# **ORIENTATION PACKET**

### **North Tampa Success Center**

### Mission:

All Children means All-Inclusive Education

### Vision:

To provide quality standards in education with a focus on wraparound services

**5 Core Values** 

Engagement, Equity, Diversity, Inclusion and Excellence

# **Table of Contents**

**Student Expectations** 

Parent Contact

Items not allowed on campus

Check-In Times & Rules

Computer Usage Agreement

Medical Authorization Information Form

Exit Criteria

Parent Involvement Form

#### STUDENT EXPECTATIONS

- To completely understand and follow all student requirements in the area of ATTENDANC E-BEHAVIOR-ACADEMICS
- To completely understand and follow the Code of Student Conduct

#### STUDENT PROCEDURES

Students will completely understand and follow procedures in the classroom, lunchroom bus/transportation and all other areas associated with the school.

#### RULES

- Students will Stay on Task
- Students will Follow Directions
- Students will use appropriate verbal and non-verbal language
- Students will leave the property of school, other students and staff alone
- Students will not harass, bully or violate the Code of Student Conduct as it relates to students or any staff

#### CONSEQUENCES

- 1) Verbal Warning
- 2) Phone call home-notifying parent of behavior
- 3) Time-out inside or outside of the class (with supervision)
- 4) Lunch Detention
- 5) Morning Detention
- 6) Support Services Referral to include services
- 7) Circles with designated mentor and/or Support Services mentor
- 8) Referral

I HAVE COMPLETELY READ AND UNDERSTAND THE <u>EXPECTATIONS-PROCEDURE-RULES-CONSEQUENCES</u> OUTLINED ON THIS FORM. I AGREE TO ABIDE BY THEM OR ACCEPT A 10 DAY OUT OF SCHOOL SUSPENSION WITH AN EXPULSION HEARING.

STUDENT SIGNATURE		
PARENT / GUARDIAN SIGNATURE		

## Parent Contract

As the parent/guardian of, I agree to the placement of my
child in the <u>Hillsborough County Program</u> . I understand that this school is operated by the Hillsborough County School District.
Imisborough County School District.
I understand and acknowledge the following:
1. My child is expected to display appropriate behavior, as always defined in the Code of
Student Conduct: at school, the bus stop to and from school.
2. My child is expected to be in school every day, if not, I will call the school if he/she is
unable to attend AND send a note upon his/her return.
3. My child is expected to participate in counseling sessions.
4. My child is expected to abide by the <b>Dress Code</b> .
Middle School students: Green Polo Shirt, Khaki or Black pants w/belt or Scrubs.
High School students: White Polo Shirt, Khaki or Black pants w/belt or Scrubs.
NO JEANS
NO hats, hoodies, hair bonnets, or other head coverings.
Students are <b>not allowed</b> to wear <b>slippers or pajama bottoms</b> .
Jackets and pullover w/o hoodies are acceptable.
5. My child may not drive to or from school.
6. MY CHILD MUST MEET THE EXIT CRITERIA FOR SUCCESSFUL
COMPLETION FROM THE PROGRAM PRIOR TO RETURNING TO THEIR
NEIGHBORHOOD SCHOOL.
STUDENT SIGNATURE
PARENT / GUARDIAN SIGNATURE

# THE FOLLOWING ITEMS ARE NOT PERMITED ON CAMPUS OR ON A STUDENT OR IN THEIR POSSESION

- Weapons of any size, (real or toy nail files, nail clippers, rat tail combs, hair picks, rubber bands etc.)
- <u>Cell phones or cell watches</u> (Students must turn in cell phones/watches during security check-in or they will be held for parent pick-up).
  - Tobacco products, matches, lighters, lighter leashes, vapes, etc.
  - Gum, candy, breath mints, breath strips, cough drops, Hot chips, etc.
  - Drugs, drug paraphernalia, alcoholic drinks and Narcotics
- All medication must be in the prescription container and brought to the office by the parent or guardian. We do not dispense any medication on campus unless it has been documented and cleared through the school Nurse.
- No electronic games, radios, headphones, CDs, CD players, DVD's, playing cards, dice or toys of any type.
  - Jewelry that advertises drugs or items that can be used as a weapon
  - No plastic or hard bound trapper keepers or binders with metal parts in them
    - No book bags/ backpacks
      - No sports equipment
    - No amount of money over \$5.00

Parent Initial	Date	Student Initial	Date

### Check-in Times & Rules

The primary goal of the administration, faculty and staff at the Program is to provide a safe learning environment for our students. In order for this to occur, the following procedures will be implemented:

- All students will check-in daily beginning at 8:30am.
- Book bags, purses, cell phones and cell watches will be confiscated and returned at the end of the day. Students will proceed to the cafeteria to be picked up by first period teachers.
- The back gate will close at 8:45am, late students will report to the main office.

### **Dismissal Times**

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Students are released at 2:30pm.

TUESDAY's through FRIDAY's

Students are released at 3:30pm.

STUDENT SIGNATURE_			
PARENT / GUARDIAN SIG	NATURE		

### COMPUTER LABORATORY USAGE AGREEMENT

In an effort to enhance your education experience at North Tampa Success Center, several computer labs have been developed which will help teach you basic keyboarding skills, improve reading/writing skills, introduce the Internet as research tool and train students in basic business practices. Every student and parent must agree to the following rules and procedures in order to use the computer.

- No willful destruction or erasure of any installed programs or desktop items on the computer or hardware associated with the computer is allowed.
- No student will be allowed to enter chat rooms, pornographic sites, music channels/videos, gaming sites or any other questionable or objectionable site.
- The internet will not be used for illegal or immoral purposes.
- All users will always follow the computer laboratory teacher's instructions at all time.
- All computer users must have a properly signed Usage Agreement on file to use the lab.

Student Signature	Date
Parent / Guardian Signature	Date

By signing this document, both student and parent agree that violations of the Computer Lab Rules/Usage may result in loss of Computer Lab privileges as well as further consequence pursuant to North Tampa Success Center Policy.

## **Medication Procedures**

Dear Parent / Guardian:	
All medication to be administered by s	school personnel MUST be received and counted at the tir
of receipt as well as stored in its orig	ginal container.
DO NOT SEND CHILDREN T	O SCHOOL WITH ANY TYPE OF MEDICATION
THIS INCLUDES AN	NY OVER THE COUNTER MEDICATION
This procedure requires some time	for the parent who must count the pills in the office;
therefore, please allow for the time	that will be needed.
WE CANNOT ADMINISTER MED	ICATION IF THE PROCEDURE IS NOT FOLLOWEI
Ι	understand that I may not bring any type o
medication to school without the pr	coper procedure being followed.
	_
Student Name (print)	Date
Student Signat	ure
Parent / Guardian (print)	$\operatorname{Date}$

Parent / Guardian Signature\_\_\_\_\_

### **EXIT CRITERIA**

NORTH TAMPA SUCCESS CENTER RELEASE STUDENTS AT THE END OF EACH SEMESTER (DECEMBER AND JUNE). STUDENTS ARE CONSIDERED SUCCESSFUL WHEN THEY MEET ALL OF THE FOLLOWING CRITERIA:

- Length of Assignment Completed exiting date determined at hearing/staffing.
- Behavior Maintain a satisfactory behavioral record as defined by no referrals resulting in OSS. Also, no Level 1 offences and/or multiple Level 2 offences.
- Attendance Students must maintain a minimum of 60% daily attendance.
- Academics Students must have no failing grades for the last nine (9) weeks grading period. High School students must complete 4-6 Edgenuity courses.
- Parent Involvement Activities Must be completed and turned in by the end of the week prior to the end of the Exit Semester.

NOTE: A student may be promoted to the next grade, but must sill meet all <u>exit criteria</u> in order to return to a traditional school.

I have had the above information reviewed with me, and I/both understand and commit to these expectations. Exit from my assigned school requires meeting the standards in all five (5) areas.

Student Signature	Date
Parent / Guardian Signature	Date
Transition Staff Signature	Date

## PARENT INVOLVEMENT FORM

Documentation Form for In/Out of School Activities

Date:	Time	: N	ame of Activity:_	ORIENTATION
Parent Comm	nents:			
Parent Signa		Student Signature		l Representative
		******************* e w/Coordinator, Teach		
Date:	Time	: Na	ame of Activity:_	
Parent Comn	nents:			
Parent Signa		Student Signature	Schoo	l Representative