

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 Thematic 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 Kindergarten Summer School Program. Please remember that the student must be officially enrolled for the 2019-20 kindergarten class and have all immunizations current.

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 **April 5th**, **2019**. Summer School enrollments will not be considered until all enrollment documents have been submitted. **Please keep the attached flyer for future reference.** If you have any questions, please contact my office at 573-659-3015.

Sincerely,

Lora Rost Asst. Superintendent- Elementary



JCPS Summer School Open to ALL Jefferson City students!!



Jefferson City Public Schools

TUESDAY, MAY 28 Thru THURSDAY, JUNE 20

First Week: Tuesday-Friday Remaining Weeks: Monday-Thursday

Enrollment opens February 18 and closes April 5th.

Kindergarten-Grade 8 (2019-20) 7:30-3:30 pm

K-5 will be held at elementary schools. Grades 6-8 will be held at the middle schools.

**Outgoing 5th graders will attend at the middle school where they will enroll next fall.

Grade (19-20)	Elementary Themes
Kindergarten	Camp Kindergarten- Time to explore school on a camping adventure!
1 st Grade	Animal Planet Safari- Go on a safari and learn all about animals!
2 nd Grade	Out of This World- Time to blast off and learn about space!
3 rd Grade	Pack Your Bags- Take a trip around the USA!
4 th Grade	Secret Spy School- We need your help solving some fun mysteries!
5 th Grade	Inventor's Workshop- Make discoveries through cool experiments!

Grade 9 (2019-20) (Held at LCMS/TJMS)	Block 1 Lunch Block 2	7:30-11:15 11:15- 11:40 11:45-3:30
Grades 10-12 (2019-20) (Held at Simonsen)	Block 1 Lunch Block 2	7:40-11:25 11:25-11:55 11:55-3:40

Current JCPS students can contact their school office for enrollment information. Parochial school registration information will be available on the JCPS websitewww.jcschools.us

Questions? Please contact the Curriculum and Instruction Office at 659-3015.

Enrollment Form



I wish for,	(stu	udent's name)
to be enrolled in the 201	9 Thematic Skills Summer S	school program, and my child will
attend classes on a regul	ar basis.	
Home Attendance Area Sc	hool:	
	JEFFERSON CITY PUB SUMMER SCHOOL EME	
Student's Name		19-20 Grade
Address	Main P	hone
City	State	Zip
Father's Name	Cell Pr	none
	Work F	Phone
Mother's Name	Cell Ph	none
	Work F	Phone
Any notable health problems?		
Any allergies?		
Please list any medication yo	ur child is taking:	
In case of emergency and I ca	nnot be reached, please call:	
Name	Phone	Relationship
Name	Phone	Relationship
Family doctor	Hospital preferen	ICE ne nearest hospital if I cannot be reached.
the school has my permission in case	or emergency to transport my child to th	ie nearest nospitat in i cannot de 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 Elementary Transportation Form 2019 Summer School

Student Name:	Grade:	
Student's Primary Address:		
School:		
AM:	PM:	
PLEASE SELECT THE 1 MAIN MODE OF TRANSPORTATION:	PLEASE SELECT THE 1 MAIN MODE OF TRANSPORTATION:	
Bus Bus	Bus	
💭 Walk	🔲 Walk	
Car Rider with	Car Rider with	
Transportation Provided by Daycare	Transportation Provided by Daycare	
Daycare Name:	Daycare Name:	
Phone:	Phone:	

t the address above:
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**Please note - Both your primary address and these alternate addresses must be eligible for bus transportation to/from the student's school. **

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_____Date_____

For Office Use Only – NOTES: