



# Vinci Park School

1311 Vinci Park Way, San Jose, CA 95131  
408-923-1970; Fax 408-254-3790

Parisa Nunez, Principal

Dr. Roxane Fuentes, Superintendent

Dear Vinci Park Families,

The Vinci Park PTA plays a pivotal role in supporting the school by funding large activities such as assemblies, field trips, and supplemental classes. However, in order to ensure the school continues to provide our students with an array of opportunities that PTA may not be able to fund, we are asking every family to make a fully tax-deductible contribution of \$100.00 per student. Your generosity will help support a number of items, including but not limited to the following...

- Provide essential classroom supplies/materials
- Provide physical education and playground equipment
- Upgrade our current technology in the computer lab and classrooms
- School related student activities and events
- Provide special support services for at-risk students

We appreciate anything you may be able to contribute.

On the back of this form, you will find the "Class and School Donation" form. Please fill one out per child and return to the office or your child's teacher.

Thank you so much,

Parisa Nunez  
Principal  
pnunez@busd.net

(All contributions are fully tax deductible as allowed by tax law.)

# **CLASS and SCHOOL DONATION**

## **2025-2026**

Please complete the form below and return to the school  
along with any donation you would like to make.

Print Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_ Room # \_\_\_\_\_

I would like to contribute \$100.00 to my child's classroom to help cover the cost of the school supplies he/she will be using in class and toward valuable programs and services.

\*\*\*\*\*

I can do more! I have enclosed \$\_\_\_\_\_, cash or check payable to  
**“Vinci Park School”**

(All contributions are fully tax deductible as allowed by tax law.)

**Your financial support makes a tremendous difference! Thank you!**

\*\*\*\*\*

**All children will need a backpack large enough to fit a binder.**

**SCHOOL SUPPLIES PROVIDED BY OUR TEACHERS**

Teachers always appreciate donations of the following class supplies any  
time throughout the year:

Hand sanitizer, Kleenex, #2 pencils, staples, pens, dry erase markers,  
baby wipes, paper towels, scotch tape, copy paper, binder paper

**THANK YOU FOR YOUR SUPPORT!**



# Vinci Park School

Berryessa Union School District  
1311 Vinci Park Way, San Jose, CA 95131  
408-923-1970; Fax 408-254-3790



Pathway to the Future

**Parisa Nunez, Principal**

**Roxane Fuentes, Ed.D., Superintendent**

## FAMILY – SCHOOL COMPACT (2025-2026)

This is a unifying agreement between parents, students and school staff to provide the best instructional program for all students. Your voluntary signature assures us of your ongoing support as our partners in education.

**Student's Full Name (Printed)** \_\_\_\_\_

**Teacher's Name** \_\_\_\_\_

### As a student, I will:

- Arrive to school on time and be ready to learn
- Be a positive and active learner every day and do my best work always
- Follow the classroom rules/school rules and be a model of good behavior
- Respect myself, classmates, staff and families and respect school property
- Return all homework assignments completed and checked
- Read or be read to every day for at least 20 minutes

### As a Parent/Guardian, I will:

- Help my child understand the value and importance of education
- Make sure that my child attends school on time when in good health
- Ensure my child gets proper nutrition, regular medical attention and adequate sleep
- Send my child to school with completed homework and appropriate clothing
- Monitor my child's progress in school
- Respect the school, staff, students and families and be a model of good behavior
- Provide a quiet time and place for homework for my child on a daily basis
- Monitor TV viewing and make sure my child reads every day
- Return all important papers to school on time
- Make every effort to attend parent/teacher conferences and school activities
- Participate in shared decision making with the school staff and other families for the benefit of the students

### As a Teacher, I will:

- Provide high-quality curriculum and instruction in a supportive and effective learning environment to meet state academic standards
- Motivate students, set high expectations and enforce rules equitable
- Encourage students' active engagement in interesting and challenging curriculum
- Communicate regularly with families about their child's progress in school
- Participate in professional development opportunities that improve teaching and learning and support the formation of partnerships with families and the community
- Provide assistance to families on what they can do to support their child's learning

### As a Principal, I will:

- Make school a positive, welcoming and safe place
- Build partnerships with all parents and the community at large
- Encourage teamwork among families
- Assist staff members in achieving grade level literacy for all students
- Provide necessary resources, staff development and teacher support to ensure success for all students

*Parisa Nunez*

**Principal Signature**

**Parent/Guardian Signature**

**Date**

- ☐ Deseo tener la traducción de CONTRATO ESCOLAR Y FAMILIAR. (I would like to have a copy in Spanish)
- ☐ Tôi muốn có một bản KHÉ ƯỚC GIA ĐÌNH-NHÀ TRƯỜNG. (I would like have a copy in Vietnamese)
- ☐ 我需要一份: 家庭 – 學校合約 (I would like have a copy in Chinese)

Original is kept in child's classroom folder

## PERSONAL EMERGENCY SUPPLY KITS

As part of our continuing efforts to better prepare ourselves in the case of a major disaster, Vinci Park School will be implementing the use of **Personal Emergency Supply Kits** for each student during the **2025-2026** school year. The purpose of these kits is to provide some basic comfort and nutritional items to be used in the case of a serious emergency. The personal kits will be used in addition to the school wide emergency food and first aid supplies that are already stored on campus.

We are requesting that **EACH STUDENT** bring to school a small supply of non-perishable snack foods that require no preparation and can be opened without the aid of special tools (see recommended list below). We would also like you to include a family photo as well as a personal note of encouragement, reassuring your child that you will come as soon as possible and that he/she will be in good care while at school.

All food and comfort items need to be placed in a one gallon Ziploc-type bag, which will later be stored in your child's classroom. Please complete and cut off the information portion below and insert it into the bag to identify the kit as well as any food allergies. If not consumed during an emergency, the **Personal Emergency Supply Kits** will be returned to your child on the last day of school.

### Packing your Personal Emergency Supply Kits-

- Use only a one gallon sized, Ziploc-type bag
- Complete and cut off the information form below
- Include the following items:
  - Completed information form
  - 1-2 non-perishable drink items (e.g. a juice and a small water)
  - 3-4 non-perishable snack items

### Suggested snack food items to include are:

- |  |                                       |
|--|---------------------------------------|
| Fruit drinks in boxes or "pop-top" type cans   | 16.9 ounce (or smaller) bottled water |
| Beef or turkey jerky   | cheese crackers                       |
| Small boxes of cereal  | granola type bars                     |
| Packaged raisins, dried fruit or fruit leathers  |                                       |
| Individual servings of fruit, applesauce, wieners, tuna or pudding in small, pull-off top type |                                       |
| Containers (and heavy duty plastic spoon if needed)  |                                       |

Please note that **ALL** food/beverage items **MUST** be prepackaged or factory sealed. Do **NOT** pack any items that require refrigeration, are perishable or will expire before July 2026. Remember to check the expiration dates for all food/beverage items. All items must fit into a one gallon bag so that the bag can be sealed. Bags received that are the incorrect size, have perishable or inappropriate foods, or have too few or too many items will be returned home for correction.

\*\*\*Due to space limitations, please do not exceed 4 snack items and 2 beverage items\*\*\*

Please return the Personal Emergency Supply Kits to your child's teacher (NOT THE OFFICE) within ONE week from the start of school.

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### PERSONAL EMERGENCY SUPPLY KIT INFORMATION

(PLEASE COMPLETE THIS PORTION AND INCLUDE IN KIT)

STUDENT'S NAME: \_\_\_\_\_

ROOM NUMBER: \_\_\_\_\_

TEACHER'S NAME: \_\_\_\_\_

FOOD ALLERGIES: \_\_\_\_\_

School Year 2025-2026 Berryessa Union School District Household Application for Free and Reduced-Price Meals

Complete only one application per household.

Refer to back of application for instructions on how to apply. Print clearly with pen. 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, special serving lines, 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.

Child’s First Name, Middle Initial, Last Name

(Include all children in household, even if not in school yet)

School Name

Birth Date

Foster Child

Homeless, Migrant, Runaway

Check all that apply

OFFICE USE ONLY

(STUDENT ID #)

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

Do ANY household members (child or adult) currently participate in CalFresh, CalWORKs or FDIPIR? 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

☐ FDIPIR

Enter Case Number:

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

A. STUDENT INCOME: Sometimes students in the household earn income. Enter the TOTAL GROSS income (before deductions) in whole dollars earned by all students listed in STEP 1.

Child income

Weekly

2x Week

2x Month

Monthly

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 sources, 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” column: W = Weekly, 2W = Bi-Weekly, 2M = Twice a Month, M = Monthly, Y = Yearly

DO NOT COMPLETE -- FOR SCHOOL USE ONLY

Annual Income Conversion: Weekly x52, Bi-Weekly x26, Twice a Month x24, Monthly x12

Total Household Size

Total Household Income

\$

How Often?

Weekly

Bi- Weekly

Twice a Month

Monthly

Yearly

Eligibility Status:

☐ Free

☐ Reduced-price

☐ Paid (Denied)

☐ Categorical

Verified as:

☐ Homeless

☐ Migrant

☐ Runaway

☐ Error Prone

Application #

Determining Official’s Signature:

Date:

Confirming Official’s Signature:

Date:

Verifying Official’s Signature:

Date:

STEP 4 – SOCIAL SECURITY NUMBER, ADULT SIGNATURE & CONTACT INFORMATION

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 federal 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.”

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 ☐

Signature of adult completing this form:

Today’s Date:

Print Name:

Phone #:

E-mail:

Address:

City:

State:

Zip Code:

Dear Parent or Guardian:

The Berryessa Union School District participates in the National School Lunch Program and/or School Breakfast Program by offering nutritious meals every school day. You or your children do not have to be U.S. citizens to qualify for free or reduced-price meals. If there are more household members than the number of lines on the application, attach a second application.

LETTER TO HOUSEHOLD FOR FREE AND REDUCED-PRICE MEALS

a new determination is made. When the carryover period ends, your child will be charged the full price for meals, unless the household receives a notification letter for free or reduced-price meals. School officials are not required to send reminder or expired eligibility notices.

**NON-DISCRIMINATION STATEMENT:** In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, 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 responsible 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(PDF), found online at How to File a 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 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; or
- 2. fax: 202-690-7442; or
- 3. email: Program.intake@usda.gov

This institution is an equal opportunity provider.

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 4: SOCIAL SECURITY NUMBER, ADULT SIGNATURE & CONTACT INFORMATION** – Enter the last four digits of your Social Security number (SSN). If no adult household member has a SSN, check the “NO SSN” box. 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 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 Student Nutrition Services at 408-923-1875 or 408-923-1879 at 951 Piedmont Rd, San Jose, CA 95132. You will be notified if your application is approved or denied for free or reduced-price meals.

Sincerely,  
Student Nutrition Services

**QUALIFICATION:** Your children may qualify for free or reduced-price meals if your household income falls at or below the federal income Eligibility Guidelines below.

Effective July 1, 2025–June 30, 2026						
Household Size	Year	Month	Twice Per Month	Every Two Weeks	Week	
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	

**APPLYING FOR BENEFITS:** An application or 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,

**STEP 1: STUDENT INFORMATION** – Include ALL CHILDREN in the household. Print their name (first, middle initial, last), school, 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. 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.



Pathway to the Future

## BERRYESSA UNION SCHOOL DISTRICT

981 Ridder Park Dr., San Jose, CA 95131

### **Notification of Parent or Guardian -- Education Code Section §48981-- Times & Means of Notification**

The notice to parents regarding federal laws and education code excerpts relating to rights of parents or guardians of minor pupils shall be sent at the time of registration for the first semester, quarter, or trimester of the regular school term. The notice may be sent by regular mail or by any other method normally used to communicate with the parents or guardians in writing.

*The following acknowledgment must be included as part of your child's school record. Please complete this form and return it to school.*

### **PARENTAL ACKNOWLEDGEMENT**

- ☐ I have received and read the attendance information and will make every effort to ensure my child/children attend school every day that school is in session.
- ☐ I have received and read the notice to parents regarding federal laws and education code excerpts relating to rights of parents or guardians of minor pupils.

### **MANDATORY RECOMMENDATION FOR EXPULSION (EC §48915(C)(1) AND (2), EC §48915(a)(2)) ACKNOWLEDGEMENT**

My signature and my parent's signature below indicate that I/we understand the Mandatory Recommendation for Expulsion. I agree that I will bring no controlled substances or weapons of any kind including knives of any size, key chain knives, Swiss Army knives, guns or any other device that can be used as a weapon, onto the school property. I/we further understand that violation of this policy will result in a recommendation for expulsion. Board Policy 5131.

### **CODE OF CONDUCT ACKNOWLEDGEMENT**

My parents and I have reviewed the School's Code of Conduct and the common dress code (Cherrywood, Morrill, Northwood, Piedmont, Sierramont, and Summerdale). I understand that I am responsible for the guidelines and rules it contains. If I have questions about the Code of Conduct and/or the Dress Code (Uniform Policy), I know I can call the school or make an appointment with the Principal or Assistant Principal.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

My child's name is \_\_\_\_\_

He/she attends (name of school) \_\_\_\_\_ Grade \_\_\_\_\_

### **FORM A**

**SIGN AND RETURN FORM TO SCHOOL**





Dear Parent/Guardian:

As part of the accountability requirements under the Every Student Succeeds Act (ESSA), the U.S. Department of Education is requiring that school districts identify students who are Armed Forces Family Members. These students will be part of a new accountability subgroup.

**The Armed Forces Family Member information will be collected on a yearly basis.**

### **What is the definition of an “Armed Forces Family Member”?**

A student is considered to be an Armed Forces Family Member if at least one parent is an Armed Forces member, on active duty or serves on full-time National Guard duty. The terms “armed forces,” “active duty,” and “full-time National Guard duty” as defined by Sections 101(a)(4), 101(d)(1), and 101(d)(5) of the United States Code are:

- 101(a) (4) – The term “armed forces” means the Army, Navy, Air Force, Marine Corps, and Coast Guard.
- 101(d) (1) – The term “active duty” means full-time duty in the active military service of the United States. Such term includes full-time training duty, annual training duty, and attendance, while in the active military service, at a school designated as a service school by law or by the Secretary of the military department concerned. Such term does not include full-time National Guard duty.
- 101 (d) (5) – The term “full-time National Guard duty” means training or other duty, other than inactive duty, performed by a member of the Army National Guard of the United States or the Air National Guard of the United States in the member's status as a member of the National Guard of a State or territory, the Commonwealth of Puerto Rico, or the District of Columbia under Section 316, 502, 503, 504, or 505 of Title 32 of the United States Code, for which the member is entitled to pay from the United States or for which the member has waived pay from the United States.

**Please complete this form and return it to your child’s school office**

**Student First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **ID#** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Student Military Identifier number:** \_\_\_\_\_

**United States Armed Forces Information:** (Required annually by U.S. Department of Education)

**Is either parent/guardian on Active Duty in the Armed Forces?**

(Air Force, Army, Coast Guard, Marines, Navy or member of any reserve forces) **NO** \_\_\_\_\_ **YES** \_\_\_\_\_

\*\*\*\*If yes, please provide parent/guardian name: \_\_\_\_\_ and relationship to student \_\_\_\_\_.

(If both parents/guardians are on active duty, please complete a form for each parent. Additional forms are available in school offices or online at [www.berryessa.k12.ca.us/OUR-DISTRICT/Education-Services/Enrollment-Process/index.html](http://www.berryessa.k12.ca.us/OUR-DISTRICT/Education-Services/Enrollment-Process/index.html).)

**If yes, please indicate which service:**

☐ Air Force ☐ Air Force Reserve ☐ Air National Guard ☐ Army ☐ Army Reserve ☐ Army National Guard  
☐ Coast Guard ☐ Coast Guard Reserve ☐ Marine Corps ☐ Marine Corps Reserve ☐ Navy ☐ Navy Reserve

**If active duty, please indicate the date duty began: Month** \_\_\_\_\_ **Year** \_\_\_\_\_

**Current status:** ☐ Active Duty, deployed ☐ Active duty, not deployed ☐ Discharged ☐ Inactive

☐ Injured ☐ Killed in action ☐ Retired ☐ Student Military Identifier only ☐ Transitioning out of active duty

**FORM B - SIGN AND RETURN TO SCHOOL**



Berryessa Union School District  
Housing Questionnaire

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Student Last Name

First

Middle

---

Name of School:

The information provided below will help the LEA determine what services you and/or your child may be able to receive. This could include additional educational services through Title I, Part A and/or the federal McKinney-Vento Assistance Act. The information provided on this form will be kept confidential and only shared with appropriate school district and site staff.

Presently, are you and/or your family living in any of the following situations?

- ☐ Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or Federal Emergency Management Agency (FEMA) trailer
- ☐ Sharing housing with other(s) due to loss of housing, economic hardship, natural disaster, lack of adequate housing, or similar reason
- ☐ Living in a car, park, campground, abandoned building, or other inadequate accommodations (i.e. lack of water, electricity, or heat)
- ☐ Temporarily living in a motel or hotel due to loss of housing, economic hardship, natural disaster, or similar reason
- ☐ Living in a single-home residence that is permanent

I am a student under the age of 18 and living apart from parent(s) or guardian: O Yes O No

*The undersigned parent/guardian certifies that the information provided above is correct and accurate.*

---

Print Parent/Guardian Name

Signature

Date

---

(Area Code) Phone Number

Street Address

City

State

Zip

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Your child or children have the right to:

- ☐ Immediate enrollment in the school they last attended (school of origin) or the local school where you are currently staying, even if you do not have all the documents normally required at the time of enrollment.
- ☐ Continue to attend their school of origin, if requested by you and it is in the best interest.
- ☐ Receive transportation to and from their school of origin, the same special programs and services, if needed, as provided to all other children, including free meals and Title I.
- ☐ Receive the full protections and services provided under all federal and state laws, as it relates to homeless children, youth, and their families.

Please list all children currently living with you.

Name	Gender	Birthdate	Grade	School

If you have any questions about these rights, please contact the local homeless liaison, Thomas Carroll, by phone at (408) 923-1905 or by email at: [tcarroll@busd.net](mailto:tcarroll@busd.net)

**FORM C – SIGN AND RETURN TO SCHOOL**