



## 2022-2023 Student Academic Calendar

### Board Approved 4/13/2021

Students' First Day of School	Wednesday, August 10, 2022
Labor Day/Non-Student Day	Monday, September 5, 2022
End of 1st Grading Period	Wednesday, October 12, 2022
Non-Student Day	Monday, October 17, 2022
Veterans Day/Non-Student Day	Friday, November 11, 2022
Fall Break/Non-Student Days	Monday, November 21 - Friday, November 25, 2022
Students Return to School	Monday, November 28, 2022
End of 2nd Grading Period (End of 1st Semester)	Friday, December 23, 2022
Winter Break/Non-Student Days	Monday, December 26, 2022 - Monday, January 9, 2023
Students Return to School	Tuesday, January 10, 2023
Dr. Martin Luther King, Jr./Non-Student Day	Monday, January 16, 2023
Non-Student Day	Friday, February 17, 2023
Non-Student Day	Monday, March 6, 2023
Spring Break/Non-Student Days	Monday, March 13 - Friday, March 17, 2023
Students Return to School	Monday, March 20, 2023
End of 3rd Grading Period	Friday, March 24, 2023
Non-Student Day	Friday, April 7, 2023
Last Day of School/End of 4th Grading Period (End of 2nd Semester)	Friday, May 26, 2023

Hurricane Day(s) if needed: October 17, November 11, November 21-23, and November 25

Student Early Release Days: Students are released one hour early each Monday beginning August 15, 2022, except for:

October 17, 2022 (Non-Student Day)

November 21, 2022 (Fall Break)

December 26, 2022 (Winter Break)

January 16, 2023 (Dr. Martin Luther King Jr.)

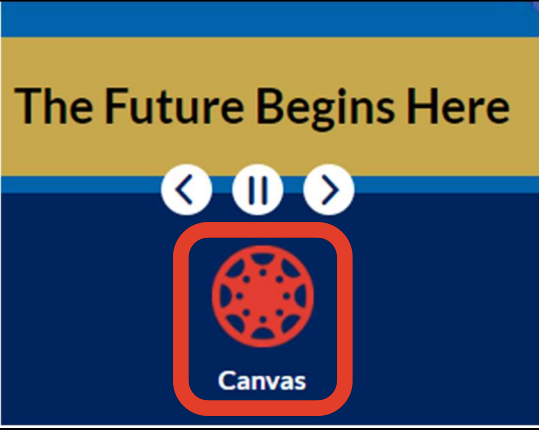



March 6, 2023 (Non-Student Day), March 13, 2023 (Spring Break)

Friday, May 26, 2022 (Last Day of School) students are released 2.5-hours early.



## Logging in to Canvas Parent Accounts

Canvas Parent Accounts can be accessed with the same email and password used to create and login to in mySPOT accounts. MySPOT accounts are used to access district systems like Canvas, Online Report Cards, School Choice, and many other district systems.

<p>1.</p>	<p>Access the district website at <b>www.hillsboroughschools.org</b></p> <p>Click <b>Canvas Log In</b> icon in the middle of the website.</p>	
<p>2.</p>	<p>On the right side, click <b>Login</b> under the <b>Canvas for HCPS Parents</b> tile.</p> <p>Note: If you <b>do not have an account</b>, click <b>Register</b> to register for an account through mySPOT.</p>	
<p>3.</p>	<p>Type the <b>email</b> and <b>password</b> registered on your mySPOT account.</p> <p>Click <b>Login</b></p>	
<p>4.</p>	<p>Parent Canvas account will <b>open</b> to the <b>Dashboard</b>.</p> <p>View your student's courses.</p>	

**School Board**  
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Addison G. Davis

## Student Code of Conduct Acknowledgement Form

I have been notified that I can review the Student Code of Conduct online at: <http://www.sdhc.k12.fl.us/conduct>

I have received, read, understand and agree to abide by the Student Code of Conduct

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

\_\_\_\_\_  
Date

I/we have read the Student Code of Conduct and discussed it with my student.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**The Student Code of Conduct has been established to communicate the expectations for student behavior at school or school activities. Failure to return this acknowledgement will not relieve a student or the parent/guardian(s) from the responsibility of abiding by the Code of Conduct.**



## **MEDICAID**

### **Certified School Match Program**

### **Reimbursement for School-based Services**

#### **What is the Florida Medicaid Certified School Match program?**

Since 1997, Hillsborough County Public Schools has participated in a federal and state-funded Medicaid reimbursement program. The Florida Medicaid Certified School Match (MCSM) program helps to ensure students with an Individual Educational Program (IEP) receive needed health care (medical, emotional, and transportation-related) services at school.

The program assists school districts by providing partial reimbursement for these medically related services provided to students at school.

In July 2020, current guidelines expanded to include general education students who have a Plan of Care (i.e., Health Care Plan, Behavioral Plan, 504 Plan, etc.) or the need for crisis intervention. Although the partial reimbursement is only available for students who are Medicaid eligible, services are provided to all students with a plan of care regardless of their Medicaid eligibility status.

#### **What types of services does the MCSM program cover?**

Counseling	Crisis Intervention	Nursing
Child Outreach Screening	Occupational Therapy	Case Management
Speech/Language Therapy	Physical Therapy	Assessments
Special Education	Transportation	Evaluations Developmental Testing
Orientation & Mobility	Assistive Technology	

#### **Is there a cost to me?**

NO – Services are provided to students while at school with NO cost to the parent/guardian.

#### **Will it affect my family's Medicaid benefits?**

NO – The program does NOT impact a family's Medicaid services, funds or limits. Because Florida operates the MCSM program differently than the Family-Related Medicaid Coverage plans the school plan does not affect your family's Medicaid benefits in any way.

#### **How does Hillsborough County Public Schools use the reimbursement money received from Medicaid?**

The funds received from Medicaid for speech/language therapy, occupational/physical therapy, counseling, nursing services, and psychoeducational evaluations are used to support student services and Exceptional Student Education (ESE) programs.

#### **How can I help ensure my school district receives benefits from the MCSM program?**

Federal regulations require that the parent/guardian:

- Be fully informed about the Medicaid Certified School Match program
- Fully understand that consent is voluntary and can be withdrawn at any time.
- Permit Hillsborough County Public Schools to share necessary information to bill for Medicaid eligible services included in your child's IEP, 504 or Plan of Care.
- Your child will receive the services written in your child's IEP, 504, or Plan of Care at Hillsborough County Public Schools expense regardless of your consent to allow us to bill Medicaid. You may revoke consent at any time.



**Parental Consent to Release Personally Identifiable Information  
for Medicaid Reimbursement**

Hillsborough County Public Schools wishes to seek reimbursement for certain services provided to your child by accessing Medicaid. We must obtain your written informed consent for the purpose of releasing certain information related to seeking Medicaid reimbursement. Medicaid reimbursement helps the school district fund costs of providing special education, related services and any other services allowable by Medicaid.

*Consent given or denied (please read, mark with an X your choice, sign and date at the bottom):*

**Individual Educational Plan (IEP) Services**

The Individuals with Disabilities Education Act of 2004 (IDEA) permits school districts to seek reimbursement from Medicaid for services provided at school (Title 34, section 300.154(d)(2)(iv)(A)-(B), Code of Federal Regulations [CFR]).

**Non-IEP Services**

School districts are also allowed to seek reimbursement from Medicaid for services provided under the Florida Administrative Code Medicaid rule for school-based services (Rule 59G-4.035).

**I understand and give my consent** to the school district to share information about my child with the State Medicaid Agency (State of Florida Agency for Health Care Administration), its fiscal agent, and the school district's Medicaid billing agent or billing facilitator for the school district to verify Medicaid eligibility, seek Medicaid reimbursement, and satisfy audit and review requests related to services provided to my child.

I understand that I may withdraw this consent to release information for Medicaid reimbursement at any time. I understand that if I refuse to give my consent or withdraw this consent, the school district will continue to provide all required services necessary to receive an appropriate education at no charge to my child in accordance with 34CFR § 300.154(d)(2)(v)(D) or other services provided outside of the IEP. If consent is withdrawn, it will become effective on the date of withdrawal and no information will be released after that date.

The records to be released or exchanged may include IEPs, assessment and eligibility records, related service therapy records and logs, transportation logs, progress notes, and nursing reports or records.

The information shared may include my child's name, date of birth, address, primary special education disability (if applicable), Florida Medicaid identification number, Social Security number, and the type and amount of health services provided, including the times and dates services were provided. Services may include assistive communication services, physical therapy services, occupational therapy services, speech therapy services, hearing and language therapy services, behavioral services, transportation services, and nursing services.

**I understand and do NOT give my consent** to the school district to share information about my child in order for the school district to verify Medicaid eligibility, seek Medicaid reimbursement, and satisfy audit and review requests related to services provided to my child

**Student/Child's Information**

\_\_\_\_\_  
Student ID

\_\_\_\_\_  
Full Name (printed)

\_\_\_\_\_  
Date of Birth

**Parent/Guardians Information**

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





Click here to  
learn more!

## SCHOOL MEAL PRICES

Breakfast	<b>FREE</b>
Elementary Lunch	<b>\$2.25</b>
Middle and High School Lunch	<b>\$2.75</b>
Lunch in Community Eligibility Provision (CEP) Schools	<b>FREE</b>
Adult and Visitor Lunch	<b>\$4.00</b>

## SCHOOL MEAL BENEFITS

Free meals are available to any student who is enrolled in a school eligible for the federal Community Eligibility Provision (CEP) or who qualifies for free or reduced-price meals based on household income. If you have any children **not enrolled** in a CEP school, please submit a meal benefit application for all children in the same home. You may also qualify for other benefits like discounts on internet services and utility bills or waivers for college application fees and SAT/ACT/PSAT exam fees.

A list of CEP schools and the meal benefit application can be found at [www.hillsboroughschools.org/sns](http://www.hillsboroughschools.org/sns) and the QR code above. Contact us at 813-840-7066 if you have questions about your application or CEP.

## SCHOOL MEAL MENUS

Visit our SNS website or download the Nutrislice app on any mobile device for information on our delicious, healthy meals including ingredients, photos, descriptions, nutrition facts, and allergens in each menu item.

## MYPAYMENTS PLUS MEAL ACCOUNTS

MyPayments Plus allows you to prepay for school meals or other food items, set up auto pay, and monitor student spending. Go to [www.mypaymentsplus.com](http://www.mypaymentsplus.com) or download the MyPayments Plus app on your mobile device. Students with negative balances on their meal account will not be allowed to purchase A La Carte items. See the Local Meal Charge Policy at our website for more information.

## ALLERGIES AND SPECIAL DIETS

We take food allergies, food safety and student health very seriously. If your child requires a menu change due to a medical condition, you must submit a Diet Prescription Form signed by your child's doctor. Turn these in to the SNS Cafeteria Manager **every school year** to ensure all allergy alerts are correct and up to date. A meal preference form can also be completed by the parent or guardian if other needs are required because of cultural or religious reasons. Both forms can be found on our SNS website. Our online menus show the top eight food allergens to help you and your child identify their menu choices ahead of time.

## ARE YOU STILL PACKING LUNCH?

Student Nutrition Services is here for you. Let us lighten the load, while saving money in your weekly food budget. School meals are a convenient, healthy option for busy families. Where else can you get a complete meal under \$3? Encourage your child to try our meals today and put packing behind you!

## OTHER FOOD AID FOR FAMILIES

Additional food resources are available in our community. Feeding Tampa Bay can help you find a distribution of fresh groceries near you or to help add more money to your family food budget each month. [www.feedingtampabay.org/findfood](http://www.feedingtampabay.org/findfood)

## **GUIDELINES FOR ADMINISTRATION OF MEDICATION**

It is recognized that medications may be essential for some students. When possible, all medications should be administered at home. This especially true for medications administered less than four times per day. **If medication must be given at school, the following procedures are required:**

1. All medications given at school must be U.S. Food and Drug Administration (FDA) approved **for the medical diagnosis**.
  - a. Substances not to be given at school are all unregulated products, including: oils, herbs, food and supplements, which are being used as treatments, dietary supplements, or folk remedies.
  - b. No IV access will be started, flushed, maintained, or discontinued at school. No medications will be permitted via central venous catheter or peripheral intravenous central catheters (PICC lines or central lines) including antineoplastic agents, investigational drugs, total parenteral nutrition (TPN), blood or blood products, emergency medications, or antibiotics.
2. **Oral over-the-counter or sample drugs** will be dispensed only when accompanied by written orders from a physician, APRN, or PA and must be U.S. Food and Drug Administration (FDA) approved for the medical diagnosis. Students may not carry medications at school.
  - a. Medication is always to remain in the container in which it was purchased and must be unopened when received by the school.
  - b. Written parental authorization is needed for all drugs.
  - c. Cough drops will be treated as an over-the-counter medication.
  - d. Possession of drugs of any kind may lead to serious disciplinary action.
3. **No prescription narcotic analgesics, opioids or cannabinoids** are to be dispensed at school. The side effects make it unsafe for students to attend school while medicated with narcotics.
4. A signed statement by the parent/guardian requesting the administration of medication must accompany all medication and supplies. The Parent Authorization for Administration of Medication form must be completed before receipt of the medication.
  - a. New authorization forms will be required when any changes with the orders occur.
  - b. All medication/procedure forms must be updated annually.
5. Medication must be sent to school by a parent/guardian.
  - a. It is not safe for children to deliver medicine to and from school.
  - b. This policy prevents safety concerns of lost or stolen medicines, students sharing medicines with friends, and students taking medicine unsupervised.
6. Medication must be in the original prescription container with the: 1) name of drug, 2) date prescribed, 3) dosage prescribed, and 4) time of day to be taken, any special directions, with student's and physician, APRN, or PA names clearly printed.
  - a. Medication must remain in the container in which it was originally dispensed.
  - b. Most pharmacies will provide an extra empty labeled bottle for parents if requested when the prescription is filled. A separate prescription bottle should be provided for field trips.
  - c. No more than a month's supply of controlled medication may be brought in at a time.
  - d. All new prescription refills must remain in original container with current expiration date.
  - e. No medications over 30 days will be administered
7. All medications and/or supplies received must be documented with the parent/guardian, employee, and witness on the Medication and Supply Intake Form (SB 87031).
  - a. Medication must be counted by a parent/guardian. This count will be verified by a school staff.
  - b. The amount and date received are to be recorded.
  - c. The parent/guardian is also required to sign Medication and Supply Intake Form when picking up medication/supplies.

**Distribution: Nurse or HOST Personnel, Parent**





**GUIDELINES FOR ADMINISTRATION OF MEDICATION (cont.)**

8. The parent/guardian should arrange for a separate supply of medication for the school.
  - a. Medication will not be transported between home and school.
    - i. Exceptions by Florida statutes 1002.20(h)(i)(j)(k) *which require a Parent Self Administration Form and a Physician Self Administration Form for: asthma inhalers, EpiPens, pancreatic enzyme supplements, and diabetes supplies and equipment.*
9. When any medications are added or discontinued, a new authorization form is required.
10. When medication dosages or times are changed, a new signed authorization form with the correct information must be completed and a new label from the pharmacist or physician, APRN, or PA order/prescription indicating the change must be sent to the school.
  - a. A fax is acceptable.
11. Medication will be **stored in a locked cabinet** at the school at all times.
  - a. Exceptions by statutes are asthma inhalers, EpiPens, pancreatic enzyme supplements, and diabetic supplies and equipment. Students who self-carry require a Parent Self Administration Form and a Physician Self Administration Form.
12. Since many students receive medication during school hours, a school district employee designated by the principal will administer medication.
  - a. The designated employee must be trained by the Registered Professional School Nurse as required by Florida law. This includes HOST, field trips, and when the student is away from school property on official school business.
  - b. The medication container with pharmacy label/supplies and copies of paperwork will be sent with the trained staff member, agency nurse, or HOST staff personnel. All medications must be signed out and recorded on the Field Trip Medication Sign Out Sheet (SB 86900).
  - c. Under no circumstances may medication be transferred from one container to another by anyone other than Registered Pharmacist with the exception of field trips which must be done by the Registered Nurse. Registered Nurses preparing for field trips should choose one of the following options: send medication in original container or transfer to a medication envelope with a copy of the original medication label attached.
13. Liquid medication will be given in a calibrated measuring device **supplied by the parent**.
  - a. Pill crushers, soft food for mixing, and special drinks **must be provided by a parent**.
14. All medications/supplies must be removed from the school premises **within one week of the expiration date**, upon appropriate notification of medication being discontinued, or at the end of the school year.
  - a. Medications/supplies that are unused and unclaimed will be destroyed following proper disposal procedures.
15. Planning and protocols for any medication or treatment which requires a one-time dosage for a specific intent are the responsibility of the Registered Nurse, **ONLY**.
16. Non-medicated sunscreen and insect repellent may be administered without a prescription but a parent/guardian authorization form must be completed.

Florida Statute 1006.062 is the reference for the above guidelines.

Questions regarding these procedures should be directed to the Registered Nurse assigned to the school your child attends or to the office of School Health Services, 273-7020.

## HILLSBOROUGH COUNTY PUBLIC SCHOOLS SCHOOL HEALTH SERVICES

### Immunization Requirements for 2022-2023 School Year Entry

The School Health Services Program oversees or provide mandated services in accordance with Florida Statute sections 381.0056, 381.0057, and 402.3026. School health services purpose is to minimize health barriers to learning for public school students in pre-kindergarten through 12th grade. To help ensure the provision of safe and appropriate county-level school health services, the Department of Health, Hillsborough, School Health Program office work in conjunction with Hillsborough County Public Schools, School Health Services Department to implement health services and state mandates provided in our public schools.

Students from Pre-kindergarten through 12th grade who are coming into a Florida school for the first time must present a immunization record (DH 680) and a current Florida School Entry Physical Examination, Form (DH 3040). The immunization record must show that the student has met the minimum state requirements for that grade. Immunizations are provided at no charge by the Department of Health, Hillsborough County.

#### Immunization Requirements for Pre-Kindergarten

For students entering Pre-Kindergarten\*, the immunization record must show that the student has met the minimal state requirements for vaccines:

- \* 3-5 doses DTaP (diphtheria-tetanus-pertussis)
- \* 3-5 doses Polio (Kindergarten)
- \* 1-2 doses MMR (measles-mumps-rubella)
- 3 doses Hepatitis B
- \* 1-2 doses Varicella (chicken pox)

\* **Note: Immunizations listed below are not required, but recommended:**

**Haemophilus influenzae type b (Hib)**

**Pneumococcal conjugate (PCV13)**

**Hepatitis A (Hep A)**

\* **Varicella vaccine is not required if Varicella disease is documented (the year the child had the disease must be included) by a Licensed Physician, Advanced Registered Nurse Practitioner or Physician Assistant.**

#### Immunization Requirements for Kindergarten through sixth grade

Students entering kindergarten must submit an updated immunization record and a school entry physical examination

- 5 doses DTaP (diphtheria-tetanus-pertussis)
- \* 4-5 doses Polio (Kindergarten)
- 2 doses MMR (measles-mumps-rubella)
- 3 doses Hepatitis B
- \* 2 doses Varicella (chicken pox)

\* **Note. KG — If the fourth dose of polio vaccine is administered prior to the fourth birthday, a fifth dose of polio vaccine is required for kindergarten entry only.**

\* \* **Varicella vaccine is not required if Varicella disease is documented (the year the child had the disease must be included) by a Licensed Physician, Advanced Registered Nurse Practitioner or Physician Assistant.**

#### Immunization Requirements for students entering seventh through twelfth grade

Students entering seventh grade must submit an updated immunization record with a Tdap. All students from seventh through twelfth grade immunization record must that the student has met the minimal state requirements:

- 5 doses DTaP (diphtheria-tetanus-pertussis)
- 4 doses Polio (IPV or OPV)
- 2 doses MMR< (measles-mumps-rubella)
- 3 doses Hepatitis B
- 1 dose Tdap (tetanus, diphtheria, pertussis)
- 2 doses Varicella (chickenpox) or has had the disease as documented by a healthcare provider

- \* **Note.** 1 dose Tdap (tetanus- diphtheria- pertussis) for seventh grade is required.
- \* An updated DH 680 form to include Tdap must be obtained for submission to the school.
- \* **Varicella vaccine is not required if Varicella disease is documented (the year the child had the disease must be included) by a Licensed Physician, Advanced Registered Nurse Practitioner or Physician Assistant.**

## **Additional Immunization Recommendations:**

Four vaccines which are not mandated for your child's grade level, but are recommended by the Advisory Committee on Immunization Practices (ACIP) should be discussed with your health care provider are: meningococcal meningitis, hepatitis A series, Influenza and Human Papilloma (HPV) Vaccine series.

### **MENINGOCOCCAL DISEASE**

A dose of Meningococcal (MCV4) is recommended for children and adolescents 11-18 years of age. This vaccine is 85-90% effective in preventing meningococcal disease. Meningococcal disease is a serious illness caused by bacteria. The disease is spread by airborne respiratory droplets (cough or sneezes). Symptoms of meningococcal disease are often mistaken for less serious illnesses such as the flu. Common symptoms may include: fever greater than 101.4, red to purple colored rash, nausea, vomiting, generalized muscle aches, severe headaches, confusion, sensitivity to light, and/or stiff neck. It is a leading cause of bacterial meningitis in children 2-18 years old in the United States. The vaccine is available at the department of health, Hillsborough County, if it is not provided by your child's healthcare provider's office. For those who have never gotten MCV4, a dose is recommended at high school entry but not required in the State of Florida. Most colleges and universities require this vaccine. Please check the college or university policy you plan to attend. In addition, this is highly recommended if you are living in a dormitory type of residence. MCV4 is contraindicated to anyone that experience a severe allergic reaction after a previous dose or to any components of vaccines.

### **Human Papilloma Virus Disease**

The Human Papilloma Virus (HPV) cause the majority of genital warts, and cancers. HPV vaccine has been shown to protect against 80% of the most common types of cervical cancer and oral cancers and decrease genital warts. While it is recommended for ages 11-12 years of age, this vaccine has been approved for both males and females beginning at nine years of age. The most frequent reported symptoms of HPV vaccine are chronic pain with paresthesia, headaches, fatigue and orthostatic intolerance.

**If you have private health insurance or Medicaid, contact your health care provider. If you do not have private health insurance or Medicaid, contact the Florida Department of Health, Hillsborough County Immunization Clinic for further information.**

**FLORIDA DEPARTMENT OF HEALTH, HILLSBOROUGH COUNTY IMMUNIZATION CLINIC**

Sulphur Spring Health Center

8605 N. Mitchell, Tampa

813-307-8077



### ***STUDENT NUTRITION SERVICES EMERGENCY MEAL POLICY***

A written copy of the emergency meal policy will be provided to all households. Every school is required to follow the policy. Students who qualify for a free or a reduced-priced meal can always receive a free lunch (the district waives the .40 cost for the reduced-priced meal). All students regardless of eligibility status can receive a free breakfast. Paid students who forget their lunch money can receive a “charged” meal. To protect the identity of all children at the point of service, SNS uses a prepayment system that limits the exchange of money and prevents the disclosure of a student’s eligibility status.


1. Students are allowed to charge for meals when they don’t have money. The student will be given the same school lunch that other children are receiving. A La Carte Items can never be charged.
2. Parents of students who charge one meal will be notified by phone, after their child has received the meal. The parent will be encouraged to quickly pay for this meal and reminded of the policy.
3. Parents of students who continue to charge will receive notification in writing which will encourage the parent to pay off their charges.
4. If a student continues to come to school with no packed lunch or lunch money, attempts will be made to discuss the issue with the parent and to encourage them to complete a meal benefit application.
5. Any time there is an uncollected balance on a child’s meal account, the child will be prevented from purchasing A La Carte items.
6. Any unpaid balance on a child’s account will be carried over from year to year.
7. The parent is responsible for all uncollected meal balances which must be paid, prior to graduation.



Dear Parent/Guardian:

Children need healthy meals to learn! Hillsborough County Student Nutrition Services offers healthy meals every school day. Breakfast is FREE for all students. Elementary lunch costs \$2.25, and Secondary lunch costs \$2.75. **Your child may qualify for free or reduced-price meals!** The reduced-price lunch cost of 40¢ is waived (provided at no charge) for children approved for reduced price meals. Below are some commonly asked questions with answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED-PRICE MEALS?

- All children in households receiving benefits from **SNAP (food stamps)** or **TANF**, are eligible for free meals, regardless of your income. Households receiving SNAP or TANF benefits may exclude income information and the last four digits of the signer’s social security number on their application.
-  • If you received a **NOTICE OF DIRECT CERTIFICATION**: DO NOT complete an application. Please read the entire letter and follow the instructions carefully. See #6 for more information.
- **Foster children** that are under the legal responsibility of a foster care agency or court are eligible for free meals. Foster children may be included as part of a household application, and are eligible for free meals, even if the household does not qualify.
- Children participating in their school’s **Head Start** program are eligible for free meals.
- Children who meet the definition of **homeless, runaway, or migrant**, are eligible for free meals. See #9 for more information.
- Children may receive free or reduced-price meals if your **household income** is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced-price meals if your household gross income falls at or below the limits on the chart below:

**REDUCED PRICE MEAL SCALE for School Year 2022-2023**

Household Size	Annually	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	25,142	2,096	1,048	967	484
2	33,874	2,823	1,412	1,303	652
3	42,606	3,551	1,776	1,639	820
4	51,338	4,279	2,140	1,975	988
5	60,070	5,006	2,503	2,311	1,156
6	68,802	5,734	2,867	2,647	1,324
7	77,534	6,462	3,231	2,983	1,492
8	86,266	7,189	3,595	3,318	1,659
<b>For each additional family member, add</b>	<b>+8,732</b>	<b>+728</b>	<b>+364</b>	<b>+336</b>	<b>+168</b>

2. CAN I APPLY ONLINE? Yes! Beginning July 1<sup>st</sup> each school year, and you are encouraged to do so! Applying online is quick, confidential, and easy! The online application has the same requirements and will ask for the same information as the paper application. To apply online, visit the district website at [www.hillsboroughschools.org/mealbenefits](http://www.hillsboroughschools.org/mealbenefits), then click “APPLY NOW”, and follow the instructions. Contact **the Healthy Meals Express Application Center at 813-840-7066 if you have any questions about the online application process.**
3. IS THE ONLINE APPLICATION AVAILABLE IN MORE THAN ONE LANGUAGE? Yes! It is available in 7 languages: English, Spanish, French, Arabic, Filipino, Vietnamese (Tiếng Việt) & Chinese (Mandarin). FOR REFERENCE ONLY you may view a SAMPLE free and reduced meal application in 49 languages here: [www.fns.usda.gov/school-meals/translated-applications](http://www.fns.usda.gov/school-meals/translated-applications)
4. WHAT IF I DON’T HAVE A COMPUTER TO COMPLETE AN ONLINE APPLICATION? Computers are available for use at no cost at the local public library and at the **Healthy Meals Express Application Center, 9014 Brittany Way, Tampa, Florida, 33619**. Your child’s school may also have a computer that can be used to complete an application. Need information where to obtain a paper application? Contact the **Healthy Meals Express Application Center at 813-840-7066**.

5. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one meal application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. If approved, your child's status will remain in effect for the entire school year.
6. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you received carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact the **Healthy Meals Express Application Center at 813-840-7066** immediately.
7. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year. If you do not submit a new application that is approved, or you have not received a NOTICE OF DIRECT CERTIFICATION, your child will be charged the full price for meals.
8. WHERE CAN I VERIFY THE STATUS OF MY CHILD'S MEAL ELIGIBILITY? Call **Healthy Meals Express Application Center 813-840-7066**. Make sure to have your child's 7-digit student ID number handy when calling.
9. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Are your housing arrangements temporary? Does your family relocate on a seasonal basis? Have you taken in a runaway child? If you believe children in your household meet these descriptions, please contact the liaison at the child's school for assistance.
10. I RECEIVE WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced-price meals. Please submit an application.
11. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
12. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year if there is a change in your household income or size, or if you become unemployed.
13. WHAT IF I DISAGREE WITH THE DECISION ABOUT MY APPLICATION? Contact the **Healthy Meals Express Application Center at 813-840-7066**. You may also ask for a hearing by writing to: **General Manager of Student Nutrition Services, 9014 Brittany Way, Tampa, Florida 33619**.
14. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.
15. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. If you normally receive overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job, or had your hours or wages reduced, use your current income.
16. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? If there is no income to report, mark the box that says "None" for each household member. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.
17. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you receive any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income. Deployed service members are considered part of the household. List deployed service members in the Household section, but report only the portion of their income made available to them or on their behalf to the family.
18. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? Contact the **Healthy Meals Express Application Center at 813-840-7066 for instructions**.
19. I'M A GROUP HOME ADMINISTRATOR. HOW DO I APPLY FOR CHILDREN IN MY CARE? Contact the **Healthy Meals Express Application Center at 813-840-7066 for instructions**.

If you have other questions or need help completing your household application for school meal benefits, contact the **Healthy Meals Express Application Center at 813-840-7066**.

USDA 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, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, 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 Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. 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, found online at <https://www.usda.gov/oascr/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 to USDA by: (1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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**2022-2023 Hillsborough County Public Schools  
Student Likeness Release Form**



School: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Student Name (Last, First): \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Dear Parent/Guardian:

Throughout the school year, certain Hillsborough County Public School partners and media members may be involved with special events or activities at your child's school.

Hillsborough County Public Schools also may wish to interview, photograph, or videotape your child for promotional and educational reasons to utilize in publications and special district events. Before your child can participate in any of the above events or activities, you must give your permission by signing and returning this likeness release form to your child's school.

**Please select only one option below:**

**I give my permission** for my child to be interviewed, photographed, or videotaped by the school/district, school/district partners or sponsors, and/or members of the general news media and expressly authorize and grant my consent to such parties the right to use my child's physical likeness, other identifying characteristics, information, and/or recordings of his/her voice in any media, including but not limited to, broadcast, cable, print, and/or digital, and for any purpose including but not limited to entertainment, news, education, advertising, marketing and promotion without compensation thereof.

**I do not give permission** for my child to be interviewed, photographed, or videotaped by the school/district, school/district partners or sponsors, and/or members of the general news media; nor for his/her name to be published in school/district publications, on the internet, or in news Publications or broadcasts.

**I give my permission ONLY** for my child to be photographed for and his/her name be published in the 2022-2023 school yearbook.

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Student Name \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_  
 (Last, First, MI)  
 Home Address \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

**APPLICATION FOR HEALTHY STUDENT PROGRAM MEMBERSHIP**

PEOPLE TO BE CONTACTED IN CASE OF EMERGENCY:

Parent Name	Work Number	Home Phone #	Cell Phone #
Emergency Contact from Emergency Card		Home Phone #	Cell Phone #

**STUDENT MEDICAL HISTORY**

Name of Family Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_  
 Name of Family Dentist \_\_\_\_\_ Dentist Phone \_\_\_\_\_  
 Date of Student's Last Physical Exam \_\_\_\_\_ Dental Exam \_\_\_\_\_  
 List any ALLERGIES to Medications or Food \_\_\_\_\_  
 List any MEDICATIONS that this student is presently taking \_\_\_\_\_  
 List any SURGERIES that this student has had \_\_\_\_\_  
 CURRENTLY, DOES THIS STUDENT HAVE ANY MEDICAL OR HEALTH PROBLEMS THAT WE SHOULD BE AWARE OF? \_\_\_\_\_

Family Medical History: (Check all that apply and indicate which family members had or have the condition)

High Blood Pressure \_\_\_\_\_ Tuberculosis \_\_\_\_\_ Diabetes \_\_\_\_\_  
 Epilepsy \_\_\_\_\_ Sickle Cell \_\_\_\_\_ Cancer \_\_\_\_\_  
 Heart Problems \_\_\_\_\_ Asthma \_\_\_\_\_ Arthritis \_\_\_\_\_  
 Weight (overweight or underweight) \_\_\_\_\_

**STUDENT INSURANCE INFORMATION**

Is this student covered by HEALTH INSURANCE YES \_\_\_\_\_ NO \_\_\_\_\_  
 Insurance ID Number \_\_\_\_\_  
 Is the student covered by MEDICAID? (Better Health Plan; Medipass; etc.) YES \_\_\_\_\_ NO \_\_\_\_\_  
 Medicaid Number \_\_\_\_\_  
 Amerigroup Number: \_\_\_\_\_

**ENROLLMENT STATEMENT**

We agree to enroll \_\_\_\_\_ in the Healthy Student Program. We Understand that the program offers a limited range of services on an as-needed basis as outlined on the Healthy Student Program Application Form. We further understand that these services DO NOT REPLACE the services of our family doctor. In case of accident or serious illness, the school policies outlined on the School's Emergency Information Card will be observed. We give permission to the District to seek third party reimbursement. We further understand that student information is confidential except in those instances when professionals are required by law to report Child Abuse, Death Threats, Suicide Risk, public health concerns, or for billing purposes.

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

**PARENT/GUARDIAN WITHHOLD CONSENT/DECLINE SCHOOL HEALTH SERVICES**

- In accordance with Florida House Bill 1557, Parental Rights in Education, School District Responsibilities, requires each school district, at the beginning of the school year, to notify parents/guardians of each health care service offered at their child's school and provide parents the option to withhold consent or decline any specific service.
- The Parent/Guardian Consent for School Health Services Form is required for each student every school year.
- Emergency health needs means onsite evaluation, management, and aid for illness or injury pending the student's return to the classroom or release to a parent, guardian, designated friend, law enforcement officer, or designated health care provider (see FS 381.056).
- Emergency health needs such as basic first aid (for example ice for head injury, nosebleeds, cuts, and abrasions), cardiopulmonary resuscitation (CPR), or use of an automated external defibrillator (AED), will be performed by employees until emergency medical services arrive without prior parent/guardian consent (F.S. 768.13). Attempts will continue to be made to contact the parent/guardian for consent, if a consent form is not on file.
- Additional parent/guardian written consent is required every school year for employees to administer daily, as needed, or over-the-counter prescribed medications, conduct medical procedures or provide medical treatment.
- Additional parental/guardian written consent is required every school year for The Healthy Student Program, vision and dental programs at participating schools, and specific health services i.e., school entry, sports, and Special Olympics physicals.

**THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED TO THE SCHOOL NURSE IN ORDER TO WITHHOLD CONSENT OR DECLINE ANY SPECIFIC HEALTH SERVICE.**

Print all information using ink

**Student Information**

First Name	Middle Name	Last Name	Student Birth Date	Gender
Street Address	Apartment Number	City	State	Zip Code

**Parent/Guardian Information**

First Name	Middle Name	Last Name	Relationship to Student (parent or guardian)	
Street Address	Apartment Number	City	State	Zip Code
Home Phone Number	Work Phone Number	Cell Phone Number	Email Address	Student ID Number

Please indicate which services you decline by marking no below:	NO
Emergency Health Services	<input type="checkbox"/>
Vision screening	<input type="checkbox"/>
Hearing screening	<input type="checkbox"/>
Scoliosis screening	<input type="checkbox"/>
Growth and development screening (body mass index)	<input type="checkbox"/>
Vision services	<input type="checkbox"/>
Dental Services	<input type="checkbox"/>
Healthy Student Program	<input type="checkbox"/>

\_\_\_\_\_  
Parent/Guardian (PRINT)

\_\_\_\_\_  
Parent/Guardian (SIGNATURE)

\_\_\_\_\_  
Date

STUDENT'S FIRST & LAST NAME PRINT: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**School Board**  
Nadia T. Combs, Chair  
Henry "Shake" Washington, Vice Chair  
Lynn L. Gray  
Stacy A. Hahn, Ph.D.  
Karen Perez  
Melissa Snively  
Jessica Vaughn



**Superintendent of Schools**  
Addison G. Davis

Dear Parent or Guardian:

We are pleased to inform you that Hillsborough County Public Schools is implementing a new option available to schools participating in the National School Lunch and School Breakfast Programs called the Community Eligibility Provision (CEP) for School Year 2022-2023. All students enrolled at **Sumner High School** may participate in the breakfast and lunch program at no charge, without a meal benefits application.

Children need healthy meals to learn! Hillsborough County Student Nutrition Services offers nutritious, well-balanced meals for students of all ages and backgrounds. Please encourage your child(ren) to participate in the school meal program.

If you have any questions, please call Student Nutrition Services at 813-840-7066.

Sincerely,

Healthy Meals Express Application Center

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, 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.

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