

WELCOME TO IPPOLITO ELEMENTARY!



★ Home of the Otters ★

2021-2022 Registration Packet

REGISTRATION SCHEDULE

April & May
M-F 8:00 AM -12:00 PM

June & July
M-TH 8:00-12:00 PM
*Closed Independence and
Memorial Day

August
M-F 8:00-12:00

*First Day of School is
August 10th

CONTACT INFORMATION

Data Processor/Enrollment:
Isabel Schoener
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Fax: (813) 672-5184

Email: isabel.schoener@hcps.net

Administration:
Principal: Dr. McManamey
ashlee.mcmanamey@hcps.net

Asst. Principal: Mrs. Incremona
kaitlyn.incremona@hcps.net

ESE Specialist: Mrs. McQueen
kaleena.mcqueen@hcps.net



HOME OF THE OTTERS



ADMINISTRATION

PRINCIPAL

Ashlee McManamey

Ashlee.mcmanamey@hcps.net

ASSISTANT PRINCIPAL

Kaitlyn Incremona

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STUDENT SERVICES

SCHOOL SOCIAL WORKER

Joanne Ballard

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SCHOOL COUNSELOR

Morgan Fienman

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SCHOOL PSYCHOLOGIST

Caroline Valdez

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ELL RESOURCE TEACHER

Vanessa Padilla-Atiles

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ESE SPECIALIST

Kaleena McQueen

Kaleena.mcqueen@hcps.net

School Information

ARRIVAL PROCEDURES

AM Walkers/Bike Riders- Walkers and bike riders should always use sidewalks and will need to enter the Ippolito Elementary campus through the gate by the front of the school. The gate opens at 7:15 AM.

AM Car Riders- The car line is in front of school on Faulkenberg Road. All parents dropping off in a car must remain in the car and form a single line in the car loop in front of the school on Faulkenberg Road *The parking lot on Castle Creek Drive is reserved for staff, school busses, and daycare vehicles.* Cars will pull all the way to the end of the sidewalk before students exit the right side of vehicle next to the sidewalk. Staff and patrols will be on duty to assist beginning at 7:15 AM. Under no circumstances should students be dropped off in any other location, including other lanes of the parking lot or outside the school campus. Students cannot be safely supervised outside the designated drop off area.

DISMISSAL PROCEDURES

IMPORTANT: IF YOUR CHILD'S WAY OF TRANSPORTATION NEEDS TO CHANGED, A WRITTEN NOTE MUST BE SENT TO THE TEACHER. FOR SAFETY REASONS AND PER HCPS POLICY 5230, CHANGES CANNOT BE ACCEPTED OVER THE PHONE.

PM Walkers/Bike Riders- Students will be dismissed from the double doors by the office. If you chose this option for your child, please know the expectation is that that students are "true" walkers/bikers. Parents who park on campus to pick up their children in an effort to skip the carline will be directed to exit the campus and circle around to join the carline. Please understand that students who have this marked as their dismissal location are dismissed freely to walk/bike home even in the event that a parent does not walk to school to meet them. In the event of a thunderstorm (lightening or torrential rain, students will be held on campus and a guardian will need to sign them out). Please have a rainy day plan for back-up to pick up your child. Light rain will not constitute holding students on campus.

PM Car Riders- The car line is in front of the school on Faulkenburg Road. The lot on *Castle Creek Road is for BUSES AND DAYCARE VEHICLES ONLY during dismissal.* All parents picking up in a car must remain in the car and form a single line. Do NOT double park, as we will not allow students to cross over to the inside lane. Students will be held in a designated area until their car arrives, and an adult or patrol will bring your child to the vehicle. Display the green hang tag containing your child's information when picking up your child(ren) to speed up the dismissal process. If you do not have your hangtag, staff will ask for identification prior to releasing student. **Parents will not be permitted to park and walk up to the front office. No child will be dismissed unless the parent pulls up in a car.** All of these procedures are put in place to be sure that we have the safety of all students in mind. Traffic will be heavy during the first few weeks as everyone adjusts to the arrival and dismissal procedures. Thank you for your patience and cooperation!

SCHOOL HOURS

Gates Open: 7:15 AM

Breakfast: 7:15-7:35 AM

Instruction Begins: 7:40 AM

Dismissal: 1:55 PM

Monday Early Release: 12:55 PM



Follow Ippolito on Twitter!

Download the app, create your profile, and follow us @IppolitoHCPS



"Like" us on Facebook!

Ippolito Elementary School



Office: 813-672-5180

Fax: 813-631-5184

IPPOLITO ELEMENTARY SCHOOL

MANDATORY UNIFORM SCHOOL POLICY

Please dress your child in uniform *daily*. If students are out of uniform, they may be asked to call home or be given a uniform to wear for the day. On Fridays, students may wear Ippolito Elementary T-shirts. Our uniform allows for many student choices while ensuring that students are neatly and appropriately dressed for learning.

Ippolito uniform code is as follows:



Tops: Polo shirt in hunter green, white, or navy blue - solid colors only.

Bottoms: Khaki, navy blue and denim pants, shorts, skirts, capris, and jumpers - solid colors only.

Footwear: Regular shoes or sneakers with a rubber sole are acceptable.

The entire foot must be covered, and the shoe must be secured.

These items can be found at very reasonable prices at stores such as Target, Walmart, Old Navy, and any department stores. You are not limited to any brand of clothing. No holes or tears in jeans are allowed.

SCHOOL SUPPLY LIST

School supply lists can be located on our school website

<https://www.mysdhc.org/ippolito>

If you are unable to purchase school supplies, please contact your child's teacher or School Social Worker, Joanne Ballard.



SIGN IN & SIGN OUT PROCEDURES

Tardy Sign-In:

Any student arriving to school after 7:40 am **MUST** be signed in by an adult. No student should be dropped off in front of the office and left unattended. The door is locked, and the driveway is full of traffic. These conditions create an unsafe environment for children. Parents must park in a "Visitor" parking spot while signing in their child. Any student will be marked tardy that is not in their assigned class by 7:40 am.

Student Sign-Out:

A valid picture ID is required for all student sign-outs.

During school hours, the principal or designee shall permit a child to leave school only to the following adult(s):

- Legal guardian of the student
- Person listed on Emergency Card



IMPORTANT SIGN OUTS



For the safety of our students, there will be **NO student sign-outs or changes to dismissal after 1:25 pm each day (12:25 pm on Mondays)**. Parents are encouraged to schedule their child's appointments around school hours.

FREE & REDUCED LUNCH

A new application is required each school year to validate your child's eligibility. If your child received free or reduced-price meals for the 2019-2020 school year, they would receive free or reduced meals for the first 20 operating days of 2020-2021 school year. To avoid being charged for meals, please complete and return the free lunch form provided online.

Go to <http://www.sdhc.k12.fl.us> and choose **Families > Student Nutrition > Meal Application** to complete the online application.

If you have other questions or need help completing your household application, contact the Healthy Meals Application Center at (813) 840-7066.





2021-2022 Student Calendar

Board Approved 4/28/20

Students' First Day of School	August 10, 2021
Labor Day Holiday/Non-Student Day	September 6, 2021
End of 1st Grading Period	October 8, 2021
*Veterans Day/Non-Student Day	November 11, 2021
*Fall Break/Non-Student Days	November 22 – 26, 2021
Students Return to School	November 29, 2021
End of 2nd Grading Period (End of 1st Semester)	December 17, 2021
Winter Break/Non-Student Days	December 20, 2021 – December 31, 2021
Non-Student Day	January 3, 2022
Students Return to School	January 4, 2022
Martin Luther King, Jr. Holiday/Non-Student Day	January 17, 2022
Non-Student Day	February 18, 2022
Presidents' Day/Non-Student Day	February 21, 2022
Non-Student Day	March 7, 2022
End of 3rd Grading Period	March 11, 2022
Spring Break/Non-Student Days	March 14 – 18, 2022
Non-Student Day	March 21, 2022
Students Return to School	March 22, 2022
Non-Student Day	April 15, 2022
Last Day of School/End of 4th Grading Period (End of 2nd Semester)	May 27, 2022

Please Note

* Hurricane Day(s) if needed: November 11, 22-24, and 26, 2021

Student Early Release Days

One-hour early release: Early Release Day schedule has not been finalized

Last day of school: 2.5 hours early

Registration Requirements

1. If coming from a public school within Florida, the following are required:

- report card or a copy of transcript from the last school attended; (the new school's registrar shall send for permanent record);
- verification of parent/legal guardian address by two of the following:
 - property tax receipt or show homestead exemption (Primary source of verification);
 - current electric bill;
 - contract for purchase of home;
 - warranty deed
 - or lease agreement;
- authenticated birth date; and
- immunization records showing proof of proper [immunization](#).

2. If coming from a public school outside Florida or from ANY private school, the following are required:

- proof of physical examination by an approved licensed health care provider or the Hillsborough County Health Department, within 12 months prior to entry in Florida Schools;
- report card or transcript from the last school attended (the new school's registrar shall send for permanent record);
- verification of parent/legal guardian address by two of the following:
 - property tax receipt or proof of homestead exemption (Primary source of verification);
 - current electric bill;
 - contract for purchase of home;
 - warranty deed; or
 - lease agreement.
- Authenticated birth date can be verified by one of the following:
 - certified copy of birth certificate/State of Florida Birth Registration Card;
 - baptismal certificate showing date of birth, place of baptism, accompanied by parents' sworn affidavit;
 - insurance policy on the child in force for at least two years;
 - Bible record of child's birth accompanied by parents' sworn affidavit;
 - passport or certificate of arrival in the United States showing age of child (view only, do not copy);
 - school record at least four years' prior, showing date of birth;
 - parent's sworn affidavit accompanied by a certificate of examination from a health officer or physician verifying the child's age (physical); and
- Immunization records showing proof of proper [immunization](#).

3. All students must reside with at least one parent or legal guardian. Proof of guardianship is photocopy of the court order appointing guardianship. Under extenuating circumstances, a notarized statement may be accepted if proof of residence can be validated.

4. All students must attend the school in the district where their parents/legal guardians reside or have a Homeless Affidavit, unless they have received a seat assignment to another school or program through Hillsborough Choice Options. Applications for Hillsborough Choice Options may be obtained by visiting the [Choice/Magnet website](#). Families may apply online during [open application periods](#).

5. All students enrolling in a school site must fill out the [Student Residency Form](#) and provide the school with the necessary documents.

6. Any student receiving special education services is encouraged to bring a copy of their most recent Individual Educational Plan (IEP).

Enrollment of Foreign-Born, English Language Learners (ELL) and Homeless Students - information available in Principal's Packet in Main Office.

NOTICE: HCPS collects your Social Security number for the following purposes: identification and verification, employment qualification, tax reporting, benefits and retirement processing, unemployment compensation, and state reporting to the Department of Education. Social Security numbers are also used as a unique numeric identification within some of our systems and may be used for search purposes. (April 1, 2009)

[HCPS Entrance Requirements Policy - 5112](#)

Kindergarten Countdown



Hillsborough County
PUBLIC SCHOOLS
Preparing Students for Life



Time has a way of moving surprisingly quickly and even though your child may have just started Pre-K, before you know it, it will be time to begin thinking about Kindergarten! Below is a monthly checklist to guide you and your child as you begin the transition to Kindergarten!

DECEMBER

- Find your child's neighborhood school at <http://gis.sdhc.k12.fl.us/schoollocator/>
- Learn about school choice options <https://www.sdhc.k12.fl.us/departments/95/hillsborough-choice-options/about/>
- Find out when the Kindergarten Countdown event will be held at your child's school <https://sdhc.k12.fl.us/kindergartencountdown/> or by calling the school.

JANUARY — FEBRUARY

- Know the procedures and required documents for enrolling your child in kindergarten <https://www.sdhc.k12.fl.us/doc/2276/bold-beginnings/kindergarten/kindergartenreg/>
- Attend Kindergarten Countdown!

MARCH — MAY

- Take the required paperwork to the school to complete the enrollment process.
Required documentation:
 - Birth certificate
 - Social security card (if available)
 - Florida Physical HRS form supplied by a doctor (must be within one year of school start date)
 - Florida Immunization Record on HRS hard card supplied by a doctor
 - Two forms of verification of address that prove where you live but are NOT your driver's license or state-issued ID card (some examples are a utility bill, lease, or a contract to purchase a home)

MAY — AUGUST

- Help your child develop independence by learning how to work belts, zippers, and buttons on clothing.
- Read books together about starting kindergarten.



TWO WEEKS BEFORE SCHOOL STARTS

- Talk with your child about what will happen during the school day and about making new friends in kindergarten.
- Start to establish an evening "going-to-bed" routine and a morning "getting-ready-for-school" routine with your child.
- If your child will bring a lunch, practice opening and closing food storage containers and bags.

ONE WEEK BEFORE SCHOOL STARTS

- Plan to attend a back to school event to learn more about your child's school, the kindergarten program, and to meet your child's teacher.
- Practice walking the route from the car or bus circle to the classroom with your child before school starts to develop confidence in new routines.
- Help your child lay out clothes and backpack for the following day.
- Talk with the school nurse and your child's teacher if your child has allergies or special needs.

FIRST DAY OF SCHOOL

- Allow plenty of time to get ready for school.
- If you are taking your child to school, leave early to allow time to find parking and navigate the school campus.
- Make sure your child and the child's teacher knows how the child will be going home.
Have fun and celebrate the first day of kindergarten with your child!

THROUGHOUT THE YEAR

- Begin to establish good attendance habits by making sure your child attends kindergarten each and every day.
- Make backup plans to be sure your child can get to school on rainy days.
- Set aside time after school each day to talk with your child about the day.
- Read everything the school sends home.
- Learn how you can become involved in your child's education.

Kindergarten Countdown



El tiempo tiene una manera asombrosa de pasar rápido y aunque su hijo apenas empezó el Pre-K, sin darse cuenta, llegará el tiempo de comenzar a pensar en el Kindergarten. A continuación, encuentre un listado mensual para guiarlo a usted y su niño a comenzar la transición al Kindergarten.

DICIEMBRE

- Encuentre la escuela de su comunidad que esté más cerca en <http://gis.sdhc.k12.fl.us/schoollocator/>
- Aprenda sobre sus opciones de escuela <https://www.sdhc.k12.fl.us/departments/95/hillsborough-choice-options/about/>
- Averigüe cuándo se realizará el Censo Regresivo de Kindergarten en la escuela de su hijo <https://sdhc.k12.fl.us/kindergartencountdown/> o llamando a la escuela.

ENERO — FEBRERO

- Conozca los procedimientos y documentos necesarios para inscribir a su hijo en el Kindergarten <https://www.sdhc.k12.fl.us/doc/2276/bold-beginnings/kindergarten/kindergartenreg/>
- ¡Asista a la cuenta regresiva de Kindergarten!

MARZO — MAYO

- Lleve la documentación requerida a la escuela para completar el proceso de inscripción. Documentación que necesita:
 - Certificado de Nacimiento
 - Tarjeta de Seguro Social (si esta disponible)
 - Forma de examen físico proporcionada por un médico (debe estar dentro de un año de la fecha de comienzo de escuela)
 - Hoja de vacuna entregada por un médico
 - Dos formas que verifiquen su dirección pero que no sean su licencia de conducir o identificación emitida por el estado (algunos ejemplos son: factura de servicios, contrato de arrendamiento o de compra de casa).

MAYO — AGOSTO

- Ayude a su hijo a desarrollar independencia aprendiendo como abrochar cinturones, cremalleras y botones en la ropa.
- Lean libros juntos acerca de como iniciar el Kindergarten.



DOS SEMANAS ANTES DE COMENZAR

- Hable con su niño sobre lo que sucederá durante el día en la escuela y sobre como hacer nuevos amigos en kindergarten.
- Comience a establecer con su hijo una rutina de "ir a la cama" en la noche y una rutina de "prepararse para la escuela" en la mañana.
- Si el niño lleva almuerzo, practique como abrir y cerrar envases y bolsas para guardar alimentos.

UNA SEMANA ANTES DE COMENZAR

- Planee asistir al evento de regreso a la escuela para aprender más acerca de la escuela de su hijo, el programa de Kindergarten y conocer a la maestra(o).
- Practique caminar la ruta del carro o autobús al aula con su hijo antes del comienzo de clases para desarrollar confianza en nuevas rutinas.
- Ayude a su hijo a preparar su ropa y mochila para el día siguiente.
- Hable con la enfermera(o) de la escuela y maestro(a) de su niño en caso que su niño tenga alergias o necesidades especiales.

PRIMER DIA ESCOLAR

- Permita que su hijo tenga suficiente tiempo para prepararse para la escuela.
- Si está llevando a su hijo a la escuela, salga temprano para tener tiempo de encontrar estacionamiento y conocer el recinto escolar.
- Asegúrese que el niño y el maestro(a) sepan cómo el niño regresa a casa.
¡Diviértase y celebre el primer día de Kindergarten con su hijo!

DURANTE EL AÑO

- Empiece a establecer hábitos de buena asistencia asegurándose de que su hijo asista al Kindergarten cada día.
- Haga un plan de antemano para asegurarse que su hijo pueda llegar a la escuela en días de lluvia.
- Separe un tiempo después de la escuela cada día para hablar con su niño sobre su día.
- Lea todo lo que la escuela envíe a su casa.
- Aprenda cómo puede involucrarse en la educación de su hijo.

PLEASE PRINT FIRMLY

AUTHORIZATION FOR STUDENT RELEASE AND EMERGENCY INFORMATION CARD

PLEASE PRINT FIRMLY

THIS BLOCK FOR SCHOOL USE ONLY

SCHOOL YEAR		SCHOOL NAME		DISTRICT STUDENT NUMBER		ENTRY CODE	
TEACHER OR HOMEROOM			GRADE		STATE STUDENT NUMBER		ENTRY DATE
EMERGENCY INFORMATION: This card must be completed by the parent or legal guardian.							
NAME OF STUDENT (LAST)		(JR, 2D, 3D, 4T)		(FIRST)		(MIDDLE)	
				DATE OF BIRTH MM DD YY		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
MAILING ADDRESS – (STREET NUMBER & NAME, CITY, ZIP CODE)							
RESIDENTIAL ADDRESS – (IF DIFFERENT FROM MAILING ADDRESS) (STREET NO. & NAME, CITY, ZIP) (IF RURAL LOCATION, PLACE DIRECTIONS ON REVERSE)							
HOME PHONE							
PARENT/LEGAL GUARDIAN (LAST, FIRST, INITIAL)				PARENT/LEGAL GUARDIAN (LAST, FIRST, INITIAL)			
EMPLOYER NAME				EMPLOYER NAME			
BUSINESS PHONE/EXTENSION		MOBILE NUMBER		BUSINESS PHONE/EXTENSION		MOBILE NUMBER	
EMAIL				EMAIL			
RELATIONSHIP TO STUDENT: (CIRCLE ONE)		P – PARENT G – LEGAL GUARDIAN A – GUARDIAN AD LITEM		O – OTHER S – SURROGATE N – NO PARENT/GUARDIAN REQUIRED		RELATIONSHIP TO STUDENT: (CIRCLE ONE)	
PERSON(S) TO CONTACT IF PARENT CANNOT BE REACHED NAME (STUDENT MAY BE RELEASED TO THIS PERSON)		DAYTIME PHONE		PERSON(S) TO CONTACT IF PARENT CANNOT BE REACHED NAME (STUDENT MAY BE RELEASED TO THIS PERSON)		DAYTIME PHONE	
HOSPITAL PREFERENCE		PHYSICIAN NAME & PHONE NUMBER			DENTIST NAME & PHONE NUMBER		
CURRENT HEALTH PROBLEMS ASTHMA _____ DIABETES _____ SEIZURES _____ HEART CONDITION _____ ALLERGIES _____ OTHER _____		EXPLANATION OF HEALTH PROBLEM(S) AND/OR MEDICATION(S) STUDENT IS TAKING					
In the case of accident, serious illness, or emergency, the school may contact Emergency Management Services (EMS), 911. If EMS must transport your child, payment of fees will be assumed by the parent/legal guardian. The school will make every effort to contact the parent/legal guardian. If the school is unable to contact the parent/legal guardian, every effort will be made to notify other persons listed on the emergency card.							
I have reviewed and understand the conditions of this document and I understand that if I desire to have my child released to persons other than those listed above, I must provide a list of those persons in writing, with addresses and telephone numbers, to the principal of the school.							
				X _____ Signature of Parent/Legal Guardian		_____ Date	

REGISTRATION INFORMATION

Student's Social Security Number _____ - _____ - _____

Birthplace _____
City _____ State _____ Country _____

First-time Hillsborough County Student

____ Yes ____ No Did the student relocate/move to Hillsborough County from ANOTHER county, state or country within the past year?

If yes, City _____ State _____ County _____

(Last School attended by the Student) _____ Public _____ Private _____ Home Education (Include the dates attended and complete address information below)

School Name _____ Dates Attended _____

Street Address _____ City _____ State _____ Zip Code _____ County _____

If the student ever attended a Hillsborough County Public School, name of school _____

Home Language Survey

____ Yes ____ No Is a language other than English used in the home?

____ Yes ____ No Did the student have a first language other than English?

____ Yes ____ No Does the student most frequently speak a language other than English?

Primary language spoken in the home by the Parent/Legal Guardian _____ Student's Native Language _____

State/Federal Mandated Information

____ Yes ____ No Is either head of household a law enforcement officer, firefighter, or judge/justice?

____ Yes ____ No Is either parent in the military, employed as a federal civilian, or residing in a housing project?

____ Yes ____ No Did your family ever travel to look for work on a farm or do paid farm labor?

____ Yes ____ No Is the student a single parent with either custody or joint custody of a minor child?

____ Yes ____ No Has the student ever been expelled, arrested resulting in a charge, or had juvenile justice actions?

____ Yes ____ No Has the student ever had any referrals to mental health services?

Date student first entered a United States school: Month (MM) ____/ Day (DD) ____/ Year (YYYY) ____

If foreign born, how many years has the student attended a school in the United States? _____

____ Yes ____ No Is the student of Hispanic or Latino ethnicity?

Check all applicable races _____ American Indian or Alaska Native _____ Asian _____ Black/African American

_____ Native Hawaiian or other Pacific Islander _____ White

Students with Individual Educational Plans (IEPs) have protections under Part B of the IDEA, and are entitled to a free appropriate public education. As parent/legal guardian, I give permission for the school district to release, exchange, review, and utilize my child's personally identifiable information to assist in the provision of school health services, and for this information to be disclosed to the Agency for Health Care Administration to facilitate verification of Medicaid eligibility; and/or, as applicable, to seek reimbursement from Medicaid for services provided at school. I understand that my child will continue to receive all services per his/her IEP, at no charge, whether or not I give consent. I understand that I may withdraw my consent at any time, and that my state/private benefits are not affected.

Signature of Parent/Legal Guardian

Date

Student Residency Form

Complete **Side A** of this form if the Parent/Guardian can provide Proof of Residence.

This form defines the student enrollment category and verifies residence when enrolling a student in a Hillsborough County Public School.

Student Name: _____ School: _____

Student Number: _____ Date of Birth: _____

Student Address: _____

1. What is the current student residence?

- Family owned house
Homesteaded Yes No
- Family rented apartment/house
- Licensed foster care placement (update D Screen)
- Co-residing and no residency documents (parent has not experienced a loss of housing) (update B and D Screens)

If co-residing, the party with whom the family resides must sign below and provide two (2) proofs of residency. In this circumstance, this form is valid for one school year only and expires at the end of the school year.

Acknowledgement: I certify that the family referenced above is residing with me at the above address.

Print the name of party with whom student resides	Signature	Date
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Please check the documents being provided to the school for verification of residence (2 are required):

- | | | |
|---|--|--|
| <input type="checkbox"/> Homestead exemption | <input type="checkbox"/> Current electric bill | <input type="checkbox"/> Lease agreement |
| <input type="checkbox"/> Property tax receipt | <input type="checkbox"/> Contract for purchase of home | <input type="checkbox"/> Warranty deed |

2. The undersigned certifies that all information contained in this form is accurate. Per HCPS Policy 2431, students are not guaranteed the ability to participate in the athletic program if they transfer schools. Contact the Assistant Principal for Administration for more information.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true (FS 92.525). A person who knowingly makes a false declaration is guilty of the crime of perjury by false written declaration, a felony of the third degree.

Print Name of Parent/Guardian	Signature of Parent/Guardian	Date
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Side B

Student Residency Form

Complete Side B of this form to determine a student's eligibility under the federal McKinney-Vento Homeless Education Act. Eligible students are to be immediately enrolled even if they are missing the required documentation.

This form defines a student enrollment category and verifies residence for enrollment in a Hillsborough County Public School.

Student Name: _____ School: _____

Student Number: _____ Date of Birth: _____

Student Address: _____

Questions 1-3 must be completed to determine eligibility.

1. Describe the current residence of the student:

- Living in an emergency/transitional shelters (e.g. FEMA Trailers) or abandoned in a hospital (**McKinney-Vento Code A**)
- Sharing the housing of other persons **due to loss of housing or economic hardship or other similar reason; doubled-up** (**McKinney-Vento Code B**)
- Living in a car, parks, temporary trailer parks or campgrounds due to lack of alternative adequate accommodations, public spaces, abandoned buildings, **substandard housing**, bus or train stations, public or private place not designed for or ordinarily used as a regulars sleeping accommodation for human beings or similar settings (**McKinney-Vento Code D**)
- Living in a hotels or motels **due to lack of alternative adequate accommodations** (**McKinney-Vento Code E**)

2. Is the student an "Unaccompanied Homeless Youth" (not living in physical custody of a parent/legal guardian) and identified under McKinney-Vento (code UAC field)?

Yes No

3. Reason for residency status:

Check One Reason	Cause	SCHOOL CODE (office use)
	Man-Made Disaster (Major)	D
	Earthquake	E
	Flooding	F
	Hurricane	H
	Mortgage Foreclosure-Homeless family loses own home due to foreclosure	M
	Other homeless causes	N
	Pandemic (Major)	P
	Tropical Storm	S
	Tornado	T
	Unknown	U
	Wildfire	W

The undersigned certifies that all information contained in this form is accurate. This form is valid for one school year only and expires at the end of the school year. Per the HCPS policy 2431.01, students are not guaranteed the ability to participate in the athletic program if they transfer schools. Contact the Assistant Principal for Administration for more information.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true (FS 92.525). A person who knowingly makes a false declaration is guilty of the crime of perjury by false written declaration, a felony of the third degree.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

Data processors – This form (SB 60711) must be coded into the student database upon enrollment (on B, D, and E screens). The original document is maintained in a file located in the data processor's office. This form should not be placed in the student's cumulative folder.

Distribution: Data Processor, Administrator, School Social Worker, and District Homeless Liaison via fax (813) 384-3979.
SB 60711 (Rev. 5/14/2020)

Side B



Formulario de Domicilio del Estudiante

Complete el **Lado A** de este formulario si el padre/madre/representante legal puede presentar comprobantes del domicilio.

Este formulario define el tipo de inscripción y verifica el domicilio del estudiante en el momento en que se matricula en una escuela pública del Condado de Hillsborough.

Nombre del estudiante: _____ Escuela: _____
Número del estudiante: _____ Fecha de nacimiento: _____
Dirección del estudiante: _____

1. ¿Cuál es el domicilio actual del estudiante?

- Una casa que es propiedad de la familia
Con exención contributiva (*Homestead*) Sí No
- La familia alquila un apartamento/casa
- Un hogar sustituto con licencia (*update D Screen*)
- Compartiendo un hogar con otra familia y sin documentos de residencia (el padre/madre no ha perdido su casa) (*update B & D Screen*)

Si la familia está compartiendo la vivienda con otra persona, la persona con quien la familia reside, deberá firmar a continuación y proporcionar dos (2) comprobantes de domicilio. En esta circunstancia, este formulario es válido por el año escolar solamente y caduca al final del año escolar.

Confirmación: Certifico que la familia aquí mencionada está residiendo conmigo en la dirección indicada arriba.

Nombre en letra de molde de la persona con quien el estudiante reside	Firma	Fecha

Por favor, marque los documentos que está presentándole a la escuela para la verificación de su domicilio (Tendrá que presentar 2):

- Exención contributiva Factura reciente del servicio eléctrico Contrato de arrendamiento
- Recibo de impuestos sobre la propiedad Contrato de compra de la casa Garantía del título de propiedad

2. El que suscribe certifica que toda la información provista en este formulario es correcta. De acuerdo con la Norma 2431 de *HCPS*, si los estudiantes se transfieren a otra escuela, no se les garantizará la posibilidad de participar en el programa de deportes. Para obtener información adicional, comuníquese con el director asistente de administración escolar.

Bajo pena de perjurio, declaro que he leído el documento anterior y que las declaraciones aquí expuestas son verdaderas (*FS 92.525*). Una persona que, en pleno conocimiento, haga una declaración falsa, es culpable del delito de fraude por hacer una declaración falsa escrita, un delito grave de tercer grado.

Escriba el nombre del padre/madre/representante legal en letra de molde	Firma del padre/madre/representante	Fecha

Lado B

Formulario de Domicilio del Estudiante

Complete el **lado B** de este formulario para determinar la elegibilidad del estudiante bajo la ley federal *McKinney-Vento Homeless Education*.

Los estudiantes elegibles serán matriculados **inmediatamente**, aunque les falte la documentación.

Este formulario define el tipo de inscripción y verifica el domicilio para matricular a un estudiante en una escuela pública del Condado de Hillsborough

Nombre del estudiante: _____ Escuela: _____

Número del estudiante: _____ Fecha de nacimiento: _____

Dirección del estudiante: _____

Para poder determinar la elegibilidad, tendrá que responder a las preguntas del 1 al 3

1. Describa el domicilio actual del estudiante:

- Viviendo en un refugio de emergencia/temporal o abandonado en un hospital (*McKinney-Vento Code A*)
- Utilizando la vivienda de otras personas temporalmente **debido a la pérdida de vivienda o a un problema financiero u otra razón similar; doble** (*McKinney-Vento Code B*)
- Viviendo en un automóvil, parques, parques de casas móviles o rodantes temporales, o en campamentos debido a falta de alojamiento alternativo adecuado, espacios públicos, edificios abandonados, **vivienda subestándar**, en estaciones de autobuses o de ferrocarriles, lugares públicos o privados que no son adecuados para que una persona duerma o en un lugar similar (*McKinney-Vento – Code D*)
- Viviendo en hoteles o moteles **debido a la falta de alojamiento alternativo adecuado** (*McKinney-Vento- Code E*)

2. ¿Es el estudiante un “joven sin hogar que vive solo” (sin la custodia física del padre/madre o de un representante legal) y ha sido identificado aquí bajo los códigos de las categorías *McKinney-Vento* (code UAC field)? Sí No

3. Razón del estatus:

Marque una razón	Causa	CÓDIGO DE LA ESCUELA (para uso exclusivo de la oficina)
	Desastre por mano de hombre (Mayor)	D
	Terremoto	E
	Inundación	F
	Huracán	H
	Ejecución hipotecaria- La familia pierde su casa propia por ejecución hipotecaria	M
	Otras causas	N
	Pandemia (Mayor)	P
	Tormenta tropical	S
	Tornado	T
	Se desconoce	U
	Incendio forestal	W

El que suscribe, certifica que toda la información contenida en este formulario es verdadera. Este formulario es válido solamente por un año escolar y vence al final del mismo. De acuerdo con la Norma 2431.01 de HCPS, si los estudiantes se transfieren a otra escuela, no se les garantizará la posibilidad de participar en el programa deportivo. Para obtener información adicional, comuníquese con el director asistente de administración escolar.

Bajo pena de perjurio, declaro que he leído el documento anterior y que las declaraciones aquí mencionadas son verdaderas (FS 92.525). Una persona que, en pleno conocimiento, hace una declaración falsa, es culpable del delito de fraude por declaración escrita falsa, un delito grave de tercer grado.

Escriba el nombre del padre/madre/representante en letra de molde

Firma del padre/madre/representante

Fecha

Data Processors – This form (SB 60711) must be coded into the student database upon enrollment (on B, D and E screens). The original document is maintained in a file located in the data processor’s office. This form should not be placed in the student’s cumulative folder.

Distribution: Data processor, administrator, school social worker, and district homeless liaison via fax (813) 384-3979. SB 60711 (Rev. 5/14/2020)



STATE OF FLORIDA School Entry Health Exam

To Parent/Guardian: Please complete and sign Part I — Child’s Medical History. State law for school entry requires a health examination by a legally qualified professional. Additional requirements may be determined by local school districts.

(Please Print)

Name of Child (Last, First, Middle)		Birth Date	Sex
Address (Street)		School	Grade
City and ZIP Code	Home Telephone Number	Parent/Guardian (Last, First, Middle)	

PART I — CHILD’S MEDICAL HISTORY

To Parent/Guardian: Please check answers to questions 1 through 8 below in the column on the left. *(Please explain any “Yes” answers in the space provided below.)*

1. Yes No Any concerns about general health (eating and sleeping habits, weight, etc.)?
2. Yes No Any other specific illness or social/emotional or behavioral problems?
3. Yes No Any allergies (food, insects, medication, etc.)?
4. Yes No Any prescription medication (daily or occasionally)?
5. Yes No Any problems with vision, hearing, or speech (glasses, contacts, ear tubes, hearing aids)?
6. Yes No Any hospitalization, operation, or major illness (specify problem)?
7. Yes No Any significant injury or accident (specify problem)?
8. Yes No Would you like to discuss anything about your child’s health with a school nurse?

To Parent/Guardian: Please explain any “Yes” answers from above.

I am the parent/guardian of the child named above. I give permission for the information on PARTS I and II of this form provided about my child to be reviewed and utilized only by the staff of this school and any school health personnel providing school health services in the district for the limited purpose of meeting my child’s health and educational needs.

Signature of Parent/Guardian
Date

Partnership for School Readiness Recommendations for Prekindergarten and Kindergarten

To Parent/Guardian: Please obtain the services listed below in order to find any problems. Please work with your health care provider to correct or treat any problems that may reduce your child’s ability to learn in school. **(These services are recommended but not required.)**

1. Comprehensive Vision Examination (3-5 years of age) Date of Exam: _____ Results of Exam: _____ _____ Health Care Provider: _____ <i>(check one)</i> Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/>	Please describe any corrective action for any problems detected and any accommodations required.
2. Comprehensive Dental Examination Date of Exam: _____ Results of Exam: _____ _____ Dentist: _____	Please describe any corrective action for any problems detected and any accommodations required.
3. Hearing Screening Date of Exam: _____ Results of Exam: _____ _____ Health Care Provider: _____	Please describe any corrective action for any problems detected and any accommodations required.



Name of Child (Last, First, Middle) Birth Date

PART II — MEDICAL EVALUATION

To be completed and signed by the Health Care Provider ONLY:

The child named above has had a complete history and physical exam on the following date:

(Exam must be within one year of enrollment)

Month Day Year

Screening Results:

Height: Weight: BMI%: B/P: Hct/Hgb: Lead: Urinalysis:

Table with 4 columns: Vision - Without Glasses, Vision - With Glasses, Hearing - Right, Hearing - Left. Each cell contains checkboxes for Passed, Failed, Referred.

Gross dental (teeth and gums) Head/scalp/skin Eyes/Ears/Nose/Throat Chest/Lungs/Heart Abdomen Postural assessment. Each item has checkboxes for Normal/Abnormal and a Refer/Tx line.

TB risk assessment done (Please review Targeted Testing Guidelines listed below.)

This child has the following problems that may impact the educational experience:

- Checkboxes for Vision, Hearing, Speech/Language, Physical, Social/Behavioral, Cognitive.

Specify:

This child has a health condition that may require emergency action at school, e.g. seizures, allergies. Specify below. (This form will be stored in the child's Cumulative Health Folder and may be accessed by both school and health personnel.)

Recommendations (Attach additional sheet if necessary):

(Please Check One)

- Checkboxes for: This child may participate fully in school activities including physical education. This child may participate in school activities including physical education with the following restriction/adaptation.

(Specify reason and restriction)

Signature/Title of Health Care Provider, Date, Address (Please print or stamp)

Tuberculosis Targeted Testing Guidelines for Health Care Providers

Tuberculosis Infection Risk:

Review the following risks and administer a Mantoux TB skin test if child is in one or more categories. The TB test is administered confidentially as part of the health examination. Do not record administration of any TB test or related information on this form.

- Recent immigrant (< 5 years), frequent visitor to TB endemic areas
Close contact to active TB case
Frequent contact with adults at high-risk for disease, HIV+, homeless, incarcerated, illicit drug user
HIV+ or have other medical conditions that increase the risk to progress from infection to disease, e.g., chronic renal failure, diabetes, hematologic or any other malignancy, weight loss > 10% of ideal body weight, on immunosuppressive medications

Active TB Disease Risk:

- Does the child exhibit signs/symptoms of tuberculosis (e.g. cough for three weeks or longer, weight loss, loss of appetite)?
If symptoms are present, work-up or refer for TB disease evaluation.

State Mandated Information

Per Senate Bill 7026, please complete the information below.

Student Name _____

Has the student ever had any referrals to mental health services? ____ Yes ____ No

Parent Signature

Date



Hillsborough County
PUBLIC SCHOOL
Excellence in Education

Student Media Release Form

Date: _____

School: _____

Student ID Number: _____

Student Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Dear Parent/Guardian:

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

- I give my permission for my child to be interviewed, photographed, or videotaped for use in school/district publications, school district productions, or for use on the internet or by the general news media for print broadcast, or on websites; and for his/her name to be published in school/district publications, on the internet, or in news publications or broadcasts.
- I do not give my permission for my child to be interviewed, photographed, or videotaped for use in school/district publications, or for use by the general news media for print, broadcast, or on websites; nor for his/her name to be published in school/district publications, on the internet, or in news publications or broadcasts.

Parent/Guardian signature: _____

Parent/Guardian name (please print): _____

Date: _____

School Meal Benefits

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 2020-2021					
Household Size	Annually	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	23,606	1,968	984	908	454
2	31,894	2,658	1,329	1,227	614
3	40,182	3,349	1,675	1,546	773
4	48,470	4,040	2,020	1,865	933
5	56,758	4,730	2,365	2,183	1,092
6	65,046	5,421	2,711	2,502	1,251
7	73,334	6,112	3,056	2,821	1,411
8	81,622	6,802	3,401	3,140	1,570
For each additional family member, add	+8,288	+691	+346	+319	+160

2. CAN I APPLY ONLINE? Yes! Beginning July 1st 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**, type “Go SNS” in the search bar, click on the big green application button, 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 (Tagalog), Vietnamese (Tiếng Việt), and 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
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 the meal status hotline at 1-866-544-5575. 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 (PART 4), 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**.

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, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have

speech disabilities may 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 complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

fax: (202) 690-7442; or

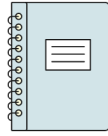
email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Ippolito Elementary Supply List 2021-2022

Kindergarten

- 2 boxes of crayons (24 count)
- 1 pair of scissors
- Glue sticks - 12
- 2 boxes of tissues
- #2 pencils - plain yellow
- 2 Poly Folders w/prongs (no design)
- 1 composition book - wide ruled
- 2 One subject spiral notebooks-solid color
- 1 Change of clothes to stay in backpack



Wish List:

- Ziplock Sandwich and/or gallon bags
- Clorox wipes
- Dry erase markers
- Hand sanitizer - 16 oz. or larger
- 1 roll of paper towels

Third Grade

- 3-1 subject spiral notebook
- #2 pencils
- 1 pack notebook paper
- 2 glue sticks
- Colored pencils
- 1-1/2" binder
- 1 pack wide ruled lose leaf paper
- 2 pocket folders
- Erasers
- Pencil sharpener



Wish List:

- Tissues
- Hand sanitizer
- Expo Markers



First Grade

- Pencils (1 pack)
- 2 packs of Crayons (24 count)
- Pencil Case/Box
- Scissors
- 8 Glue Sticks
- 2 Folders w/prongs-poly
- 3 Spiral Bound Notebooks-wide rule
- 1 black & white composition notebook
- 2 large pink erasers

Wish List:

- Markers-dry erase
- Tissues
- Ziploc sandwich and/or gallon bags
- Hand Sanitizer –full size
- Wet Wipes
- Inexpensive Headphones



Fourth Grade

- binder with clear sleeve (1)
- 2" binder with clear sleeve (1)
- 2 boxes of Pencils (24 ct.)
- Erasers (No cap erasers)
- Notebook paper (5 packs)
- Composition notebooks (5 -1 subject)
- 2 jumbo glue sticks
- Pocket folders w/ prongs (6)
- Dividers (1)
- Highlighters
- Colored pencils
- Post-it notes
- Markers
- Scissors



Wish List:

- Expo markers
- Lysol wipes
- Inexpensive headphones (no earbuds)
- Hand Sanitizer

Second Grade

- Pencils (1 pack)
- Pencil Cas/Box
- 2 packs of Crayons (24 count)
- Pocket Folders with prongs (3)
- Glue Stick Pack
- Scissors
- 1 pack wide ruled paper
- Pack of erasers
- 4-1 subject spiral notebook
- 2-1" binder

Wish List:

- Tissues
- Hand Sanitizer



Fifth Grade

- 1-3" Black Binder
- 1-2" Black Binder
- 6-Composition Notebooks with 3-Holes (2-Red, 2-Yellow,2-Blue)
- 1-Pencil pouch
- 4-24 pack pencils
- 12-Highlighters (4-Blue, 4-Pink, 4-Yellow)
- 5-Packs Post it notes
- 8-Glue Sticks
- 4-Plastic Folders 3-holes with Pockets (1-Red, 1-Yellow, 1-Blue)
- 3-Packs of 12 colored pencils
- 2-Pairs of scissors
- 2-Block Erasers

Wish List:

- Containers of Lysol Wipes
- Clipboard
- Box Ziploc Bags Quart or Gallon
- Tissues
- Expo Markers

Ippolito Elementary

Supply List 2021-2022

Kindergarten

2 paquetes de Crayolas (de 24)
1 Tijera
12 Pega de barra (Glue Stick)
2 cajas de pañuelos faciales (tissues)
Lápices #2 - amarillos
2 Carpetas con ajustador (sin diseños)
1 libreta de composición – (línea ancha)
2 Libretas de espiral- color sólido
1 Cambio de ropa (tenerlo en la mochila)
Si desea nos puede ayudar con:
Ziplock de Sandwich y/o de galón
Toallitas de Clorox
Marcador de borrado en seco (Dry erase markers)
Alcohol en gel (Hand Sanitizer) –grande
Rollo de papel toalla



Tercer Grado

3- libretas de espiral de 1 materia
Lápices #2
1 paquete de papel de línea
2 Pega de barra (Glue Stick)
Lápices de colores
1- carpeta dura de 1/2" pulgada
2 carpetas con bolsillos
Gomas de borrar
Sacapunta
Si desea nos puede ayudar con:
Pañuelos faciales (Tissues)
Alcohol en gel (Hand Sanitizer)
Marcadores Expo



Primer Grado

Lápices (1 paquete)
2 paquetes de Crayolas (de 24)
Cartuchera/Estuche para lápices
Tijera
8 Pega de barra (Glue Stick)
2 Carpetas con ajustador (folders with prongs)
3 Libretas de espiral-(línea ancha)
1 libreta negra y blanca de composición
2 gomas de borrar grandes
Si desea nos puede ayudar con:
Marcador de borrado en seco (Dry erase marker)
Pañuelos faciales (Tissues)
Ziploc de sandwich y/o de galón
Alcohol en gel (Hand Sanitizer)–grande
Toallitas mojadas



Fourth Grade

1 Carpeta dura con bolsillo transparente
1 Carpeta dura de 2" pulgadas con bolsillo transparente
2 Paquetes de lápices (de 24)
Gomas de borrar (Que no sean para lápices)
Papel de línea (5 paquetes)
5 Libretas de Composición (De 1 materia)
2 Pega de barra (Glue Stick)
6 carpetas con ajustador
1 Paquete de divisores
Resaltadores (Highlighters)
Lápices de colores
Post-it notes
Marcadores
Tijera



Si desea nos puede ayudar con:

Marcadores Expo
Toallitas de Lysol
Auriculares baratos (que no sean para dentro del oído)
Alcohol en gel (Hand Sanitizer)
Pañuelos faciales (Tissues)

Segundo Grado

Lápices (1 paquete)
Cartuchera/Estuche para lápices
2 paquetes de Crayolas (de 24)
3 Carpetas con ajustador (folders with prongs)
Paquete de Pega en barra (Glue Stick)
Tijera
1 paquete de papel de línea
Paquete de gomas de borrar
4- libretas de espiral de 1 materia
2- carpetas duras de 1" pulgada
Si desea nos puede ayudar con:
Pañuelos faciales (Tissues)
Alcohol en gel (Hand Sanitizer)



Quinto Grado

1-Carpeta dura negra de 3" pulgadas
1-Carpeta dura negra de 2" pulgadas
6-Libretas de Composición con 3 agujeros (2-Rojas, 2-Amarillas, 2-Azules)
1-Bolso para lápices
4- Paquetes de 24 lápices
12-Resaltadores (Highlighters) (4- Azul, 4-Rosa, 4-Amarillo)
5-Paquetes de Post it notes
8- Pega de barra (Glue Sticks)
4-Carpetas de plástico con 3 agujeros y bolsillos (1-Rojo, 1-Amarillos, 1-Azul)
3-Paquetes de 12 lápices de colores
2-Pares de tijeras
2- Gomas de borrar
Si desea nos puede ayudar con:
Toallitas de Lysol
Portapapeles (Clipboard)
Caja de Ziploc Cuarto o Galón
Pañuelos faciales (Tissues)
Marcadores Expo

Uniform Policy



Tops:
-Polo or School Spirit Shirt-
White
Hunter Green
Navy Blue



Bottoms:
Navy Blue
Khaki
Black
Jean



Shoes:
Closed-toed and attached at
the back of foot

Ippolito Elementary has a mandatory uniform policy. Our goal of the Ippolito Otters is to have all children come to school dressed for success so their focus is on learning. The goal of this policy can be easily accomplished with your support and cooperation.

Politica de Uniforme



Parte de Arriba:

Polo o Camisa de la Escuela

Blanco

Verde Oscuro

Azul Oscuro



Parte de Abajo:

Azul Oscuro

Khaki

Negro

Mahones (Jeans)



Zapatos:

Deben ser zapatos cerrados
(el área de los dedos debe
estar cubierta)



La Escuela Ippolito tiene politica de uniforme mandatoria. Nuestra meta es que todos los estudiantes vengan a la escuela vestidos para triunfar y que su enfoque sea el aprendizaje. La meta de esta politica la podemos lograr con tu apoyo y cooperacion.