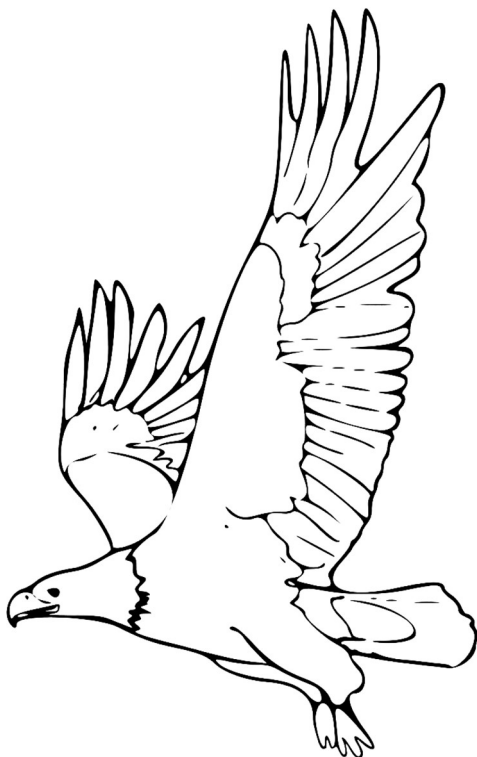


THREE RIVERS UNION SCHOOL DISTRICT

2023-24

PARENT HANDBOOK: FORMS PACKET TO BE COMPLETED AND RETURNED



**Three Rivers Union School District
41932 Sierra Dr. • P.O. Box 99
Three Rivers, California 93271
Phone: (559) 561-4466 • Fax: (559) 561-4468**

August 2023

Dear Parents,

As you may know, we are funded under the Local Control Accountability Plan (LCAP) Funding Formula and one of the things that affects our funding is the number of families who qualify for Free and Reduced-Price Meals. Even though students receive free breakfast and lunch this year, the National School Program is still requiring us to ask parents to fill out a form. So we are asking that **everyone** please fill out the enclosed **Application for Free and Reduced-Price Meals Form (Complete ONE Application PER HOUSEHOLD)**, even if you don't think that you will qualify or do not plan to use the service. **For us, if you do qualify, whether you use it or not, you will be included in our numbers and positively affect our funding as well as our E-rate percentage discount. It is very important that the District take advantage of every opportunity to increase our revenue and decrease our costs.** The information is kept confidential. Thank you for your help with this matter.

Following this letter, you will find these forms enclosed:

- | | |
|--|-----------|
| • Application for Free and Reduced Lunch Program | Pg. 3-4 |
| • School Emergency Information Sheet | Pg. 5 |
| • District Internet and Electronic Mail Use Permission Form | Pg. 6 |
| • Field Trip Notice and Medical Authorization- Minor Form | Pg. 7 |
| • Compact for Student Success | Pg. 8 |
| • Photographing of Students Form | Pg. 9 |
| • Extracurricular Activity Code (Grades 5-8) | Pg. 10 |
| • Acknowledgement of Handbooks Online | Pg. 11 |
| • Use of Private Vehicles Policy and Personal Vehicle Use Form | Pg. 12-13 |
| • Volunteer Information Sheet | Pg. 14 |
| • Eagle Booster Membership/Volunteer Nomination Forms | Pg. 15-16 |
| • Information Related to Type 2 Diabetes | Pg. 17-18 |

We ask that you **do not** pull the packet apart, but rather fill out the forms that apply to you and mark an "X" across those that do not; then turn the packet in **to your child's teacher**. This will help the office staff when sorting and filing the forms to have the complete, stapled packet returned with the applicable forms filled out. If you think you may volunteer to drive for a field trip sometime throughout the year, please go ahead and fill out the forms. That way, you will have the proper forms on file when you do want to help.

We are all looking forward to an exciting new year. As you see new faces around the campus, make sure to welcome students and their parents to our TRUS family. Thanks for your help and please feel free to call or email me if you have questions.

Sincerely,

Dr. Emily Valdez-Rodriguez / Superintendent

school | Year 2023-24 THREE RIVERS UNION SCHOOL DISTRICT Application for Free and Reduced-Price Meals

Complete one application per household.

Please read the instructions on how to apply. Print clearly with a pen. You may also apply online at www.3rused.org. 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 federal National School Lunch Program will not be overtly identified by the use of special tokens, special tickets, separate entrances, separate dining areas, or by any other means.

STEP 1 – STUDENT INFORMATION

Children in **Foster Care** and children who meet the definition of **Homeless, Migrant, or Runaway** are eligible for free meals.

Print the name of EACH STUDENT (First, Middle Initial, Last)		Enter school name and grade level		Enter student's birthdate	Check the applicable box if the student is foster, homeless, migrant, or runaway.			
				12-15-2010	Foster	Homeless	Migrant	Runaway
EXAMPLE: Joseph P Adams		Lincoln Elementary	1st		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 2 – ASSISTANCE PROGRAMS: CalFresh, CalWORKs, or FDIPIR

STEP 2 ASSISTANCE REQUESTING: CAN ANY ONE ELSE HELP?

Do ANY household members (child or adult) currently participate in CalFresh, CalWORKs or EDP/IR? If NO, skip STEP 2 and continue to STEP 3.

IF YES, check the applicable program box, enter one case number, skip STEP 3, and continue to STEP 4.

Select Program Type:

☐ CalFresh ☐ CalWORKs ☐ FDIR

Enter Case Number:

STEP 3 – REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered ‘YES’ in STEP 2)

STEP 1: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Do not report income for non-household members)		Total Student Income		How Often
		\$		
A. STUDENT INCOME: Sometimes students in the household earn income. Enter the TOTAL GROSS income (before deducting deductions) in whole dollars earned by all students listed in STEP 1. Enter the appropriate pay period in the "How Often" box: W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly				

B. ALL OTHER HOUSEHOLD MEMBERS (including yourself): List ALL household members not listed in STEP 1, even if they do not receive income. For each household member, report the **TOTAL GROSS** income (before deductions) in whole dollars for each source. If the household member does 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.

Enter the appropriate pay period in the "How Often" box: W = Weekly, 2W = Twice a Month, M = Monthly, Y = Yearly				
Print the name of ALL OTHER Household Members (First and Last)		Earnings from Work	Public Assistance/SSI/Child Support/Alimony	Pensions/Retirement/All Other Income
		How Often	How Often	How Often

C. Total Household Members (children and adults)	D. Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member	Check the box if NO SSN <input type="checkbox"/>
	\$	
	\$	
	\$	
	\$	
	\$	

DO NOT COMPLETE. SCHOOL USE ONLY

How Often? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x24, Monthly x12		Total Household Income			
		\$			
Total Household Size <input type="text"/> <input type="text"/> <input type="text"/> Eligibility Status: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-price <input type="checkbox"/> Paid (Denied) Verified as: <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway		<input type="checkbox"/> Categorical <input type="checkbox"/> Error Phone			
Determining Official's Signature: _____ Date: _____					
Confirming Official's Signature: _____ Date: _____					
Verifying Official's Signature: _____ Date: _____					

OPTIONAL – CHILDREN'S ETHNIC AND RACIAL IDENTITIES

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.

☐ Hispanic or Latino

Race (check one or more):

☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ White

STEP 4 – CONTACT INFORMATION & ADULT SIGNATURE

STEP 4: CONTACT INFORMATION & ABOUT SIGNATURE

Certification: 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 this 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.

Signature of adult completing this application:

Print Name:	
Date:	Phone Number:
Mailing Address:	
City:	State: Zip:
E-mail:	

Dear Parent or Guardian:

The T-REE RIVERS UNION SCHOOL DISTRICT participates in the National School Lunch Program and/or School Breakfast Program. At Three Rivers School, all students will receive nutritious meals free of charge every school day. The meal programs we participate in are supported by federal and state reimbursements that are based on household income and eligibility. We are able to serve free meals because households continue to submit meal applications. Your cooperation is greatly appreciated. You or your children do not have to be U.S. citizens to qualify for free meals. If there are more household members than the number of lines on the application, attach a second application. For a simple and secure method to apply, use our online application at www.3rsd.org.

LETTER TO HOUSEHOLD FOR FREE AND REDUCED-PRICE MEALS
 automatically certified for free meals. If you did not receive a letter, please complete an application.
VERIFICATION: School officials may check the information or the application at any time during this school year. You may be asked to submit information to validate your income or current eligibility for CalFresh, CalWORKs, or FDIPIR benefits.

WIC PARTICIPANTS: Households that receive Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) benefits, may be eligible for free or reduced-price meals by completing an application.

HOMELESS, MIGRANT, RUNAWAY & HEAD START: Children who meet the definition of homeless, migrant, or runaway, and children participating in their school's Head Start program are eligible for free meals. Please contact school officials for assistance at 559-561-4465.

FOSTER CHILD: The legal responsibility must be through a foster care agency or court to qualify for free meals. A foster child may be included as a household member if the foster family chooses to apply for their non-foster children on the same application and must report any personal income earned by the foster child. If the non-foster children are not eligible, this does not prevent a foster child from receiving free meals.

FAIR HEARING: If you do not agree with the school's decision regarding your application's determination or the result of verification, you may discuss it with the hearing official. You also have the right to a fair hearing, which may be requested by calling or writing the following: Dr. Emily Valdez-Rodriguez, PO Box 99, Three Rivers, CA 93271, 559-561-4466.

ELIGIBILITY CARRYOVER: Your child's eligibility status from the previous school year will continue into the new school year for up to 30 operating days or until a new determination is made. When this household receives a notification letter indicating all children are

HOW TO APPLY FOR FREE OR REDUCED-PRICE MEALS – Complete one application per household. Please print clearly with a pen. Incomplete, illegible, or incorrect information will delay processing.

STEP 1: STUDENT INFORMATION – Include ALL STUDENTS who attend Three Rivers Union School District. Print their name (first, middle initial, last), school, grade level, and birthdate. If any student listed is a foster child, check the "Foster" box. If you are only applying for a foster child, complete STEP 1, and then continue to STEP 4. If any student listed may be homeless, migrant, or runaway, check the applicable "Homeless, Migrant, or Runaway" box and complete all STEPS of the application.

STEP 2: ASSISTANCE PROGRAMS – If ANY household member (child or adult) participates in CalFresh CalWORKs, or FDIPIR, then all children are eligible for free meals. Must check the applicable assistance program box, enter one case number, and then continue to STEP 4. If no one participates, skip STEP 2 and continue to STEP 3.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS – Must report GROSS income (before deductions) from ALL household members (children and adults) in whole dollars. Enter "0" for any household member that does not receive income.

A) Report the combined GROSS income for all students listed in STEP 1 and enter the appropriate pay period. Include a foster child's income if you are applying for foster and non-foster children on the same application.

B) Print the names (first and last) of ALL OTHER household members not listed in STEP 1, including yourself. Report the total GROSS income from each source and enter the appropriate pay period.

C) Enter the total household size (children and adults). This number MUST equal the listed household members from STEP 1 and STEP 3.

D) Enter the last four digits of your Social Security number (SSN). If no adult household member has a SSN, check the "NO SSN" box.

OPTIONAL: CHILDREN'S ETHNIC AND RACIAL IDENTITIES – This field is optional to complete and does not affect your children's eligibility for free or reduced-price meals. Please check the appropriate boxes.

INFORMATION STATEMENT: 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 are not required when you list a CalFresh, CalWORKs, or FDIPIR case number or other FDIPIR 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.

QUESTIONS/NEED ASSISTANCE: Please contact Kelley Mehren at 559-561-4466.

SUBMIT: Please submit a complete application to your child's school or the nutrition office at 41932 Sierra Drive. You will be notified if your application is approved or denied for free or reduced-price meals.

Sincerely,
 Three Rivers Union School District

Effective July 1, 2023–June 30, 2024					
Reduced-Price Eligibility Scale					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$ 26,971	\$ 2,248	\$ 1,124	\$ 1,018	\$ 519
2	\$ 36,482	\$ 3,041	\$ 1,521	\$ 1,404	\$ 702
3	\$ 45,001	\$ 3,833	\$ 1,917	\$ 1,740	\$ 882
4	\$ 53,520	\$ 4,625	\$ 2,313	\$ 2,152	\$ 1,068
5	\$ 62,039	\$ 5,418	\$ 2,709	\$ 2,501	\$ 1,251
6	\$ 70,558	\$ 6,210	\$ 3,105	\$ 2,867	\$ 1,434
7	\$ 79,077	\$ 7,003	\$ 3,502	\$ 3,232	\$ 1,616
8	\$ 87,596	\$ 7,795	\$ 3,898	\$ 3,598	\$ 1,799
Free each additional household member, add:	\$ 9,519	\$ 793	\$ 397	\$ 365	\$ 183

APPLYING FOR BENEFITS: An application for free or reduced-price meals cannot be reviewed unless all required fields are completed. A household may apply at any time during the school year. If you are not eligible now, but your household income decreases, household size increases, or a household member becomes eligible for CalFresh, California Work Opportunity and Responsibility to Kids (CalWORKs), or Food Distribution Program on Indian Reservations (FDPIR) benefits, you may submit an application at that time.

DIRECT CERTIFICATION: An application is not required if the household receives a notification letter indicating all children are

STEP 4: CONTACT INFORMATION & ADULT SIGNATURE – The application must be signed by an adult household member. Print the name of the adult signing the application, contact information, and today's date.

OPTIONAL: CHILDREN'S ETHNIC AND RACIAL IDENTITIES – This field is optional to complete and does not affect your children's eligibility for free or reduced-price meals. Please check the appropriate boxes.

INFORMATION STATEMENT: 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 are not required when you list a CalFresh, CalWORKs, or FDIPIR case number or other FDIPIR 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.

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 Three Rivers Union School District

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Sincerely,
 Three Rivers Union School District

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SUBMIT: Please submit a complete application to your child's school or the nutrition office at 41932 Sierra Drive. You will be notified if your application is approved or denied for free or reduced-price meals.

Sincerely,
 Three Rivers Union School District

Three Rivers Union School District - Emergency Information Sheet

IN CASE OF EMERGENCY, it is vitally important for the safety and well being of your child that we have the information requested on this card. Please fill out a form for EACH student.

Student: _____
Last Name First Middle Initial Birthdate F / M (Circle One) Grade

Home Address: _____ Home Phone: (____) _____
Street City Zip

Mailing Address: _____
Address City Zip

Parent Email 1: _____

Parent Email 2: _____

Circle which parent should be called first: Mother Father

Mother: _____ (____) _____
Name Occupation/ Employer Work Phone

Father: _____ (____) _____
Name Occupation/ Employer Work Phone

Guardian: _____ (____) _____
Name Occupation/ Employer Work Phone

Important Cell Phone # (s): _____

It is very important, in case parents cannot be reached, that two (2) additional names and phone numbers be listed. Please notify:

Other: _____ (____) _____
Name Address Day Phone

Other: _____ (____) _____
Name Address Day Phone

Doctor: _____ (____) _____ (____) _____
First Choice Phone Second Choice Phone

Allergies and Medications: _____

Additional Notes:

Three Rivers Union School District Internet and Electronic Mail Use Permission Form

In order for your student to use the Internet in the classroom, it is necessary that you complete and return this form to Three Rivers Union School District. No student will be allowed to use these resources until we have this form on file with your child's teacher. Thank you for your cooperation in this matter.

We currently have all computers equipped with a filtering device. It is our belief that the best protection from inappropriate material on the Internet is a combination of adequate supervision, high expectations, and empowering students to become critical users, as well as clearly defined consequences for misuse. In the fast paced information era in which our children will be educated, we feel we have a tremendous responsibility to teach our children to make responsible choices in all areas of their education as well as their lives.

As a user of the Three Rivers Union School District computer network, I hereby agree to comply with the above stated rules- communicating over the network in a reliable fashion while honoring all relevant laws and restrictions.

STUDENT SIGNATURE: _____

As the parent of the minor student signing above, I grant permission for my son or daughter to access the networked services such as electronic mail or the Internet. I understand that individuals or families may be held liable for violations. I understand that some materials on the Internet may be objectionable, but I accept responsibility for guidance on Internet use- setting or conveying standards for my daughter or son to follow when selecting, sharing or exploring information and media.

PARENT SIGNATURE: _____ **DATE:** _____

NAME OF STUDENT: _____ **GRADE:** _____

If, despite the filtering, you **do not** want your child on the Internet while at school, please initial below.

_____ I **do not** want my child on the Internet in the classroom, library, or computer lab for any reason.

Classroom or District web sites may include pictures of your child or displays of their work, such as poetry, a creative writing assignment, or other projects. First names only may be used. Please initial below if you **do not** want your child to participate.

_____ I **do not** want my child's picture on the website.

_____ I **do not** want my child's work displayed on a website.

**Three Rivers Union School District
Voluntary Excursion/ Field Trip Notice
and Medical Authorization- Minor**

Please complete and return this form to your child's teacher (a form must be completed for each student). Throughout the school year, your child will have an opportunity to participate in voluntary off-campus field trips/ excursions. These activities may include but are not limited to:

Activities at other schools	Government offices	Roller Towne
Athletic events	Local businesses	Sequoia National Park
Bowling	Museums/ Cultural centers	Swim Parties
Conferences and meetings	Office of Education	Etc.
Entertainment events	Parks and Zoos	
Exhibitions and fairs	Plays	

You will receive written notification and information from the teacher prior to each field trip; however, a separate permission slip may not be required for each field trip.

I hereby authorize _____ to participate in these activities throughout the school year unless this authorization is revoked by me in writing.

In the event of an emergency illness or injury, you will be contacted immediately, however the following statement will ensure that your child receives immediate care if you or your designated emergency contact cannot be located.

I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgement of the attending physician, surgeon, or dentist and performed by or under the supervision of a medical staff of the hospital or facility furnishing medical or dental services.

As stated in the California Education Code Section 35330, I understand that I hold the School District, its officers, agents and employees harmless from any liability or claims, which may arise out of or in connection with my child's participation in this activity.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in the individual being sent home at the expense of his/ her parent/ guardian. Note: Students are transported to and from field trips in school district bus/ vehicles and at times personal vehicles.

Parent/ Guardian Signature _____ **Date** _____

Address: _____ **Phone:** _____

Student Signature _____ **Date of Birth:** _____

Medical Insurance Carrier	Policy No.	Address	Phone
----------------------------------	-------------------	----------------	--------------

A special note to parent/ guardian: (1) All drugs must be registered in this form; (2) All drugs, except those which must be kept on the student's person for emergency use, must be kept and distributed by the staff; (3) _____ Check here if there are no special problems that the staff must be aware of and no drugs will be required on field trips; (4) If any medications or drugs must be taken by student, list them here:

_____. If your son or daughter has a special medical problem, please attach a description to this sheet.

Three Rivers Union School District Compact for Student Success

The school staff will:

- ★ Strive to fully develop each individual student's talents
- ★ Practice effective teaching strategies
- ★ Set high standards in work and behavior
- ★ Care for the welfare of each child at school
- ★ Help pupils leave school able and anxious to be productive contributing citizens
- ★ Encourage regular communication with parents to strengthen the cooperation between home and school
- ★ Report student progress to parents through conferences, phone calls, written reports, and Standardized test results

Teacher Signature

Parents will:

- ★ Show by their example that they support the school in setting high standards for all students
- ★ Make sure their children come to school regularly, on time, refreshed, alert, correctly dressed, and ready to work
- ★ Take an active and supportive interest in their children's work and progress
- ★ Support the authority and discipline of the school, helping their children to achieve maturity, self discipline, self control, and respect for themselves and others
- ★ Make an effort to attend all school conferences and meetings

Parent Signature

Students will:

- ★ Attend school regularly, on time and ready to learn
- ★ Participate in school activities
- ★ Aim for the highest standards in all aspects of school life
- ★ Cooperate with the staff and accept the authority and rules of conduct of the school
- ★ Consider and respect the feelings and property of other people both in school and in the wider community
- ★ Take responsibility for completing assignments and projects
- ★ Care for the school grounds, buildings, furniture equipment, and books provided by the school

Student Signature

Please take time to discuss this with your student, sign and return to school. Working together we can ensure success for all students.



Photographing of Students

There may be occasions when students at Three Rivers Union School District will be incidentally photographed/ videotaped by parents or news media personnel while they are participating in educational school activities. My signature below indicates consent to the photographing/ videotaping of my child while participating in activities during the 2023-24 school year.

Please pick one:

☐ I give consent

☐ I do not give consent

Child's Name: _____ Date: _____

Teacher's Name: _____

Parent's Signature: _____

El Fotografía de estudiantes

Puede haber ocasiones en que los estudiantes a Three Rivers Union School District serán fotografiados por cierto/ grabadas en vídeo por los padres o personal de los medios de prensa durante su participación en las actividades escolares de enseñanza. Mi firma a continuación indica el consentimiento para el fotografiado/ grabación en vídeo de mi hijo para al participar en actividades durante el año escolar 2023-24 uno.

Por favor marca una:

☐ Doy consentimiento

☐ No doy consentimiento

Nombre Del Niño: _____ Fecha: _____

Nombre Del Maestros: _____

Firma de los padres: _____

Three Rivers Union School District
Extracurricular Activity Code
Grades 5-8

1. Having a "C" average on the previous quarter's report card with no "F's" meets the eligibility requirements for extracurricular activity. A student who does not meet this eligibility requirement will be allowed a probationary period during which they can demonstrate achievement of this requirement. The student will be required to get the teacher's signature on a weekly grading report, which will be given to the coach in order to practice or play. This probationary period can only be used once during a school year. If during any week the student fails to meet the requirements, he/ she will no longer be allowed to participate in the activity.
2. Week to week academic performance must be a "C" average on overall grades.
3. Behavior must be of an acceptable nature to the teacher, coach, or superintendent.
4. A student who is absent the day before a game will not be in the starting lineup and may not play if absent more than one day.
5. A student who is absent the day of a game or other extracurricular activity, such as a dance, may not participate.
6. Regular attendance at practices is part of a team sport. Students are expected to attend all practices and to notify the coach in advance if this is not possible.
7. A student receiving a Level II infraction or 1-5 days suspension may not attend a school function or participate in school team sports until the infraction or suspension time is completely served. Students serving for a Level I infraction will be required to serve time owed during the lunch detention period.

I have read the above stated regulations and understand the requirements for participation in extracurricular activities at Three Rivers Elementary School.

Student Signature

Date

Parent Signature

Date

Three Rivers Union School District

Handbooks Online

In the effort to reduce paper usage, Three Rivers Union School District is now making the Eagle Handbook, Discipline Handbook and Parent Notification Handbook, normally distributed to students on the first day of school, **available online on our website at www.3rusd.org**. Please select below how you would like to receive these school handbooks, sign and return to the school office.

☐ I will access all Handbooks online

☐ I would like a printed copy of Eagle Handbook

☐ I would like a printed copy of Discipline Handbook

☐ I would like a printed copy of Parent Notification Handbook

Student's Name

Grade

Parent's Signature

Date

Three Rivers Union School District

Use of Private Vehicles Policy

Private vehicles being operated on District business must meet the following guidelines:

1. The driver must possess:
 - a. A valid California driver's license.
 - b. Minimum liability insurance as required by the state of California.
2. The number of passengers shall not exceed ten (10), including the driver. In no case shall the number of passengers, including the driver, exceed the number of seat belts.
3. Trip routes with points outside of the District in excess of forty-five (45) miles must be approved in advance by the site administrator or designee.
4. All drivers must be approved by the District.
5. An appropriate Use of Vehicle Form must be completed and on file before a trip is taken as well as a current copy of the driver's license and insurance card.
6. Use of personal cars where hazardous road conditions exist is prohibited. This includes hazardous conditions declared by California Highway Patrol, or other City, County, State, or Federal agencies authorized to monitor road conditions.
7. Prior to departure, the driver will be instructed as follows:
 - a. The driver will be given a map or verbal/ written directions to the destination.
 - b. The driver will be instructed to follow the most direct route. If the driver is going to deviate from the given directions, the field trip organizer must be consulted.
 - c. Drivers should avoid all unnecessary stops.
 - d. Drivers should not carry non-District personnel, non-students or other guests as passengers. A second adult may accompany the driver as an additional chaperone.
 - e. Drivers will not carry more than ten (10) passengers, including the driver, no matter what size of the vehicle. Any vehicle carrying over 10 passengers, including the driver, requires a special license, as defined by the California Vehicle Code.
 - f. The driver is responsible for making sure the same students are in the vehicle both going to the destination and returning home. If changes are made or parents pick students up from the event, the driver should verify the student's name with the field trip organizer.
 - g. Every driver should carry a cell phone for emergencies. If the driver doesn't own a cell phone, one of the students may carry one or the school may offer a phone for emergency purposes.
 - h. In the case of an accident, the driver should call the school immediately and stay on the scene until highway patrol arrives. The field trip organizer will carry emergency medical forms for all students. A District representative will come to the scene of the accident.

**Three Rivers Union School District
P.O box 99 • 41932 Sierra Drive
Three Rivers, California 93271
(559) 561-4466 • (559) 561-4468**

Employee/ Volunteer Personal Vehicle Use Form

Name: _____ Birthdate: _____

Driver's License #: _____ Exp. Date: _____

Year/ Make of Auto: _____

Insurance Carrier/ Agent: _____ Phone: _____

Liability Limits: _____

Policy #: _____ Expiration Date: _____

Driving Restrictions: _____

I certify that the above information is correct and that the insurance coverage is in force. I understand that I must have liability insurance coverage in force and agree to advise the District, in writing, of any changes in the above information. I further certify that the above vehicle is mechanically safe.

Owner of Vehicle Signature

Date

Driver of Vehicle Signature

Date

Note: If you drive your own personal automobile while on District business and you are involved in an accident, by law your liability insurance policy is used first, The District liability policy would only be used after your policy limits have been exceeded. The District does not cover, nor is responsible for, comprehensive and collision coverage to your vehicle.

I have read the above and approve the use of this vehicle for the purpose stated:

Business Office Approval

Date

Three Rivers Union School Volunteer Information Sheet

The Three Rivers Union School District strongly supports the idea of using volunteers in the District. Such support enriches the overall educational process and benefits both students and staff. If you are considering volunteering in our District, we hope that you will talk to our staff concerning your interest. Feel free to contact the school at (559) 561-4466 for more information.

Volunteers providing services to students in the District are agents of the District. Therefore, the education code requires that volunteers meet many of the same requirements placed upon District employees. Volunteers must submit evidence that they are free from active tuberculosis (annual TB tests are available through the District). Confidentiality concerning students and staff is also a requirement. The law further requires the District to determine that volunteers serving as instructional aides and tutors are not registered sex offenders. The District therefore requires that all volunteers must provide the following information:

Name _____ Street Address _____

Phone _____ Drivers License # _____

TB Test Clearance Date _____

Have you ever been accused or convicted of a sex offense? _____

What areas of help would you be interested in providing?

(i.e., tutoring, assisting with crafts, P.E., etc) _____

When would you be interested in helping? _____

With which grade levels do you wish to volunteer? _____

Signature _____ Date _____

Please √ any events or committee's that you would like to volunteer for (this does NOT obligate you in any way).

- ☐ Eagle Booster Club (EBC)
- ☐ Foundation
- ☐ Library Support
- ☐ Campus Beautification
- ☐ Coaching Sports
- ☐ Game Official (i.e., referee)
- ☐ Recreation Committee
- ☐ Garden Support
- ☐ Grant Writing

- ☐ Science Lab
- ☐ Classroom Support
- ☐ Fundraising Events
- ☐ School Site Council (SSC)
- ☐ Other: _____

☐ Other: _____

Three Rivers Union School Eagle Booster Club Membership

Member 1 Name: _____

Member 1 Phone Number: (____) ____ - ____ Email: _____ @ _____

Member 2 Name: _____

Member 2 Phone Number: (____) ____ - ____ Email: _____ @ _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

**Please send \$10 per member and return to the school.
Please make checks payable to "Eagle Booster Club". For PayPal use [PayPal.me/ebctrus](https://www.paypal.com/paytoemail/ebctrus).**

Please fill out the above information and return to your student's teacher or the front office. Cut at the dotted line and save the bottom portion for your reference.



TRUS Eagle Booster Club Membership Drive



Help your student have a great school year and be a part of the Three Rivers Union School success – join the Eagle Booster Club today!

EBC members can be family members or community members and are eligible to vote at EBC meetings (posted online at <https://www.3rusd.org/community-support/>) or hold executive office. However, anyone can attend EBC meetings to share ideas and give input, in fact - we welcome it!

New members will be counted for each student in one family. Sign up **before the end of September** for your membership to count towards the Fall EBC Membership Drive.

The classroom with the highest ratio of new EBC members per student will win a class party!

Friends of TRUS Eagle Booster Club

Please fill out *this* form to help us best align volunteer opportunities with your interests and availability. Even if you are not a member of Eagle Booster Club, you can still fill out this form to receive email updates.

This form is for those who are choosing not to sign up to be an "EBC Member," but still want to volunteer through one of the items listed below. Thank you in advance for your support.

"X" the box if you already filled out the other side of this form, and your information is the same ☐

Volunteer Name(s): _____

Phone Number: (____) _____ - _____ Email*: _____ @ _____

Student Name(s): _____ Grade(s): _____

*Email addresses will be used only to send EBC updates (don't worry... you'll still get flyers sent home, too) and will not be shared outside of EBC.

☐ YES, I'D LIKE TO VOLUNTEER FOR A POTENTIAL TRUS CARNIVAL

☐ YES, I'D LIKE TO HELP PLAN A COMMUNITY EVENT LIKE DISNEY POINTS OF LIGHT VOLUNTEERING PROGRAM

☐ YES, I'D LIKE TO BE A MEMBER OF THE TEACHER APPRECIATION COMMITTEE (A SMALL COMMITTEE THAT PUTS TOGETHER A FEW THOUGHTFUL GESTURES FOR OUR TEACHERS A FEW TIMES THROUGHOUT THE SCHOOL YEAR)

☐ YES, I'D LIKE TO VOLUNTEER IN MY CHILD'S CLASSROOM

☐ YES, I'M INTERESTED IN BEING ON THE EBC BOARD NEXT YEAR (PRESIDENT, VICE PRESIDENT, TREASURER, OR SECRETARY)

Eagle Volunteer of the Year Nomination

Please use the space below to nominate a community member for the Eagle Volunteer of the Year.

This is a person who has helped tremendously with Three Rivers Union School and will be recognized at the Halloween Carnival.

All nominees will be considered and the recipient will be decided by the EBC.

I'd like to nominate _____ for "Eagle of the Year" because: _____

Information for 7th Grade Parents

August 2023

In accordance with the California Department of Education, Education *Code* Section 49452.7 it is our responsibility as an educational agency to ensure parents of all incoming 7th grade students have received educational information related to Type 2 diabetes. This information was developed by California Department of Education in collaboration with the California Department of Public Health, American Diabetes Association, California School Nurses Organization, and Children's Hospital of Orange County.

Type 2 diabetes is the most common form of diabetes in adults.

- Until a few years ago, type 2 diabetes was rare in children, but it is becoming more common, especially for overweight teens.
- According to the U.S. Centers for Disease Control and Prevention (CDC), one in three American children born after 2000 will develop type 2 diabetes in his or her lifetime.

Type 2 diabetes affects the way the body is able to use sugar (glucose) for energy.

- The body turns the carbohydrates in food into glucose, the basic fuel for the body's cells.
- The pancreas makes insulin, a hormone that moves glucose from the blood to the cells.
- In type 2 diabetes, the body's cells resist the effects of insulin, and blood glucose levels rise.
- Over time, glucose reaches dangerously high levels in the blood, which is called hyperglycemia.
- Hyperglycemia can lead to health problems like heart disease, blindness, and kidney failure.

Risk Factors Associated with Type 2 Diabetes

It is recommended that students displaying or possibly experiencing the risk factors and warning signs associated with type 2 diabetes be screened (tested) for the disease.

Risk Factors

Researchers do not completely understand why some people develop type 2 diabetes and others do not; however, the following risk factors are associated with an increased risk of type 2 diabetes in children:

- **Being overweight.** The single greatest risk factor for type 2 diabetes in children is excess weight. In the U.S., almost one out of every five children is overweight. The chances are more than double that an overweight child will develop diabetes.
- **Family history of diabetes.** Many affected children and youth have at least one parent with diabetes or have a significant family history of the disease.
- **Inactivity.** Being inactive further reduces the body's ability to respond to insulin.
- **Specific racial/ethnic groups.** Native Americans, African Americans, Hispanics/Latinos, or Asian/Pacific Islanders are more prone than other ethnic groups to develop type 2 diabetes.
- **Puberty.** Young people in puberty are more likely to develop type 2 diabetes than younger children, probably because of normal rises in hormone levels that can cause insulin resistance during this stage of rapid growth and physical development.

Warning Signs and Symptoms Associated with Type 2 Diabetes

Warning signs and symptoms of type 2 diabetes in children develop slowly, and initially there may be no symptoms. However, not everyone with insulin resistance or type 2 diabetes develops these warning signs, and not everyone who has these symptoms necessarily has type 2 diabetes.

- Increased hunger, even after eating
- Unexplained weight loss
- Increased thirst, dry mouth, and frequent urination
- Feeling very tired
- Blurred vision
- Slow healing of sores or cuts
- Dark velvety or ridged patches of skin, especially on the back of the neck or under the arms
- Irregular periods, no periods, and/or excess facial and body hair growth in girls
- High blood pressure or abnormal blood fats levels

Type 2 Diabetes Prevention Methods and Treatments

Healthy lifestyle choices can help prevent and treat type 2 diabetes. Even with a family history of diabetes, eating healthy foods in the correct amounts and exercising regularly can help children achieve or maintain a normal weight and normal blood glucose levels.

- **Eat healthy foods.** Make wise food choices. Eat foods low in fat and calories.
- **Get more physical activity.** Increase physical activity to at least 60 minutes every day.
- **Take medication.** If diet and exercise are not enough to control the disease, it may be necessary to treat type 2 diabetes with medication.

The first step in treating type 2 diabetes is to visit a doctor. A doctor can determine if a child is overweight based on the child's age, weight, and height. A doctor can also request tests of a child's blood glucose to see if the child has diabetes or pre-diabetes (a condition which may lead to type 2 diabetes).

Types of Diabetes Screening Tests That Are Available

- **Glycated hemoglobin (A1C) test.** A blood test measures the average blood sugar level over two to three months. An A1C level of 6.5 percent or higher on two separate tests indicates diabetes.
- **Random (non-fasting) blood sugar test.** A blood sample is taken at a random time. A random blood sugar level of 200 milligrams per deciliter (mg/dL) or higher suggests diabetes. This test must be confirmed with a fasting blood glucose test.
- **Fasting blood sugar test.** A blood sample is taken after an overnight fast. A fasting blood sugar level less than 100 mg/dL is normal. A level of 100 to 125 mg/dL is considered pre-diabetes. A level of 126 mg/dL or higher on two separate tests indicates diabetes.
- **Oral glucose tolerance test.** A test measuring the fasting blood sugar level after an overnight fast with periodic testing for the next several hours after drinking a sugary liquid. A reading of more than 200 mg/dL after two hours indicates diabetes.

Type 2 diabetes in children is a preventable/treatable disease and the guidance provided in this information sheet is intended to raise awareness about this disease. Contact your student's school nurse, school administrator, or health care provider if you have questions.