

Montague Elementary School Enrollment Form
2025-26 School Year **August 18, 2025-June 4, 2026**

Enrollment Date: _____ Student Name: _____

First Middle Last

Grade: _____ Place of Birth: City _____ State: _____

Birthdate: _____ Circle: Male or Female Last grade completed: _____

Student **mailing** address: _____

Student **physical** address: _____

Who does the student live with? Mom Dad Both Parents Guardian Other

If divorced, who is the educational rights holder? Mom Dad Both Other: _____

Please provide the office with a copy of the most current court documents if applicable.

Father's Name: _____ Phone #: _____

Father's education level: High School Graduate / Some College/ College Graduate / Military

Father's email address: _____

Father's Place of employment: _____ Work Phone: _____

Mother's Name: _____ Phone #: _____

Mother's education level: High School Graduate / Some College / College Graduate / Military

Mother's email address: _____

Mother's Place of employment: _____ Work Phone: _____

Guardian's Name: _____ Phone #: _____

Student's Cell Phone Number: _____

Last school student attended: _____ Last date of attendance: _____

Last School City: _____ State: _____ Phone: _____

Other children in household

Names and ages: _____

Emergency Contacts (also permission for student pick-up)

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Student Medical Conditions: _____ **Allergies:** _____

Medications to be taken at school: _____

Primary Care Doctor: _____ Phone #: _____

Health Insurance: _____ In the event of a medical Emergency, we will contact 911.

After School Plans: After School Program / Walk / Pick up Bus

If riding bus, please list name of bus stop based on attached route: _____

Media release for student photo: Yearbook, News Stories, School Website, Campus: Yes or No

Permission for student to attend Field Trips: Yes or No

<u>Student Ethnicity</u>	Hispanic/Latino	Pacific Islander	Asian	Hmong
American Indian	African American	White	Other: _____	

Parent/Guardian Signature: _____ Date: _____

Confidential Health Questionnaire

Child's Name:	M / F Birthdate:
Physician:	Phone number:
Dentist:	Phone number:
<input type="checkbox"/> Check here if your child has NO KNOWN HEALTH CONCERNS	
<input type="checkbox"/> Check here if your child has KNOWN HEALTH CONCERNS and check all that apply below:	
<input type="checkbox"/> ADD/ADHD	
<input type="checkbox"/> Asthma	
<input type="checkbox"/> Severe Allergy to _____	
<input type="checkbox"/> Has an epinephrine auto-injector	
<input type="checkbox"/> Seizures	
<input type="checkbox"/> Diabetes ____Type I ____Type II	
<input type="checkbox"/> Other:	
<input type="checkbox"/> Check here if your child wears glasses or contact lenses.	
<input type="checkbox"/> Check here if your child has a hearing loss or uses hearing aids.	
<input type="checkbox"/> Check here if your child has had chicken pox.	
<input type="checkbox"/> My child has dietary restrictions (please explain)	
Does your child have a condition that limits participation in :	
<input type="checkbox"/> Classroom	
<input type="checkbox"/> Physical Education	
Explain:	
List all medication your child takes and indicate whether it is needed at home, school or both. Note: <i>If your child requires medication while attending school, there are forms that need to be completed by you and your child's physician so that the school may dispense the medication safely (California Education Code 49423).</i>	
AT HOME:	
AT SCHOOL:	
Special Instructions/Comments/Health Needs/Emergency Care Plans:	
If you would rather not use this form or would like to discuss any matter with the School Nurse, you may call your child's school and request that the School Nurse call you.	
Name of person completing form	Relationship to the student Date



What is my child doing after school?

All students are released at 2:45pm M-TH
And at 1:30pm each Friday.

They are escorted by their teacher to the
After School Program, Rooms 8, 9 and 10, unless they
are walking home or being picked up.

Please let us know what your child will be doing after
school each day by filling out this form.

My child, (name) _____, will be:

YES or NO	Going to the After School Program To be picked up by parents or guardians before 5:30pm.	M T W TH F
YES or NO	Walking or getting picked up by parents or guardians directly after school.	M T W TH F
Yes or NO	Staying at the After School Program then riding the bus. (See Bus Route) Please write the name of the bus stop:	M T W TH F

MONTAGUE ELEMENTARY SCHOOL DISTRICT

HOME LANGUAGE SURVEY

The **California Education Code** requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students. Your cooperation in helping us meet this important requirement is requested. Please answer the following questions.

Name of student: _____ Grade: _____ Age: _____

1. Which language did your child learn when he or she first began to talk? _____

2. What language does your child most frequently use at home? _____

3. What language do you use most frequently to speak to your child? _____

4. Name the language most often spoken by the ADULTS at home: _____

State of California
Department of Education
OPER-LS-77 R-6/78

Special Services Information

Was your child receiving any special services at his/her last school? _____ Yes _____ No

Does your child have a 504 Plan in place? _____ Yes _____ No

Does your child have an IEP (Individualized Education Plan)? _____ Yes _____ No

If yes, please circle the program(s) he or she was receiving services from:

Resource Specialist Class

Speech/Language Specialist

Reading Specialist

Special Day Class

Bilingual Specialist

Other: _____

Is your child qualified for the Gifted and Talented Program? (G.A.T.E) _____ Yes _____ No

Signature of Parent/Guardian: _____ Date: _____

Library Information and Permission Slip

Dear Parent,

Your child will be visiting the school library during the course of the school year. It is always exciting for children to go to the library and pick out their own books. Having a variety of books to read will aid your child's successful progress in reading and learning. The school library is open each day for students to read, research and study. Students are allowed to check out books. Please help your son or daughter with the following:

- Develop and encourage a love of reading by spending time each day with electronic devices turned off so you may enjoy reading together.
- Encourage participation in the accelerated reader program.
- Remind your son or daughter about basic rules for proper book care: clean hands, use a bookmark, and don't eat or drink over books.
- Keep books in a clean, dry and safe place away from younger children and pets. TIP: It will help your child keep track of where their books are if they always keep them in the same place after reading.
- Send damaged books to the school for repair. **Please do not mend library books at home.**
- Remind your son or daughter to return books on time. The classroom teacher will let your child know when their class will be scheduled to visit the library.
- All library items are checked out for 1 week at a time and must be returned before any others can be checked out.

As a reminder, if your child loses or damages a school library book, it will be your responsibility to pay for the book so we can replace it. If you have any questions or would like to visit the library, please feel free to come in. We also welcome donations of new or nearly new books for inclusion in the school library.

Thank you,
Alexis Carlson, Librarian

Accelerated Reader Honor Code

I agree that whether I am taking Accelerated Reader Test, or another student is testing, I will:

1. Test quietly and keep my work, the questions, and answers to myself.
2. Not test on a book that is below my reading level.
3. Only test on books that I have read, or the teacher has read to me this school year.
4. Not try to test on a book when I have only watched the video or movie.
5. Not give answers to another student or do anything which might be considered cheating.
6. If I hear another student cheating, I will notify the teacher or librarian.

I understand the Accelerated Reader Honor Code. I understand that cheating is wrong and will result in loss of my points or from participating in the Accelerated Reader Program.

Parent: _____

Student: _____

NOTICE TO PARENTS AND GUARDIANS

As required by California Education Code Section 48980 you are hereby notified that you have a right to permit or refuse to permit your child to engage in the school health activities below.

1. Administration of prescribed medication: Any pupil who is required to take, during the regular school day, medication prescribed for him by a physician, may be assisted by the school nurse or other designated personnel if the school district receives (1) written statement from such physician detailing the method, amount, and time schedules by which such medication is to be taken; and (2) a written statement from the parents or guardian of the pupil indicating the desire that the school district assist the pupil in the pattern set forth by the physician's statement (E.C. 49423).
2. Physical examination: may not be given to a child whose parent has filed an objection for the current school year. However, the child may be sent home if, for good reason, he/ she is believed to be suffering from a recognized contagious or infectious disease (E.C. 49451).
3. Evaluation of vision of a child. including tests for visual acuity and color vision by the school nurse, or teacher if authorized, upon first enrollment and at least every third year thereafter. The evaluation may be waived upon presentation of an appropriate certificate from a physician or optometrist (E.C. 49455).
4. Scoliosis screening will be provided for every female pupil in grade 7 and every male pupil in grade 8. (E.C. 49452.5) All pupils in grade 7 and 8 will be screened.
5. Evaluation of hearing of pupils shall be given to students upon first enrollment, second, fifth, eighth, and tenth or eleventh grades. This test will be administered by qualified audiometric testing personnel (California Administrative Code, Title 17, Section 2951).
6. Sex education courses or family life education in which reproductive organs and their functions are described, illustrated or discussed. If such a course is planned at some future time you will be notified of your rights to inspect and review pertinent written or audiovisual materials prior to the holding of the course. Written consent is not required, but written objection be honored for your child. This section does not apply to words or pictures in any science, hygiene, or health textbook. A teaching credential may be revoked for violation (E.C. 51550).
7. Sexually Transmitted Diseases education rules are similar to those in Item 6 above (E. C. 51820).
8. Excuse from instruction in the areas covered in Items 6 and 7 due to religious beliefs (including personal moral convictions) of the parent shall, upon written request, be permitted for-the parts in conflict with the beliefs (E.C. 51240).

Specific to Section 48980, California Education Code, the enclosed information shall serve as the annual notification to parents regarding rights which they have related to the following areas:

Non Discrimination, Family Life Education, Pupil Privacy, Special Education, Health Service, School Discipline, Absences for religious and other reasons, Alternative schools.

EDUCATION CODE 48980 requires the governing board of school districts to notify parents of minor pupils of their right to exclude the pupil from specific activities. This act requires the parents or guardians to sign a notification form and return it to school. The signature is an acknowledgement that the parents/guardians have been informed of their rights but it does not indicate that consent to participate in any particular program has either been given or withheld. Some legislation requires additional notification to the parents or guardians during the school term. A separate letter will be sent to parents or guardians prior to any of these activities, or specified classes, and the student will be excused whenever the parent files with the principal of the school, a statement in writing requesting that his/her child not participate. Other legislation grants certain rights which are spelled out in this form.

Parent Signature: _____

Date: _____

General Information for Students 2025-26 School Year

After School Release: Students are released from their classrooms at the end of the school day. Students who are being picked up, walking or riding bikes home are released through the front lobby. Students who are going to the After School Program are escorted to the appropriate classrooms. Parents who are picking up their children after school are asked to wait in front of the school. If driving, please pull to the front of the school and your student will be released to you. If you are standing to pick up your child, please make sure you are out of the way of the drive thru line and have a safe path to walk your child from the school. The bus leaves campus at 4:30 M-TH and at 3:30pm on Fridays. All students who are not picked up after school will be signed into the After School Program.

Cell Phone and other electronic devices: Student cell phones are not allowed on campus. Students have a box to turn their cell phones in at the beginning of each day. Students may pick up their phones upon leaving campus for the afternoon. Electronic devices and phones will be confiscated by school employees if they are with a student on campus. Parents must pick up devices if confiscated. The office phone is available for emergencies.

Dress Code: School is a place of business and students should wear clothing that is suitable for the pursuit of learning. Clothing that reveals undergarments, cleavage, and/or the chest and midriff are not appropriate for school. Unsuitable clothing includes: excessive baggy pants, tank tops with spaghetti straps, halter tops, strapless tops. Shorts and skirts must be below fingertips with arms at sides. Clothing that depicts any drug, alcohol, sexual reference, derogatory or inflammatory message may not be worn on the MES campus. It is not appropriate to wear pajamas or slippers to school. If at any time a student's dress is inappropriate, or such time that it disrupts the educational program, the student will be required to change into proper attire. Continued disregard of the dress code will result in suspension. The principal's office will make the final decision on the conformity of the dress code.

Field Trips: During the school year, your child may be given the opportunity to participate in educational excursions or field trips. You will receive reminder notices about any off-campus activities.

Student Handbook: A student handbook is given to students at the beginning of each school year. Any student or parent may request this handbook at any time. This handbook has much more detailed information about our procedures and policies.

Attendance: MES students maintain an average of 95% attendance throughout the school year. If your child is absent and has three or more unexcused absences, the truancy process will begin. Please communicate with the school for any absences and only excuse your child for legitimate reasons.

Tobacco and Vape products: MES is a tobacco free school campus. The use of all tobacco products, including electronic nicotine devices, by anyone on school district property, in vehicles or at District-sponsored events, is prohibited. Under Health and Safety Code 104495, smoking or use of any tobacco related products and disposal of any tobacco related waste within 25 feet of a school property is prohibited. Students and members of the public are expected to observe this restriction.

I have read and understand the above general information for students.

Parent: _____

Student: _____

Date: _____

Montague Elementary School

Family/School Compact

The family will:

- Ensure that their child will arrive at school on time each day.
- Provide a clean healthy home, and send their child to school in proper clothing.
- Give strong support to maximize the possibilities for their child's education
- Provide an orderly safe home environment that encourages the child to learn.
- Help their child by building a small but meaningful home library by providing stimulating books or make frequent trips to the library.
- Expect that homework assignments are complete each night and will check them for accuracy and completion.
- Discuss with their child what was learned at school each day.
- Meet with their child's teacher for his or her progress
- Remind their child of the necessity of discipline at school, especially self-discipline and remind them frequently about respect, kindness and safety concepts.
- Help their child appreciate and enjoy the excitement in learning and encourage an inquiring mind.
- Stay informed of school news by reading monthly calendars, checking the website, reading the school marquee or reading notes sent home.

The student will:

- Arrive at school on time every day unless they are ill.
- Share their progress with their parents/guardians and ask for support.
- Do their best to learn at home and at school.
- Know that reading is essential to learning and work hard at becoming a good reader.
- Complete their homework to the best of their ability.
- Discuss with their parents what they are learning at school each day.
- Pay attention to current events in order to be well informed.
- Be respectful and follow school rules. Be safe. Be kind.
- Maintain a positive attitude towards learning in all subjects.

The school will:

- Monitor attendance and discipline.
- Provide high quality materials, curriculum and instruction.
- Provide a supportive and effective learning environment.
- Provide homework assignments that reinforce and extend information covered in classroom instruction.
- Provide time for students to share experiences and information obtained outside the classroom.
- Provide opportunity to learn about current events and important local, national and world news.
- Provide conference opportunities.
- Provide reinforcement for safety and kindness.
- Provide positive, enthusiastic instruction and a variety of activities.
- Provide important school information on a timely basis through written or online communication.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Household Income Data Collection – MONTAGUE ELEM SCHOOL DISTRICT 2025-26

Household Last Name: _____ Phone: _____ E-mail: _____

PART I: Fill in the following information for children living in your household

Name of Child(ren) attending a California K-12 Public School			School Attending	Birth Date	Grade Level
Last	Middle	First			
1.					
2.					
3.					
4.					
5.					
6.					

PART II: Fill in the following for Household Size and Household Income

Based on your household size, check the appropriate box if your total annual household income is within the range displayed for Category 1 or Category 2. **Do not check an income in both categories.**

For help in determining your household size and total annual household income, please see instructions on the back of this form.

Household Size	Category 1 – Total Annual Household Income is Within This Range:	Category 2 – Total Annual Household Income is Within This Range:
1	\$20,345	\$28,953
2	\$27,495	\$39,128
3	\$34,645	\$49,303
4	\$41,795	\$59,478
5	\$48,945	\$69,653
6	\$56,095	\$79,828
7	\$63,245	\$90,003
8	\$70,395	\$100,178

If household size is greater than 8, list household size and total annual income below:

Household Size: _____ Total Annual Income: \$ _____

If your total annual household income exceeds the ranges above, check here: ☐

PART III: Signature

I certify (promise) that the information provided on this form is true and that I included all income. I understand that the school may receive state and federal funds based on the information I provide and that the information could be subject to review.

Signature of adult household member
completing this form

Date

Printed name of adult household member
completing this form

The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. § 1232g; 34 CFR Part 99); Title 2, Division 4, Part 27, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution.

Who should I include in “Household Size”?

You must include yourself and all people living in your household, related or not (for example, children, grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (for example, who do not share income with your children, and who pay a pro-rated share of expenses), do *not* include them.

What is included in “Annual Household Income”? Annual Household Income includes the following:

- **Gross earnings from work:** Use your gross income, not your take-home pay. Gross income is the amount earned before taxes and other deductions. This information can be found on your pay stub or if you are unsure, your supervisor can provide this information. Net income should only be reported for self-owned business, farm, or rental income.
- **Welfare, Child Support, Alimony:** Include the amount each person living in your household receives from these sources, including any amount received from CalWORKs.
- **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits:** Include the amount each person living in your household receives from these sources.
- **All Other Income:** Include worker’s compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received. Do not include income from CalFresh, WIC, federal education benefits and foster payments received by your household.
- **Military Housing Allowances and Combat Pay:** Include off-base housing allowances. *Do not* include Military Privatized Housing Initiative or combat pay.
- **Overtime Pay:** Include overtime pay *ONLY* if you receive it on a regular basis.

How do I report annual household income for pay received on a monthly, twice a month, every two weeks, or weekly basis?

- Determine each source of household income based on above definitions. Households that receive income at different time intervals must annualize their income as follows:
 - If paid monthly, multiply total pay by 12
 - If paid twice per month, multiply total pay by 24
 - If paid bi-weekly (every two weeks), multiply total pay by 26
 - If paid weekly, multiply total pay by 52
- Add annualized pay together to determine the total annual household income and check the box on the other side of this form if it is within either of the ranges displayed for your household size.
- If your household size exceeds the size on the chart, list household size and total annual household income in the space provided.

If your income changes, include the wages/salary that you regularly receive. For example, if you normally make \$1,000 each month, but you missed some work last month and made \$900, put down that you made \$1,000 per month. Only include overtime pay if you receive it on a regular basis. If you have lost your job or had your hours or wages reduced, enter zero or your current reduced income.

For additional information on Household Size and Household Income, please see the Eligibility Manual for School Meals on the U.S. Department of Agriculture Guidance and Resource Web page at

<http://www.fns.usda.gov/cnd/guidance/default.htm>

Siskiyou Afterschool for Everyone (SAFE)

2025-2026 Enrollment Form

Siskiyou County Office of Education – Expanded Learning



My student will attend _____ school for the 25/26 school year.

Student Information

Complete this section for the student(s) in the same household. Use the back of this form if additional room is needed.

	Student's Legal Name (Last, First)	Preferred Name	Grade as of August 2024	Birthdate	My student is allowed to leave the program by:	Current medical needs, medications, allergies
1					<input type="radio"/> Parent Pick-up <input type="radio"/> Unsupervised Walker <input type="radio"/> School Bus/Van <input type="radio"/> Other:	
2					<input type="radio"/> Parent Pick-up <input type="radio"/> Unsupervised Walker <input type="radio"/> School Bus/Van <input type="radio"/> Other:	
3					<input type="radio"/> Parent Pick-up <input type="radio"/> Unsupervised Walker <input type="radio"/> School Bus/Van <input type="radio"/> Other:	

Parent/Guardian Information

Parent/Guardian One:

Legal Name (Last, First) _____

Physical Address _____

Primary Phone Number _____

Secondary Phone Number _____

Email _____

Parent/Guardian Two:

Legal Name (Last, First) _____

Physical Address _____

Primary Phone Number _____

Secondary Phone Number _____

Email _____

Additional Authorized Persons

I give permission for my student(s) to be released from the program to:

- ☐ The adults listed as **Emergency Contacts** on this enrollment form.
- ☐ **NO ONE** except the Parent/Guardian listed on this enrollment form.

Emergency and authorized persons to pick-up the student(s) other than listed parent/guardian. Student(s) will not be released to any persons not listed on this enrollment form. A photo ID may be required at time of pick up. In case of an emergency the following persons will also be contacted.

	Print Legal Name (Last, First)	Phone Number(s)	Relationships to Student(s)
1			
2			
3			
4			

SAFE is excited to have your student(s) in the program. SAFE provides a place for student academic growth and to keep safe afterschool. By completing this form I acknowledge I am enrolling my student(s) to attend the SAFE expanded learning program. I understand that this form must be completed in its entirety and given to the Site Coordinator before my student(s) can attend. I understand that I will be responsible for picking my student(s) up from the program everyday no later than the scheduled end time. I understand that my student(s) must be signed out each day by me (parent/guardian) or authorized person.

Signature of Parent or guardian: _____ Date _____

MONTAGUE ELEMENTARY SCHOOL DISTRICT
2025/2026

Month								Student Days	HOLIDAYS, VACATIONS, ETC.	NOTES
July 2025	Su	M	Tu	W	Th	F	Sa			
			1	2	3	4	5			Holiday - Campus Closed
	6	7	8	9	10	11	12			
	13	14	15	16	17	18	19			
	20	21	22	23	24	25	26			
	27	28	29	30	31					
August	Su	M	Tu	W	Th	F	Sa			
						1	2		Aug 6-10 - Siskiyou Golden Fair	
	3	4	5	6	7	8	9			
	10	11	12	13	14	15	16		August 14-15 - Teacher Work Days	
	17	18	19	20	21	22	23	5	Aug 18 - First Day of Classes	
	24	25	26	27	28	29	30	5		
	31									
September	Su	M	Tu	W	Th	F	Sa			
		1	2	3	4	5	6	4		Holiday - Campus Closed
	7	8	9	10	11	12	13	5		
	14	15	16	17	18	19	20	5		
	21	22	23	24	25	26	27	5	Sep 26 - Progress Report 1 Due	
	28	29	30					2		
October	Su	M	Tu	W	Th	F	Sa			
				1	2	3	4	3		
	5	6	7	8	9	10	11	5		
	12	13	14	15	16	17	18	4		Holiday - Campus Closed
	19	20	21	22	23	24	25	5		
	26	27	28	29	30	31		5		
November	Su	M	Tu	W	Th	F	Sa			
							1			
	2	3	4	5	6	7	8	5	Nov 3-7th - Parent Teacher Conferences	
	9	10	11	12	13	14	15	4		Holiday - Campus Closed
	16	17	18	19	20	21	22	5	Nov 21 - Last Day of Trimester 1	
	23	24	25	26	27	28	29		Nov 25 - Nov 29 - Thanksgiving Break	Holiday - Campus Closed
	30									
December	Su	M	Tu	W	Th	F	Sa			
		1	2	3	4	5	6	5		
	7	8	9	10	11	12	13	5		
	14	15	16	17	18	19	20	5		
	21	22	23	24	25	26	27		Dec 22 - Jan 2 - Christmas Break	Holiday - Campus Closed
	28	29	30	31						
January 2026	Su	M	Tu	W	Th	F	Sa			
					1	2	3			Holiday - Campus Closed
	4	5	6	7	8	9	10	4	Jan 5 - Teacher Work Day	
	11	12	13	14	15	16	17	5	Jan 6 - Classes Resume	
	18	19	20	21	22	23	24	4		Holiday - Campus Closed
	25	26	27	28	29	30	31	5	Jan 30 - Progress Report 2 Due	
February	Su	M	Tu	W	Th	F	Sa			
	1	2	3	4	5	6	7	5		
	8	9	10	11	12	13	14	4		Holiday - Campus Closed
	15	16	17	18	19	20	21	4		Holiday - Campus Closed
	22	23	24	25	26	27	28	5		
March	Su	M	Tu	W	Th	F	Sa			
	1	2	3	4	5	6	7	5	Mar 6 - Last Day of Trimester 2	
	8	9	10	11	12	13	14	5		
	15	16	17	18	19	20	21	5		
	22	23	24	25	26	27	28	5		
	29	30	31					2		
April	Su	M	Tu	W	Th	F	Sa			
				1	2	3	4	2		Apr 3 - Snow Day if needed
	5	6	7	8	9	10	11		Apr 6 - Apr 10 - Easter Break	
	12	13	14	15	16	17	18	5	Apr 13 - Classes Resume	
	19	20	21	22	23	24	25	5		
	26	27	28	29	30			4	Apr 24 - Progress Report 3 Due	
May	Su	M	Tu	W	Th	F	Sa			
						1	2	1		
	3	4	5	6	7	8	9	5		
	10	11	12	13	14	15	16	5		
	17	18	19	20	21	22	23	5		
	24	25	26	27	28	29	30	4		Holiday - Campus Closed
	31									
June	Su	M	Tu	W	Th	F	Sa			
		1	2	3	4	5	6	4	June 4 - Last Day of School/Trimester 3	
	7	8	9	10	11	12	13		June 4 - 8th Grade Promotion	
	14	15	16	17	18	19	20			Holiday - Campus Closed
	21	22	23	24	25	26	27			
	28	29	30					180		
APPROVED BY BOARD OF TRUSTEES: TBA			183 Teacher Workdays							

MES BUS ROUTE

2025-26 School Year



Parents are asked to be at the bus stop at least 10 minutes before the scheduled time of departure and arrival.

MORNING ROUTE

6:50 Sierra Way/Evans Bus Stop
7:00 Grocery Outlet West Parking Lot
7:01 Knapp/Oregon
7:02 Gold St. /Miner
7:03 Middle/Oregon
7:05 Florentine/Oregon
7:06 Bruce/Oregon
7:10 Yellowhammer
7:12 Scala/Oberlin
7:17 City Pool
7:18 S. 15th St & Webb
7:29 7704 Shelley
7:30 Swigart/Lichens
7:32 2105 Lichens Rd
7:33 1939 Lichens Rd
7:34 1701 Lichens Rd
7:35 609 Lichens
7:36 1501 Ball Mountain Rd
7:39 4th St (Webb Apartments)
7:40 241 S. 9th Street
7:43 Arrive at MES

AFTERNOON ROUTE Monday-Thursday

4:40 Depart MES
4:43 241 S. 9th Street
4:45 4th St (Webb Apartments)
4:49 City Pool
4:50 S. 15th & Webb
4:52 7704 Shelley
4:55 Swigart/Lichens
4:57 2105 Lichens
5:02 1939 Lichens
5:03 1701 Lichens
5:04 609 Lichens
5:05 1501 Ball Mountain Road
5:15 Grocery Outlet Parking Lot
5:16 Knapp/Oregon
5:20 Gold St/Miner
5:22 Middle/Oregon
5:24 Florentine/S. Oregon
5:26 Bruce/Oregon
5:30 Yellowhammer
5:35 Scala/Oberlin
5:40 Sierra Way/Evans Bus Stop

AFTERNOON ROUTE Friday

3:45 Depart MES
3:48 241 S. 9th Street
3:50 4th St (Webb Apartments)
3:54 City Pool
3:55 S. 15th & Webb
3:57 7704 Shelley
4:00 Swigart/Lichens
4:02 2105 Lichens
4:07 1939 Lichens
4:08 1701 Lichens
4:09 609 Lichens
4:10 1501 Ball Mountain Road
4:20 Grocery Outlet Parking Lot
4:21 Knapp/Oregon
4:25 Gold St/Miner
4:27 Middle/Oregon
4:29 Florentine/S. Oregon
4:31 Bruce/Oregon
4:35 Yellowhammer
4:40 Scala/Oberlin
4:45 Sierra Way/Evans Bus Stop

All Grades TK-8

School Hours:

Monday-Thursday 8:15-2:45 pm
Friday 8:15-1:30 pm

SAFE Program Hours:

Monday-Thursday 2:45-5:30 pm
Friday 1:30-5:30pm

Important Contact Information:

MES Phone: 530-459-3001
SAFE Phone: 530-340-5692
Website: montagueschools.net
Facebook: Montague Elementary School

This route is subject to change with our student population at any time during the school year. Please make sure you have the latest revised copy. **Updated: 5/5/2025**

In the event of a Late Start Day school will start at 10:15am. The morning bus run will be at each stop 2 hours later than regularly scheduled. Families will be notified on Facebook and our automatic Alma all call system.