

Jefferson City Public Schools

315 East Dunklin St.
Jefferson City, Missouri 65101
Telephone: (573)-659-3016

Dear Parent or Guardian:

The Jefferson City Public Schools are currently making plans for a four-week Basic Skills Summer School program for students enrolled in kindergarten for the upcoming school year. The program will be offered at each elementary school. Students will only be able to attend their home attendance area school. No special requests will be honored. The program will be designed to acclimate students to the school environment and to teach readiness skills in the areas of reading and math. Similar programs have shown to be very beneficial in giving children a good introduction to the school and helping them be "ready" for that first year.

This letter will serve as an official invitation for the Pre-K Summer School Program. Please remember that the student must be officially enrolled for the 2017-18 kindergarten class and have all immunizations current.

Important details for your information include the following:

- Dates:** **Week 1:** May 30-June 2 (Tuesday - Friday)
 Week 2: June 5-8 (Monday - Thursday)
 Week 3: June 12-15 (Monday - Thursday)
 Week 4: June 19-22 (Monday - Thursday)
- Hours:** 7:30 a.m. to 3:30 p.m.
 Students may NOT arrive before 7:15 a.m.
- Cost:** There will be no charge for the summer school program.
- Meals:** Breakfast and lunch will be provided at no cost to students.
 Breakfast will be served on a schedule starting at 7:30 am.
- Transportation:** Transportation **will** be provided for those who are bus eligible.
- Grades:** Student in grades kindergarten through five.

In order to adequately prepare for the summer school program, the Jefferson City Public Schools needs to know how many pupils will be attending. If you wish to enroll your child, simply fill out the attached forms and return to the Welcome Center along with your other kindergarten enrollment documents by Friday, March 31, 2017. Summer School enrollments will not be considered until all enrollment documents have been submitted. **Please keep this letter for future reference.** If you have any questions, please contact my office at 573-659-3016.

Sincerely,

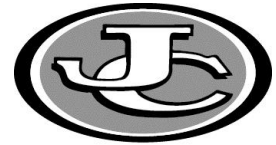

Sheila Logan
Director of Special Services



Jefferson City Public Schools

Jefferson City Public Schools

Enrollment Form



Jefferson City Public Schools

I wish for, _____ (student's name)

to be enrolled in the 2017 Extended Skills Summer School program and my child will attend classes on a regular basis.

Home Attendance Area School: _____

JEFFERSON CITY PUBLIC SCHOOLS SUMMER SCHOOL EMERGENCY FORM

Pupil's Name _____ 17-18 Grade K

Address _____ Main Phone _____

City _____ State _____ Zip _____

Father's Name _____ Cell Phone _____

Work Phone _____

Mother's Name _____ Cell Phone _____

Work Phone _____

Any notable health problems? _____

Any allergies? _____

Please list any medication your child is taking: _____

In case of emergency and I cannot be reached, please call:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Family doctor _____ Hospital preference _____

The school has my permission in case of emergency to transport my child to the nearest hospital if I cannot be reached.

(parent/guardian signature)

***This information sheet completed and returned to the Welcome Center will serve as confirmation of summer school enrollment.**

**Jefferson City Public Schools
Transportation Form
2017 Summer School**

Date: _____ Student Name: _____

Address: _____

School: _____ Grade: _____

Does your student plan to use JCPS bus services for summer school? Yes No

If yes, JCPS bus services will be used for the purpose of Pick Up Drop Off

Before School:

- Bus
- Walk
- Car Rider with _____
- Transportation Provided by Daycare*

*Daycare Name & Address:

Phone: _____

After School:

- Bus
- Walk
- Car Rider with _____
- Transportation Provided by Daycare*

*Daycare Name & Address:

Phone: _____

If your student will ***routinely*** ride a JCPS bus to an address other than the primary address, please list it below:

Please note – the alternate address can only be that of a guardian/daycare and must also be bus eligible

This alternate address will be used for the purpose of Pick Up Drop Off

Name and phone number of individual(s) that reside at the above address:

Name

Phone #

*Your child will be sent home each day as you have indicated above. **Please notify the school office with any changes that may occur in transportation and/or contact information.***

Parent/Guardian Name (Please Print) _____

Signature _____ Date _____

For Office Use Only – NOTES:

