

August 14, 2019

Dear Panthers Nation,

It is hard to believe the school year is right around the corner. The school is shining like the sun and we thank the maintenance staff for all their hard work to make sure the school is ready to go. You will notice we have fresh paint, new pavement in the front parking lot, a new website, new carpet in the library, and new computers in the labs. Most of all we welcome the newest additions to Panther Family in the Class of 2023, Mrs. Anne Jolliff (English), Mrs. Wendy Schultz (Spanish) and those students that have transferred.

JHS is great place to learn, play, and develop lifelong skills. We provide many scholastic and inter-scholastic opportunities for our students. It is our hope that each and every person that passes through Jefferson Highs School's doors has a positive and enjoyable experience.

Please feel free to contact myself or any of our staff with questions throughout the school year. You can find us on the JHS App, Facebook, Twitter, Instagram, and the web, but we most like it when you stop in to see us and we can create personal relationship with all our students, families and patrons.

Thanks for all you do to make Jefferson High School a great place!

Yours in Education,

Mr. Mike Moodry, Principal Phone: 406-225-3317 ext. 135 Mike.moodry@jhs.k12.mt.us

Attachments:

2019-20 School Calendar
First Days School Schedule
2019-20 Bus Schedule
Free and Reduced Lunch Application



2019-2020 School Opening Schedule

	Monday, August 26 (Freshman Orientation)
8:00-8:25	Introductions of Teachers, Mr. Smith, Mr. Moodry
8:-30-8:40	Zero
8:43-9:13	1st
9:16-9:46	2nd
9:49-10:19	3rd
10:22-10:52	4th
10:55-11:25	5th
11:28-11:58	6th
12:01-12:31	7th
12:31-1:01	Lunch
1:01-1:15	Final Meeting in Gym/Dismissal
1:30-4:30	Teacher work in their rooms

	Tuesday, August 27 First Day
8:00-8:25	Introductions of Teachers, Mr. Smith, Mr. Moodry
8:-30-8:40	Zero
8:43-9:13	1st
9:16-9:46	2nd
9:49-10:19	3rd
10:22-10:52	4th
10:55-11:25	5th
11:28-11:58	6th
12:01-12:31	7th
12:31	Dismissal
1:30-3:00	Staff PIR (Work on OPI Professional Development in Groups)
3:00-3:45	Pam Hannah (School Nurse) Chronic Conditions
4:00-4:30	Teachers work in rooms



2019-20 BUS SCHEDULE

Route	Stop	AM	PM
Montana City	Blue Sky Acres	7:16	4:45
	MT City Store	7:22	4:39
	High School	7:50	4:11
Blue Sky Heights	Ford Lane	7:22	4:44
	Blue Sky	7:24	4:42
	High School	7:56	4:11
Clancy	Gruber Turn Around	7:16	4:42
	Clancy Post Office	7:20	4:38
	Legal Tender	7:22	4:36
	Jeff City Fire Hall	7:33	4:26
	High School	7:51	4:11
Frontage Road North	Winstead's	6:47	4:17
(New Route)	Elbert's	6:50	4:20
	Warm Springs Road	6:53	4:23
	Drillers Hollow	6:54	4:24
	Boot Legger	7:00	4:30
	Gruber Estates	7:01	4:31
	Right onto McClellan Rd.	7:06	4:35
	Sandy Lane	7:08	4:38
	Saddle Mountain	7:11	4:41
	Lone Moutain	7:12	4:42
	Bitterroot	7:13	4:43
	High School	7:51	4:11
Valley Route	Rocky Road	6:58	5:08
	Rodeo Road	6:59	5:07
	Carey Turnaround (Fire Hall)	7:06	5:00
	Mulvey Ranch	7:08	4:58
	Mulvey Rand (Quittance Ln)	7:14	4:52
	Bullocks	7:22	4:44
	Hesfords	7:25	4:41
	Browns Gulch	7:30	4:36
	Quaky Gulch	7:43	4:23
	High School	7:55	4:11
	Elementary	8:00	
Basin	Pottery Shop	7:24	4:37
	Post Office	7:25	4:36
	High Ore Exit	7:35	4:26
	High School	7:50	4:11
	Elementary	7:55	

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	JEFFERSON HIGH SCHOOL 2019-2020 SCHOOL CALENDAR	LENDAR
August S M T W TH F S	Jefferson High School Staff	S M T W TH F S
4 5 6 7 8 9 10 22 Teacher PIR Day 11 12 13 14 15 16 17 26 Freshman Orientation 18 19 20 21 22 23 24 27 First Day of School 25 26 27 28 29 30 31 days of Instructions 4	ant	5 6 7 8 9 10 11 2 3 4 22-23 Semester Finals 12 13 14 15 16 17 18 24 Teacher PIR Day 19 20 21 22 23 24 25 27-29 Winter MAP Testing 26 27 28 29 30 31 Days of Instruction 16
S M T M TH F S 2 No School Labor Day 1 2 3 4 5 6 7 9-12 Homecoming week 8 9 10 11 12 13 14 13 reacher PIR Day 15 16 17 18 19 20 21 26 midterm Grade Check 22 23 24 25 26 27 28 4&18 Late Arrival(9:00am) 29 30 30 30 Oct4 Fall Maps Testing	So nick B	February S M T W TH F S 2 3 4 5 6 7 8 26 Midterm Grade Check 9 10 11 12 13 14 15 58.26 Late Arrival(9:00am) 16 17 18 19 20 21 22 23 24 25 26 27 28 29 20
S M T M F S 1 1 2 3 4 5 7-9 Fall MAP Testing 6 7 8 9 10 11 12 2&23 Late Arrival(9:00am) 13 14 15 16 17 18 19 31 End of First Quarter 20 21 22 23 24 25 26 17-18 No School MEA 27 28 29 30 31 Days of Instruction 18	Mrs. Cathy Carey Math Ms. Mary Drynan Special Education Mrs. Kelsey Voeller English Mr. Matthew Bowman Music/Band Mr. Dave Heimann Vocational Education Mr. Mike Hesford English Mr. Cdy Ottman Social Studies Mr. Brittani Carey English Mr. Clint I avns	S M T TH F S 1 2 3 4 5 6 7 26 End of Third Quarter 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Associated instruction 18
S M T M F S 3 4 5 6 7 8 9 27 No School Thanksgiving 10 11 12 13 14 15 16 17 18 19 20 21 22 23 17 18 19 20 21 22 23 23 30 Days of Instruction 14	tt tzewski N Szewski N S S S S S S S S S S S S S S S S S S S	S M T M TH F S 5 6 7 8 9 10 11 13 Spring Break 12 13 14 15 16 17 18 30 Midterm Grade Check 19 20 21 22 23 24 25 1822 Late Arrival(9:00am) 26 27 28 29 30 moys of Instruction 17
M T W TH F 2 3 4 5 6 9 10 11 12 13 16 17 18 19 20	Mrs. Lisa Fjeldseth Paraprofessional Mr. Kyle Lyon Maintenance Mrs. Anne Jolliff English Mr. Keven Burton Maintenance TBA Paraprofessional	T W TH F 5 6 7 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
22 23 24 25 26 27 28 29 30 31 Days of Instruction 12	Semester 1: Days: 76 Hours: 560 Semester 2: Days: 73 Hours: 539.5 Year Total: Days: 149 Hours: 1099,5	17 18 19 20 21 22 23 4 last day 24 25 26 27 28 29 30 5 Teacher PIR 31 1 2 3 4 5 6 Doys of Instruction 19

2019-20 Application for Free and Reduced-price School Meals Complete one application per household and return to the school. Please use a pen.

Application Received:	Signature of Verifying Official:	Signature of Confirming Official:	Signature of Determining Official:	SCHOOL USE ONLY S	Printed Name of Adult Completing Form		Mailing Address	"I certify (promise) that all information information, my children may lose me	STEP 4 Contact inforr	(Children and Adults)	C. Total Household Members				First and Last Name of Adult Household Member	not receive income from any	B. Adult Income (including yourself) List ALL Household Members not listed in	 A. Child Income Sometimes children in the h 		STEP 3 Report Incom	NO If NO hou	STEP 2 Do any house	who shares income and expenses, even if not related.	Household Member:	12th grade that lives in your household.	Children in Household:	DEFINITIONS:	STEP 1 List ALL CHII
Application Effective Date:	Date:	Date:	Date:	School District Must Complete This Section.	eting Form		Apt#	"(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 Feder information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."	Contact Information and Adult Signature.			8	\$ 	S	rold Member Earnings from Work Weekly	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	Adult Income (including yourself) List ALL Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Members had in STEP 1 (including yourself) even if they do not receive income. For each Household Members had in STEP 1 (including yourself) even if they do not receive income. For each Household Members had in STEP 1 (including yourself) even if they do not receive income.	Child Income Sometimes children in the household earn income. Please include the TOTAL income earned by all Child Household Members listed in STED 1 horo	- The second of	ne for ALL Household Members Skin th	If NO household member participates in SNAP or TANF or FDPIR, complete STEP 3.	Do any household members (including you) currently participate in one or more of the following Assistance Program					Child's First Name	List ALL CHILDREN in the household. If more space is required for additional names, attach another sheet of paper.
			Directly Ce	ion.	Signature		2 E	State and Fed				C	\circ		kly Bi-Weekly	olank, you are	do not receiv	ncome earne	is such it	ic cton if		y participa					₹	e is requir
Application Approved For: Hee	Total Household Income: \$ Household Size:	Categorical Eligibility: Fos	Directly Certified (DC) from DCA/Source Records: SNAPDC	SANSAL PROPERTY.	Signature of Adult Completing Form		-	stand that this information is given in connection deral laws."	おとなるのは 日本のとの	D. Last rour Digits of Social Security Number (Primary Wage Earner or Other Adult Househ			0000	000	2x Month Monthly Yearly Support/ Alimony	e certifying (promising) that there is no incom	co by an cilia nouselloid Member listed in	ed by all Child Household Members listed in	YOU WHOLE O'S NAME OF THE PER	SOLUTION OF TAKE OF THE	YES If YES, write yo and then go to	ate in one or more of the following					Child's Last Name	ed for additional names, attach ano
Meak Rec		Foster Child	PDC TANFDC			7		on with the rec		ner or Other A	E					e to report.	d if they do re	STED 1 hara	K case nun		STEP 4. Do r	g Assistanc						ther sheet
Free Meals Reduced-Price Meals Application Denied	per	Case Number	FDPIR DC	が出る。		1	71.	eipt of Federal funds, and that	National Property of the Party	(Primary Wage Earner or Other Adult Household Member)			000	0000	Weekly Bi-Weekly 2X Month Mo	eceive income, report total gro			nber in STEP 2.		If YES, write your SNAP or TANF or FDPIR case number here and then go to STEP 4. Do not complete STEP 3.	ns					School	of paper.
n Denied			Horneless/Runaway DC		Today's Date	Dayume	7	school official		×		ار ((Monthly Yearly	oss income (b		,			here	SNAP or TANF or FDPIR?						
					Date	Priorie and	2	s may verify (c		×	\$		6A	4	Pension/Retirem All Other Income	erore taxes) n	_	•			2)PIR?					Grade	
			Migrant DC Foster DC			payame Phone and Email (optional)		:heck) the informatio		×					ent/	וה, רבאטרג שנאו gross income (denote taxes) for each source in whole dollars (no cents) only. If they do		We	South the cold		MT Case #:					2	5tudent?	
Convert to and different frequer	Twice a Mor	Wes Bi-W	ANNUAL INCO					n. I am aware that I		0				\bigcirc	Weekly BHWeekly 2X I	ole dollars (no cen		Weekly Bi-Weekly 2X I	-							Runaway	Homeless (or)	
Convert to annual income ONLY if different frequencies of income listed.	Twice a Month X 24 Monthly X 12	Weekly X 52 3i-Weekly X 26	ANNUAL INCOME CONVERSION					ral funds, and that school officials may verify (check) the information. I am aware that if I purposely give false		Check if no SSN					2X Month Monthly Yearly	ts) only. If they do		2X Month Monthly Yearly									Migrant Foster	

optional and does not affect your children's eligibility for free or reduced price meals. Collecting racial and ethnic information helps to make sure we are fully serving our community. Responding to this section is Not Hispanic or Latino Hispanic or Latino OPTIONAL Children's Racial and Ethnic Identities. American Indian or Alaskan Native 🔲 Native Hawaiian or Other Pacific Islander ☐ White

Black or African American

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at:

http://www.ascr.usda.gov/complaint filing cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

!) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov

This institution is an equal opportunity provider.

\$158	\$315	\$341	\$682	\$8,177	Each additional family member
\$1,546	\$3,091	\$3,348	\$6,696	\$80,346	00
\$1,388	\$2,776	\$3,008	\$6,015	\$72,169	7
\$1,231	\$2,462	\$2,667	\$5,333	\$63,992	6
\$1,074	\$2,147	\$2,326	\$4,652	\$55,815	UT.
\$917	\$1,833	\$1,985	\$3,970	\$47,638	4
\$759	\$1,518	\$1,645	\$3,289	\$39,461	ω
\$602	\$1,204	\$1,304	\$2,607	\$31,284	2
\$445	\$889	\$963	\$1,926	\$23,107	1
Weekly	Every Two Weeks	Twice a Month	Monthly	Annual	Household Size
es	Income Guidelines		Free/Reduced Price School Meal Application	Reduced Price	Free/F

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