy (check appropriate answer)

7) Has the swelling been limited to the area around the bee sting? Yes No

* 8) Is oral medication kept at home to take in case of a sting? Yes No

9) Should medication be kept at school? Yes No

* * 10) Does the reaction require that an injection medication be given immediately if stung? Yes No

* If yes to questions 4 and 8, please bring the medication with the doctor's written request and directions to the school health office as soon as possible. The school has a form that can be used for this purpose.

* If yes to question 10, please contact the school district nurse to obtain the information and paperwork necessary to have an injectable medication at school.

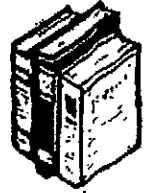
Thank you for your assistance.

Parent/Guardian Signature

Date

*** PLEASE RETURN THIS FORM TO SCHOOL ***

PALERMO SCHOOL – LIBRARY FORM



Dear Parents/Guardians,

Our school library is again open this year for classes and student use. We are fortunate to have a library available for the students in our school district.

Your child will be eager to share books with you throughout the year. Enjoy reading and sharing with your child. It is one of the best ways you can help your student.

If library books are lost or damaged, the student is responsible to pay for the damage or the cost of replacing the books.

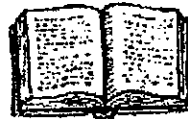
When library books are brought home:

1. Please help your student to take proper care of the books by providing a special place for books away from younger children, food and chewing puppies.
2. Remind students to wash hands before handling books so as to keep the books clean.
3. Please help your student be responsible by returning books on time. Books are available for checkout for two weeks and may be renewed.

Please read this form with your student, and then sign below. This form must be signed and returned before the student may check out books.

Thank you.

Mrs. Turnbough, Librarian



I understand that I am responsible for all replacement costs if books are lost or damaged by my

Student, _____
(first and last name of student)

Signed _____
(parent/guardian)

Address _____

City _____ Phone _____

Date _____ Teacher _____