

LODI UNIFIED SCHOOL DISTRICT

Exhibit 5132 - A

SCHOOL NAME: _____

SCHOOL UNIFORMS s PARENT SURVEY

Public schools in California are now permitted to implement student uniform policies. The School Site Council and staff would appreciate your thoughts and opinions concerning uniforms for students at our school.

The arguments in favor of uniforms:

- Uniforms can assist with modifying student behavior;
- Uniforms can enhance campus safety efforts;
- Uniforms make it easier to identify intruders on campus;
- Uniforms may reduce frequency of gang-related attire being worn to school;
- Fashion styles and changes would no longer be a major concern for students and parents;
- Campus spirit may be heightened.

The arguments against requiring uniforms are:

- Requiring uniforms is a denial of free expression and individuality.
- Perception of initial high costs of purchasing uniforms.

WHAT DO YOU THINK ABOUT THE IDEA OF STUDENT UNIFORMS AT OUR SCHOOL? *Please circle the answers that best represent your views.*

- | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----------|
| 1. Would you support the idea of your school site exploring the school uniform issue? | Yes | No | Uncertain |
| 2. Would you be willing to attend a parent information meeting on school uniforms to hear about the laws and reasons for implementing a uniform policy? | Yes | No | Uncertain |
| 3. Would you be willing to serve on a school committee to explore this issue? | Yes | No | Uncertain |

Other comments or ideas? _____

Parent/Guardian Name _____ Daytime Phone: _____

Student's Name _____ Current Grade: _____

Please return to your child's homeroom teacher by _____.

LODI UNIFIED SCHOOL DISTRICT

Exhibit 5132 - B

**FAMILY BALLOT
SCHOOL UNIFORM**
(COMPLETE ONE BALLOT PER FAMILY ENROLLED)

SCHOOL NAME: _____

STUDENT(S) NAME	GRADE	TRACK	HOMEROOM TEACHER

Dear Parent/Guardian:

As you know, our school has been exploring the possibility of implementing student uniforms in the _____ school year. The Lodi Unified School District Board of Education has adopted a policy allowing student uniforms in schools which obtain a two-thirds vote of approval from ballots cast by more than 50% of our school families. *If our school adopts uniforms, students would be expected to comply with the uniform requirement and wear uniforms daily.* Provisions will be made for exemptions upon request and provisions will be made for economically disadvantaged students as required by law.

We now need to determine if our school should adopt a student uniform. Please mark your vote below. **Only one ballot per family will be accepted.**

To ensure confidentiality, your name and the manner in which you voted will not be released. Ballots will be placed in a confidential file for verification purposes only.

I am in favor of a school uniform program:

Yes No

Parent/Guardian Name _____

(Please print)

- Signature: _____ Date: _____

**PLEASE RETURN THIS BALLOT TO THE SCHOOL.
THANK YOU FOR YOUR ASSISTANCE.**

LODI UNIFIED SCHOOL DISTRICT

Exhibit 5132 - C

**STAFF BALLOT
SCHOOL UNIFORMS**

SCHOOL NAME: _____

Dear Staff Member:

As you know, our school has been exploring the possibility of implementing student uniforms in the _____ school year. The Lodi Unified School District Board of Education has adopted a policy allowing student uniforms in schools which obtain a two-thirds vote of approval from ballots cast by more than 50% of our school families. *If our school adopts uniforms, students would be expected to comply with the uniform requirement and wear uniforms daily.* Provisions will be made for exemptions upon request and provisions will be made for economically disadvantaged students as required by law.

We now need to determine if our school should adopt a student uniform. Please mark your vote below.

To ensure confidentiality, your name and the manner in which you voted will not be released. Ballots will be placed in a confidential file for verification purposes only.

=====
I am in favor of a school uniform program:

Yes No

=====

- Signature: _____ Date: _____

Please print your name: _____

**PLEASE RETURN THIS SURVEY TO THE SCHOOL.
THANK YOU FOR YOUR ASSISTANCE.**

LODI UNIFIED SCHOOL DISTRICT

Exhibit 5132 - D

SCHOOL UNIFORM BALLOT REPORT

School Name: _____

Principal: _____ Date: _____

Please complete the following information regarding the results of your school site uniform poll and submit to the Superintendent's Office no later than January 1. Every family should have received a survey to bring home for parents to complete. Thank you for your assistance.

No. School Families	_____	_____ %
No. of Surveys Returned	_____	_____ %
No. For Uniforms	_____	_____ %
No. Against Uniforms	_____	_____ %
*Total	_____	_____ %
	(*For + Against + Not Returned)	

No. of Staff	_____	_____ %
No. of Surveys Returned	_____	_____ %
No. for Uniforms	_____	_____ %
No. Against Uniforms	_____	_____ %
*Total	_____	_____ %
	(*For + Against + Not Returned)	

**TWO-THIRDS OF THE BALLOTS CAST BY MORE THAN 50%
OF OUR SCHOOL FAMILIES HAVE VOTED IN FAVOR
OF IMPLEMENTING A STUDENT UNIFORM POLICY**

YES NO

LODI UNIFIED SCHOOL DISTRICT

Exhibit 5132 - E

**APPLICATION FOR EXEMPTION FROM
STUDENT UNIFORM PROGRAM**

_____ School Year

Student: _____

Parent/Guardian: _____

School: _____

Grade: _____ **Track:** _____ **Teacher:** _____

A. REQUEST

I hereby request an exemption for the above-named child from the school uniform program. The reasons for requesting the exemption are: _____

- Parent/Guardian Signature: _____ Date: _____

B. SCHOOL CONFERENCE

Date: _____

Participants: _____

Results: _____

C. FINAL DETERMINATION OF PARENT/GUARDIAN

The above named child will:

- Participate in the School Uniform Program
- Be exempt from participating in the School Uniform Program

-Parent/Guardian Signature: _____ Date: _____

-Principal or Designee Signature: _____ Date: _____

LODI UNIFIED SCHOOL DISTRICT

Exhibit 5132 - G

School: _____ Date: _____

Student: _____

Dear Parent/Guardian:

Your child did not wear uniform attire to school on _____. Our students are expected to dress in uniforms daily or bring a parent note explaining why they are not in uniform. **Please fill in the section below and return this note to school tomorrow.**

My child did not wear uniform attire to school on _____ because:	

Parent/Guardian Signature: _____	Date: _____

Thank you! If you have uniform program questions or problems which need to be resolved, please contact the school office so that we may assist you.

LODI UNIFIED SCHOOL DISTRICT

Exhibit 5132 - G

School: _____ Date: _____

Student: _____

Dear Parent/Guardian:

Your child did not wear uniform attire to school on _____. Our students are expected to dress in uniforms daily or bring a parent note explaining why they are not in uniform. **Please fill in the section below and return this note to school tomorrow.**

My child did not wear uniform attire to school on _____ because:	

Parent/Guardian Signature: _____	Date: _____

Thank you! If you have uniform program questions or problems which need to be resolved, please contact the school office so that we may assist you.

LODI UNIFIED SCHOOL DISTRICT

Exhibit 5132 - H

**PARENT/GUARDIAN SCHOOL UNIFORM PROGRAM
ANNUAL EVALUATION**

School: _____ Date: _____

Dear Parent/Guardian:

Your input is requested so that our school can adequately evaluate our current Student Uniform program. Please take a few minutes to complete this form and return it to school with your child tomorrow. Thank you in advance for your valuable feedback.

Sincerely,

Principal

1) Are you pleased with our school uniform program?

Yes No No Opinion

2. Have you seen any benefits resulting from the uniform program?

Yes. Please specify. _____

No

3. Have you observed any problems with the uniform program?

No

Yes. Please specify. _____

4. Do you support continuation of our School Uniform Policy? Yes No

5. Other comments: _____

Parent/Guardian Name: _____
(Please print)

- Parent/Guardian Signature: _____ Date: _____

Note: Your personal response to this survey will be confidentially retained.

PLEASE RETURN TO SCHOOL BY _____ . THANK YOU.

LODI UNIFIED SCHOOL DISTRICT

Exhibit 5132 - I

**SCHOOL UNIFORM PROGRAM
ANNUAL EVALUATION BY SITE STAFF MEMBERS**

School: _____

Date: _____

Dear Site Staff Member:

Your input regarding our School Uniform Program is requested so that we can adequately evaluate its implementation. Please take a few minutes to complete this form and return it to my office by _____.

Sincerely,

Principal

1) Are you pleased with our school uniform program?

Yes

No

No Opinion

2. Have you seen any benefits resulting from the uniform program?

Yes. Please specify. _____

No

3. Have you observed any problems with the uniform program?

No

Yes. Please specify. _____

4. Do you support continuation of our School Uniform Policy?

Yes

No

5. Other comments: _____

Parent/Guardian Name: _____

(Please print)

- Parent/Guardian Signature: _____

Date: _____

Note: Your personal response to this survey will be confidentially retained.

THANK YOU FOR YOUR ASSISTANCE.

LODI UNIFIED SCHOOL DISTRICT

Exhibit 5132 - J

School Uniform Evaluation Report

School: _____

Date: _____

Principal: _____

PARENT/GUARDIAN EVALUATION RESULTS

# School Families	# Forms Distributed	# Forms Returned

- 1) Pleased with Program:
_____ % Yes _____ % No _____ % No Opinion
- 2) Have Seen Benefits of Program Implementation
_____ % Yes _____ % No
- 3) Observed problems:
_____ % Yes _____ % No

Please attach summary of parent/guardian comments.



SCHOOL SITE STAFF EVALUATION RESULTS

# School Staff	# Forms Distributed	# Forms Returned

- 1) Pleased with Program:
_____ % Yes _____ % No _____ % No Opinion
- 2) Have Seen Benefits of Program Implementation
_____ % Yes _____ % No
- 3) Observed problems:
_____ % Yes _____ % No

Please attach summary of staff comments.

Principal's Signature: _____ Date: _____

Evaluation Reports are due to the Superintendent's Office by May 31.

LODI UNIFIED SCHOOL DISTRICT

Exhibit 5132 - K

**FAMILY BALLOT
SCHOOL UNIFORM
(COMPLETE ONE BALLOT PER FAMILY ENROLLED)**

SCHOOL NAME: _____

STUDENT(S) NAME	GRADE	TRACK	HOMEROOM TEACHER

Dear Parent/Guardian:

As you know, our school has been implementing student uniforms for the past __ years. Our recent evaluation has indicated a substantial number of parents are dissatisfied with this program at our school.

We now need to determine if we should request the Board of Education to consider rescinding the policy at our school. **(We ask all families to cast a vote.) Only one ballot per family will be accepted.**

If a decision is made to rescind the uniform policy at our school, you will be notified by the end of April. If this deadline cannot be met, the policy will remain in effect for one more school year.

To ensure confidentiality, your name and the manner in which you voted will not be released. Ballots will be placed in a confidential file for verification purposes only.

I wish to keep our school uniform program:

Yes No

Parent/Guardian Name _____

(Please print)

- Signature: _____ Date: _____

**PLEASE RETURN THIS BALLOT TO THE SCHOOL BY _____
THANK YOU FOR YOUR ASSISTANCE.**

LODI UNIFIED SCHOOL DISTRICT

Exhibit 5132 - L

**STAFF BALLOT
SCHOOL UNIFORMS**

SCHOOL NAME: _____

Dear Staff Member:

As you know, our school has been implementing student uniforms for the past _____ years. Our recent evaluation has indicated a substantial number of parents are dissatisfied with this program at our school.

We now need to determine if we should request the Board of Education to consider rescinding the policy at our school. We ask that all staff members cast a vote. Please mark your vote below.

To ensure confidentiality, your name and the manner in which you voted will not be released. Ballots will be placed in a confidential file for verification purposes only.

=====

I wish to retain a school uniform program:

Yes No

=====

- Signature: _____ Date: _____

Please print your name: _____

**PLEASE RETURN THIS SURVEY TO THE SCHOOL.
THANK YOU FOR YOUR ASSISTANCE.**