MARK TWAIN UNION ELEMENTARY SCHOOL DISTRICT

981 Tuolumne Ave · P.O. Box 1359 · Angels Camp, CA 95222 · 209.736.1855

Expanded Learning Opportunities Program (ELOP) After-School Program
TK and Kinder Student Sign-Up Letter/Enrollment Packet
2026-2027 School Year

The Mark Twain Union Elementary School District is pleased to announce the opportunity to enroll your child in our TK and Kinder School Program for the 2026-2027 school year.

This program is funded for enrichment programs for students in Transitional Kindergarten (TK) and Kindergarten grade. The program will focus on literacy-based academics, enrichment, and meeting the social, emotional, and physical needs of the students in the program.

The program will begin at both sites on August 13, 2026, and will be available every school day following the schedules listed. Please choose an option below and return this interest form to your school office as soon as possible:

Copperopolis	Mark Twain
☐ TK/K Morning Only 8:00 a.m. –- 12:15 p.m.	☐ TK/K Morning Only 8:15 a.m. –- 12:30 p.m.
☐ TK/K Morning and ELOP Afternoon **Monday - Thursday -** 8:00 a.m. — 2:00 p.m. **Friday** - 8:00 a.m. — 12:15 p.m.	☐ TK/K Morning and ELOP Afternoon **Monday - Thursday -** 8:15 a.m. — 2:15 p.m. **Friday** - 8:15 a.m. — 12:30 p.m.
☐ TK/K Morning, ELOP Afternoon, and Extended Time to **4:30 p.m.**	☐ TK/K Morning, ELOP Afternoon, and Extended Time to **5:00 p.m.**

Enrolled students must attend the program for at least 60 minutes per day and cannot have more than three (3) unexcused absences, per the District attendance policy.

Copperopolis and Mark Twain have early care available 30 minutes prior to school start.

Spaces available will be assigned. Parents will receive confirmation of placement prior to school start.

_____ Yes, I would like my child to be enrolled in the ELOP TK / Kinder After-School Program for the 2026-2027 school year.

Child's Name: _____ **Child's Grade** (circle one): TK / Kindergarten

Parent Signature: _____ **Printed Name:** _____

Phone Number: _____ **Date:** _____

Mark Twain Union Elementary School District
Expanded Learning Opportunity Program (ELOP)
2026-2027 School Year

#1 Child's Name: _____ **Grade:** _____ **Date of Birth:** ___/____/____

☐ **Medical Alert:** Please provide a brief description: _____

#2 Child's Name: _____ **Grade:** _____ **Date of Birth:** ___/____/____

☐ **Medical Alert:** Please provide a brief description: _____

#3 Child's Name: _____ **Grade:** _____ **Date of Birth:** ___/____/____

☐ **Medical Alert:** Please provide a brief description: _____

Who does the child(ren) live with? Please check all that apply:
[ ] Mother [ ] Father [ ] Stepmother [ ] Stepfather [ ] Guardian

Parent/Guardian: _____
Relationship to Child:_____
Phone:(____)_____
Physical Address:_____
_____
Mailing Address:_____
_____
Email Address:_____

Parent/Guardian: _____
Relationship to Child: _____
Phone: (____)_____
Physical Address: _____
_____
Mailing Address: _____
_____
Email Address: _____

If the biological mother or father does NOT live in the home, please complete the following section:

Name: _____ **Contact Number:** _____

Address: _____ **City & Zip Code:** _____

Additional Information (if needed): _____

_____

May the program release the child(ren) to this person? ☐ **Yes** ☐ **No**

(If no, you MUST provide a copy of the current court order to the school office to keep on file)

Is there a custody or restraining order regarding this child(ren)?: ☐ **Yes** ☐ **No**

Mark Twain Union Elementary School District
Expanded Learning Opportunity Program (ELOP)
2026-2027 School Year

EMERGENCY CONTACTS

All students must be picked up by a parent/guardian or a parent-authorized adult aged 18 or older before 5:00 pm. Please provide a list of individuals authorized to pick up your child(ren) from the site. In case of emergency or late pick-up, staff will attempt to contact the parent/guardian first. If they cannot reach them, they will proceed to contact the emergency contacts listed in Infinite Campus if necessary. All adults must be prepared to present a valid ID. Individuals not listed, those under 18, or unable to provide satisfactory identification will not be allowed to pick up a child from the program.

Emergency Contact #1: _____ **Phone Number:** _____

Emergency Contact #2: _____ **Phone Number:** _____

Emergency Contact #3: _____ **Phone Number:** _____

_____

Print Name **Parent/Guardian Signature** **Date**

Mark Twain Union Elementary School District
Expanded Learning Opportunity Program (ELOP)
2026-2027 School Year

MTUESD EXPANDED LEARNING PROGRAM POLICY AND EXPECTATIONS

All students enrolled in the Expanded Learning Opportunity Program are expected to follow school and district behavior and attendance guidelines and homework expectations**.**

BEHAVIOR:
Disciplinary Action will be taken for the following behaviors, to include, but not limited to:

1. Unsafe Behavior
2. Inappropriate/Offensive Language
3. Repeated failure to follow rules and listen
4. Deliberate destruction of property
5. Fighting/Hands on another student
6. Inappropriate social behavior

● Staff will work with students and families to reinforce positive behavior and provide the necessary support for the student to be successful.

● Students receiving 3 Disciplinary Action Forms in one school year will result in dismissal. Parents will be notified of each offense and the number of offenses to date.

● Behaviors that will result in immediate disciplinary action, and may warrant immediate dismissal from the program include, but are not limited to: fighting, weapons, profanity, defiance, and substance abuse.

ATTENDANCE:

● This IS NOT a drop-in program. Students are expected to utilize their spot in the program 5 days a week. Students should not be picked up within the first hour.

● Early Release Forms must be on file for consistent schedules that result in absences (i.e. extracurricular activities, medical appointments, or religious practices).

● ALL absences must be communicated to the site coordinator prior to absence.

● Lack of communication will result in your student being marked as unexcused.

● Three unexcused absences in one trimester will result in dismissal from the program. (Definition of Unexcused Absence: Student was in attendance during the school day, but absent from Expanded Learning after school without communication.)

HOMEWORK:

● The Expanded Learning program is designed to help students succeed academically, and refusal to do necessary assignments is an insufficient use of the homework hour. This behavior can and will result in a Disciplinary Action Form.

● Students are expected to work on homework during the homework hour. Any homework that is not finished during Expanded Learning needs to be completed at home. If no homework is assigned, students will participate in an educational activity for an hour.

*** I have read and understand the Expanded Learning Behavior, Homework and Attendance Policy.**

Student Name:_____ **Student Signature:** _____

Parent Signature: _____ **Date:** _____ **School:** Mark Twain / Copperopolis

MTUESD EXPANDED LEARNING PROGRAM

For any questions regarding your child's enrollment in Expanded Learning, please contact your school's site coordinator.

MARK TWAIN ELOP CONTACT INFORMATION:

POSITION	COORDINATOR	PHONE	E-MAIL
Mark Twain Principal	Sara Tutthill	209-736-6533 ext. 201	stutthill@mtwain.k12.ca.us
Mark Twain ELOP Tutor	Emily Anderson-Mucks	209-736-6533	eanderson@mtwain.k12.ca.us

COPPEROPOLIS ELOP CONTACT INFORMATION:

POSITION	COORDINATOR	PHONE	E-MAIL
Copperopolis Principal	Jessica Handgis	209-782-3500 ext. 300	jhandgis@mtwain.k12.ca.us
Copperopolis ELOP Tutor	Chelsea Hasson	209-782-3500 ext.329	chasson@mtwain.k12.ca.us
Copperopolis ELOP Tutor	April Vallino	209-782-3500 ext. 329	avallino@mtwain.k12.ca.us

California Department of Education
May 2026

Universal Benefits Application (UBA) Template

Important Usage Notice

This **Universal Benefits Application (UBA) template** is **ONLY** intended for use by local educational agencies (LEA) certifying eligibility determinations for SUN Bucks benefits and unduplicated pupil counts for the Local Control Funding Formula.

LEAs choosing to utilize this template must ensure households are completing and submitting applications directly to the LEA. California's SUN Bucks Plan of Operations and Management outlines the process for SUN Bucks applications to be processed by LEAs. The California Department of Education (CDE) is unable to accept or process UBAs on behalf of LEAs. Any UBAs submitted to the CDE will be returned to the LEA and may result in a delay of benefit issuance for eligible participants.

Note for Parents/Guardians

You must request a UBA from your child[ren]'s LEA and return the completed application to the address provided by the LEA.

Do **not** submit this application to the CDE.

Instructions for LEAs

1. **Customize the fillable portions** of the template with applicable information, including information where to submit completed UBAs.
2. **Distribute** the application.
3. **Collect** completed applications.
4. **Process** completed applications and certify eligibility determinations.
5. **Notify** families of the eligibility determination.

Universal Benefits Application

2026-2027

Mark Twain Elementary School

This application may qualify your child for benefits such as Summer EBT/SUN Bucks, internet access, school transportation, and more. Inquire with your child's school district to learn what benefits may be available to them. Completing this application will not impact your student's ability to receive school meals at no cost. The U.S. Department of Homeland Security and U.S. Citizenship and Immigration Services do not consider health, food, and housing services as part of the public charge determination. Therefore, submitting this application will not hurt an individual's immigration status.

Note: A non-household member may be designated as the authorized representative for application processing purposes if they have difficulty completing the application process.

Complete, sign, and return this application to: Mark Twain Elementary School
646 Stanislaus Avenue
Angels Camp, CA 95222

1. List **all students** living with you that are attending school using the exact spelling as listed in their school records. If the student is experiencing homelessness, indicate this by placing an "x" in the "homeless" box. Include any personal income received by the student and make an "x" in the correct box for how often it is received.

Student's Last Name	Student's First Name	MI	Homeless	Date of Birth (optional)	School Name (optional)	Grade (optional)	Student Income	Weekly	Bi-weekly	2 X Month	Monthly
			☐				$	☐	☐	☐	☐
			☐				$	☐	☐	☐	☐
			☐				$	☐	☐	☐	☐
			☐				$	☐	☐	☐	☐
			☐				$	☐	☐	☐	☐

2. **If any Household Members (including yourself) currently participate in one or more of the following assistance programs, please write in a case number. If no, go to Step 3.**

☐ **CalFresh** ☐ **CalWORKs/ Temporary Assistance for Needy Families (TANF)**

☐ **Food Distribution Program on Indian Reservations (FDPIR)**

Case Number: _____

3. List the names of all other household members - Enter income (in whole dollars) and check how often it is received. If a household member does not receive income, write 0. If you enter 0 or leave the income sections blank, you are promising there is no income to report.

Report Income: Earnings from Work (before any deductions) and Public Assistance/Child Support/Alimony

Names of all other household members (do not include students listed above)	Earnings from work (before any deductions)	Weekly	Bi-weekly	2 X Month	Monthly	Public Assistance/ Child Support/ Alimony	Weekly	Bi-weekly	2 X Month	Monthly
	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐

Report Income Continued: Pensions/Retirement/Social Security (SSI) and Any Other Income Not Already Listed

Names of all other household members (Continued From Above)	Pensions/Retirement/ Social Security (SSI)	Weekly	Bi-weekly	2 X Month	Monthly	Any Other Income Not Already Listed	Weekly	Bi-weekly	2 X Month	Monthly
	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐

4. **Total Household Members** (include all people living in your household): ☐
(Total entered must equal number of household members listed above, a second application may be required if number of household members exceeds empty fields)

5. **Contact Information & Signature – Complete, sign, and return this application to above address:**
   I certify (promise) that all information on this application is true, that all income is reported, and that my household does not receive Summer EBT benefits through a different State or Indian Tribal Organization (if applicable). I understand that this information is given in connection with the receipt of federal or state benefits and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose these benefits, and I may be prosecuted under applicable State and Federal laws.

Printed Name of Adult Household Member | **Adult Household Member Signature**

Mailing Address (check box if no mailing address) ☐ | **City, State & Zip Code**

Email Address (optional) | **Daytime Phone Number (optional)** | **Date**

6. **Children's Racial and Ethnic Identities (Optional) – We are required to ask for information about your child(ren)'s race and ethnicity. This information is important and helps make sure we are fully serving our community. Responding to this section is optional and does not affect your child(ren)'s eligibility for free & reduced-price meals or SUN Bucks.**

   Mark one or more racial identities: ☐ American Indian or Alaska Native ☐ Asian ☐ Black, or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

   Mark one ethnic identity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Child Nutrition Eligibility: 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 determine eligibility for benefits through the Richard B. Russel National School Lunch Act. The Richard B. Russell National School Lunch Act requires that we use information from this application to determine who qualifies for Summer EBT benefits. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to

your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Some children qualify for benefits without an application. Please contact your State or Indian Tribal Organization (ITO) to get benefits for a foster child, and children who are homeless, migrant, or runaway.

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, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint web page at https://www.usda.gov/about-usda/general-information/staff-offices/office-assistant-secretary-civil-rights/how-file-program-discrimination-complaint 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, Mail Stop 9410, Washington, D.C. 20250-9410;

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

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

USDA is an equal opportunity provider, employer, and lender.

Mark Twain Union Elementary School District

The Mark Twain Union Elementary School District prohibits unlawful discrimination against and/or harassment of district employees and job applicants on the basis of actual or perceived race, color, national origin, ancestry, religion, age, marital status, pregnancy, physical or mental disability, medical condition, veteran status, gender or sexual orientation at any district site and/or activity.

School Use Only – Do Not Write Below This Line

Annual Income Conversion: Weekly x 52; Bi-Weekly x 26; Twice per month x 24; Monthly x 12.

(Do not convert to annual income unless household reports multiple pay frequencies).

If the “Homeless” box is checked, refer to the student(s) records in California Longitudinal Pupil Achievement Data System (CALPADS) to verify the homeless record(s).

If there is no record of homelessness in CALPADS, refer the household to your LEA’s Homeless Liaison to verify their status.

Local Education Agency Approval: ☐ CalFresh/CalWORKs/FDPIR ☐ Homeless ☐ Income Household

Total Household Size: ☐ Total Household Income: $ ☐

☐ Weekly ☐ Bi-Weekly ☐ Twice Per Month ☐ Monthly ☐ Annual

Application Approved For: ☐ Free Eligible ☐ Reduced-Priced Eligible

Application Denied Because: ☐ Income Over Allowed Amount ☐ Incomplete/Missing Information

☐ Other: _____

Date Notice Sent: _____

Signature of Approving Official: _____ Date:_____

Income Eligibility Guidelines for SUN Bucks

Effective from July 1, 2025, through June 30, 2026
Households with income at or below the following levels may be eligible for SUN Bucks.

LEAs must update the eligibility scale when school year 2026-2027 guidelines (effective July 1, 2026) become available.

SUN Bucks Eligibility Scale

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	$ 28,953	$ 2,413	$ 1,207	$ 1,114	$ 557
2	$ 39,128	$ 3,261	$ 1,631	$ 1,505	$ 753
3	$ 49,303	$ 4,109	$ 2,055	$ 1,897	$ 949
4	$ 59,478	$ 4,957	$ 2,479	$ 2,288	$ 1,144
5	$ 69,653	$ 5,805	$ 2,903	$ 2,679	$ 1,340
6	$ 79,828	$ 6,653	$ 3,327	$ 3,071	$ 1,536
7	$ 90,003	$ 7,501	$ 3,751	$ 3,462	$ 1,731
8	$ 100,178	$ 8,349	$ 4,175	$ 3,853	$ 1,927
For each additional family member, add:	$ 10,175	$ 848	$ 424	$ 392	$ 196

How to Apply for SUN Bucks

Please use these instructions to help you fill out the application for SUN Bucks. You only need to submit one application per household, even if your children attend more than one school in the Mark Twain Union Elementary School District.

The application must be filled out completely to determine the eligibility of your child(ren) for SUN Bucks. Please follow these instructions in order. Each step of the instructions is the same as the steps on your application.

If at any time you are not sure what to do next, please contact Samantha Austin at 209-736-6540 or saustin@mtwain.k12.ca.us.

Please use a pen (not a pencil) when filling out the application and do your best to print clearly.

Step 1: List ALL students up to and including grade 12

Tell us how many elementary/middle/high school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Students (regardless of age) enrolled in [Mark Twain Union School District] AND are supported with the household's income;
- In your care under a formal foster arrangement through a court or state/local agency, or qualify as homeless or migrant youth.

A. List each child's name.

Print each child's name. Use one line of the application for each child. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children. This also applies to adults in Step 3. "MI" is short for middle initial. Print the first letter of each child's middle name in the box.

B. Date of Birth.

Print each child's date of birth. This is an optional field.

C. Student Income.

List all income earned or received by students. List the gross income for each student in your household. Only count foster children's income if you are applying for them together with the rest of your household.

- **What is Student Income?** Student income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

D. Do you have any foster children?

If any children listed are foster children, mark the “Foster Child” box next to the child’s name.

Foster children who live with you may count as members of your household and should be listed on your application.

Note: Adopted children are not considered foster children. A foster child is a minor child who has been taken into state custody and placed with a state-licensed adult, who cares for the child in place of their parent or guardian.

E. Are any children homeless or migrant?

If you believe any child listed in this section meets this description, mark the “Homeless, Migrant, Runaway” box next to the child’s name and complete all steps of the application. Homeless, Migrant, Runaway status must be confirmed with the appropriate program staff. If the school district cannot confirm your student’s homeless, migrant, or runaway status, then the school district will contact you to complete an income-based application. You may choose to provide income information now in order to prevent the school district from potentially needing to contact you later.

Step 2: Do any household members currently participate in CalFresh (Supplemental Nutrition Assistance Program [SNAP]), CalWORKs (TANF), or FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for SUN Bucks:

- The Supplemental Nutrition Program (SNAP) or CalFresh.
- Temporary Assistance for Needy Families (TANF) or CalWORKs.
- The Food Distribution Program on Indian Reservations (FDPIR).

A. If no one in your household participates in any of the above listed programs:

- Skip **Step 2** and go to **Step 3**.

B. If anyone in your household participates in any of the above listed programs:

- Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact your local county health and human services office.

Go to **Step 3**.

Step 3: List ALL household members not already reported in student section.

How do I report my income?

- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
  - Gross income is the total income received **before** taxes and deductions.
  - Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a "0" in any fields where there is no income to report. Any income fields left blank or empty will also be counted as a zero. If you write "0" or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.

Mark how often each type of income is received using the check boxes to the right of each field.

A. Report income earned by adults.

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do NOT include:**
  - People who live with you but are not supported by your household's income AND do not contribute to the income of your household.
  - Students already listed in **Step 1**.

B. List adult household members' names.

Print the name of each household member in the appropriate boxes. Include college students, unless they are declared independently on taxes (all college students are considered adults). **Do not list any household members you listed in Step 1.**

C. List earnings from work.

List all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. Net income is your income after taxes and deductions have been subtracted.

- ***What if I have multiple jobs?*** List each job separately by entering your name and income from each job on a new line. Add an additional sheet of paper if necessary.

- ***What if I am self-employed?*** List income from your business as a net amount. This net amount is calculated by subtracting the total operating expenses of your business from its gross receipts (revenue). Gross receipts or revenue are all the income earned from the sale of any products or services offered.

If a student listed in Step 1 has income, follow the instructions in Step 1, Part D.

D. List income from public assistance/child support/alimony.

List all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. **Do not report the cash value of any public assistance benefits NOT listed on the chart**. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

E. List income from pensions/retirement/all other income.

List all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

- ***What if I receive income from multiple sources in this category?*** List each source separately by entering your name and income from each source on a new line. Add an additional piece of paper if necessary.

F. List total household size.

Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in **Step 1** and **Step 3**. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for SUN Bucks.

Step 4: Contact information and adult signature

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the statements on this application.

DISQUALIFICATION PENALTIES: Individuals found to have committed an intentional Program violation either through an administrative disqualification hearing or by a Federal, State or local court, or who have signed either a waiver of right to an administrative disqualification hearing or a disqualification consent agreement in cases referred for prosecution, shall be ineligible to participate in the Program:

- For a period of twelve months for the first intentional Program violation, except as provided under paragraphs (b)(2), (b)(3), (b)(4), and (b)(5) of this section;

- For a period of twenty-four months upon the second occasion of any intentional Program violation, except as provided in paragraphs (b)(2), (b)(3), (b)(4), and (b)(5) of this section; and

Permanently for the third occasion of any intentional Program violation.

A. Provide your contact information.

Write your current mailing address in the fields provided, if this information is available. If you have no permanent address, that is okay. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B. Print and sign your name and write today's date.

Print the name of the adult signing the application. That person signs in the box "Adult Household Member Signature".

C. Mail completed application to:

Mark Twain Elementary School
646 Stanislaus Avenue
Angels Camp, CA 95222

Optional

Share children's racial and ethnic identities (optional). On this application, we ask you to share information about your child's race and ethnicity. This field is optional and does not affect your children's eligibility for SUN Bucks. This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application, and may be protected by the Privacy act. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.

Please return the application directly to your child's SCHOOL. DO NOT mail, fax, or email completed applications or questions about applications to the California Department of Education or the USDA Office of the Assistant Secretary for Civil Rights or your child's eligibility for SUN Bucks will be delayed.

If you intend to move, or have recently moved, you should apply for benefits in the State where your child(ren) will complete or completed the school year immediately preceding the summer operational period.