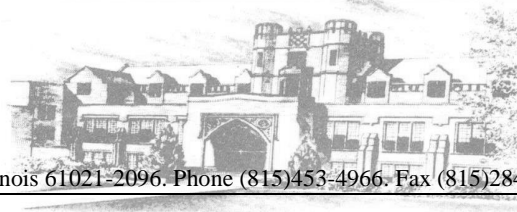


DIXON HIGH SCHOOL



300 Lincoln Statue Drive. Dixon, Illinois 61021-2096. Phone (815)453-4966. Fax (815)284-1335 Website – www.dhs.dps170.org

SWAP Program – Summer 2024

I am pleased to announce that **SWAP** applications are being accepted for summer 2024 work. **SWAP** stands for *Student Worker Assistance Program*, and allows students to help pay for some of their athletic fees by working various maintenance and custodial jobs throughout the district, during the summer months. **SWAP** is a voluntary program, offered to any Dixon Public School student who will be in grades 9-12 during the 2024-2025 school year.

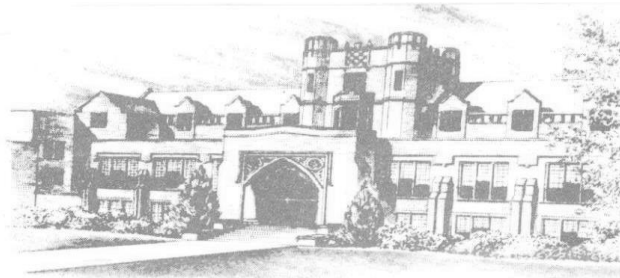
To best accommodate as many students as possible, **students are only allowed to work off one sport fee**, equivalent to \$125.00. Students will need to work 16 hours to cover that sport and available positions will be filled on a first come first serve basis. Current sport fees for DHS are \$125 for the first sport, \$75 for the second sport and an additional \$75 for the third sport. There is a family cap of \$300, which includes fees for DHS and RMS family member athletes, living in the same household.

Applications are now available online at <https://www.dps170.org/o/dhs> under documents, in any DHS office, or the RMS main office. **Applications are due by 3:00 pm on Friday, April 26, 2023.** Students can return their completed applications to the DHS or RMS Main office, or email them to dcibu@dps170.org. Once the application is completed, signed, and turned in, students will be scheduled for work, in the order applications were received. Calls to schedule **SWAP** work will begin in May.

All new participants to the program and a parent/guardian are expected to attend a mandatory informational meeting on Wednesday, May 1, 2024 at 6:00 p.m. in the DHS cafeteria.
Detailed program information will be given out during this meeting.

- Students are expected to be on the job at all scheduled hours and will perform the duties assigned to them.
- Students will be responsible for signing time card at the beginning of the shift and at the end of the shift.
- All call offs must be reported, preferably 24 hours in advance to (815) 453-4966
- Students are expected to comply with all directives which are related to the job assignment, work performance and safety guidelines.
- Student's daily work performance will be assessed by SWAP supervisors. If the Supervisor determines the student is not displaying adequate performance, the issue will be addressed with the student and he/she will be given the opportunity to rectify the situation, within that same shift. If there has been no improvement in performance throughout the remainder of the shift, the student will not receive credit for time worked that day. Students will be given one opportunity to schedule another shift to make up for time lost, due to low performance.
- Students are expected to develop and maintain positive relationships and positive attitudes in all dealings with supervisors, fellow crew members, and maintenance staff.
- Students will be covered under Dixon Public Schools' Workman's Compensation Medical Coverage.
- Students are NOT allowed to use cell phones during work time. Phone calls or text messages can be returned during scheduled break times only.
- No money will be exchanged. Students will "earn" the equivalent of \$125.00 for 16 hours of work.
- Should the student decide to not participate, quit or be cut from a sport/activity, all "earned" fees are forfeited. Fees cannot be transferred to another student or to another school year.

Dixon High School S.W.A.P Application



Rec'd _____ / _____
(date) (initial)

Student Name: _____ **Student Phone #:** _____
(Last) (First)

Parent Name: _____ **Parent Phone #:** _____
(Last) (First)

Student Email: _____ **Parent Email:** _____

Address: _____
(Number) (Street) (City) (State) (Zip Code)

Name of Sport I am working for: (1 sport only = 16 hours of work) _____

Fall 2023 Grade Level: _____

Please list any medical concerns that may interfere with your child's ability to participate in SWAP:

(i.e., allergies to chemicals, asthma, bee stings, etc.) _____

Emergency Contact: _____ **Phone #:** _____

Family Physician: _____ **Phone #:** _____

This Portion to Be Completed by Student and Parent:

If I am unavailable at the time of an emergency, I give Dixon Public Schools #170 permission to seek emergency treatment for my child listed below, I also give the above-named physician or KSB Hospital Emergency Room permission to give immediate treatment in my absence.

I will comply with the terms of employment above and realize that failure to meet these terms may result in termination from the SWAP program. I further understand that I will be placed on an "inactive" list if I fail to show up for any assigned shift, if I refuse to work assigned shifts, or I do not give 24 hours advanced notice of being unable to work.

I also give permission for Dixon Public Schools to use my name and photograph associated with any publication and/or media release pertaining to the S.W.A.P. program.

Date

Student's Name (please print)

Student's Signature

Date

Parent/Guardian Name (please print)

Parent/Guardian Signature