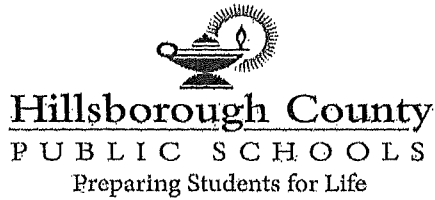


School Board
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Henry "Shake" Washington



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Chief of Schools
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Region Superintendent
Frankye Bulmer
Principal
Rebecca Reeve

Welcome to Bevis Elementary! To complete your registration and begin classes on 08/12/2024, you must first provide the following registration documents. Registration documents can be dropped off in the front office on school days between 8:00am and 10:00am. If you are unable to drop off registration documents, please email them as a PDF file to Sarah.OTOole@hcps.net.

- **Verification of Parent/Legal Guardian Address (two matching items are required):**
 - Current TECO electric bill (cannot accept water or phone/cable)
 - Property tax bill or homestead exemption
 - Contract for purchase of home
 - Warranty deed or lease agreement

(If you are living with a relative, etc., the person who will provide the verification documentation listed above must come in person to our office with their photo ID and their proof of residency. Both addresses must match.)
- **Completed Registration Forms:-**
 - Registration Form (attached Form SB45501)
 - Residency Form (attached)
- **Authenticated Birth Date of Student (one of the following):**
 - Birth Certificate, original
 - Baptismal Certificate
 - Insurance Policy on child in force at least two years
 - Bible record of Birth w/ Parents' Sworn Affidavit
 - Passport or Certificate of Arrival in the US
 - School Records for 4 years showing date of birth
- **Immunization Records** - Immunization records must be up-to-date. (See back for details)
- **School Physical** - by an approved licensed health care provider or the Hillsborough County Health Department, within twelve months prior to entry of Florida Schools
- **Current Transcript/Transfer Grades/IEP/504- Out of County** (if applicable)
- **Social Security Card** - to verify SSN

OPTIONAL: In your child's best interest, you may wish to share information that will help us serve your child better. This information will become a part of your child's confidential student records.

- 1. Psychological reports or other pertinent testing.
- 2. Custodial concern or court ordered situations, please provide us with copies.
- 3. Special health concerns, Doctors orders, medications.

We are excited to be a part of your educational journey and look forward to meeting you!

Sincerely,

Rebecca Reeve
Principal

**Hillsborough County
PUBLIC SCHOOLS**
Preparing Students for Life

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.							CHILD OF MILITARY FAMILY? YES _____ NO _____
NAME OF STUDENT (LAST) _____		(JR, 2D, 3D, 4T) _____		(FIRST) _____		(MIDDLE) _____	
DATE OF BIRTH MM DD YY _____		_____ MALE		_____ FEMALE		Military Family Includes: 1) members on active duty or 2) members for 1 year following: <input type="checkbox"/> medical discharge due to injury <input type="checkbox"/> retirement <input type="checkbox"/> death due to active duty injury	
MAILING ADDRESS -- (STREET NUMBER & NAME, CITY, ZIP CODE) _____							HOME PHONE _____
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) P - PARENT G - LEGAL GUARDIAN A - GUARDIAN AD LITEM		O - OTHER S - SURROGATE N - NO PARENT/GUARDIAN REQUIRED	
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 _____ Country _____

(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

***** Notice *****
HCPS collects Social Security Numbers for the purposes of creating a unique numerical identification within the HCPS system and for required reporting to the Department of Education. Enrollment will not be denied to a student because the student or student's parent/legal guardian does not provide a Social Security Number.

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 _____

Colleen Bevis Elementary

Registration Information

Student's Name _____

Kindergarten students only - Did your child attend VPK? Yes No

VPK School Name: _____

Has your child even been retained? Yes No

Please list any medical information the school should be aware of:

Has your child ever had any referrals to mental health services?

Yes No

Comments _____

Is your child enrolled in any special education programs? Yes No

If yes, please indicate program and provide paperwork:

Gifted

Speech / Language

SLD / VE Resource

English as a 2nd Language

SLD / VE Full Time

504 Plan

Other _____

What do we need to know about your child to help him/her have a good learning experience? **We do not take specific teacher requests.** Every effort will be made to place your child in the learning environment you describe.



Form A

Student Residency Form

Complete this form (A) if the parent/guardian can provide proof of residency with two (2) documents.

- If the family has experienced a loss of housing, complete Form B.
- If the family is co-residing with another person or family and has zero (0) documents to prove residency, complete Form C.

Student Name:	Date of Birth:	Student Number:	Grade:
School Name:			
Student's Street Address / City / State / Zip Code:			

Please check one of the following:

<input type="checkbox"/>	Own residence	<input type="checkbox"/>	Rent residence
<input type="checkbox"/>	Licensed foster care placement (Update D Screen/SIS)		

Please check the two (2) documents from the list below provided to the school for verification of residence:

<input type="checkbox"/>	Current Florida Driver's License or State ID	<input type="checkbox"/>	Declaration of Domicile
<input type="checkbox"/>	Utility Bill or Utility Deposit Receipt	<input type="checkbox"/>	Transitioning Active-Duty Military Orders
<input type="checkbox"/>	Lease Agreement	<input type="checkbox"/>	Mortgage Statement
<input type="checkbox"/>	Rent Receipt	<input type="checkbox"/>	Property Tax Receipt
<input type="checkbox"/>	Homestead Exemption	<input type="checkbox"/>	Warranty Deed
<input type="checkbox"/>	Migrant Address Verification Letter (Migrant eligible students only) <i>No other documentation required.</i>		

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.

The undersigned certifies that all information contained in this form is accurate and that a copy of the McKinney-Vento Eligibility Assessment has been provided by the school.

Under penalties of perjury, I declare that I have read the foregoing [document] and that the facts stated in it are true. 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 (FS 95.525).

Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date

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

Superintendent of Schools
Addison Davis



Hillsborough County
PUBLIC SCHOOLS
Preparing Students for Life

RELEASE OF RECORDS

Date: _____

To: _____

Student Name: _____ D.O.B. _____

The student listed above has enrolled in our school. Please send the following records:

- | | |
|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Florida Student Number | <input type="checkbox"/> Transcript of Grades and Grading System |
| <input type="checkbox"/> Immunization Records & Copy of Physical | <input type="checkbox"/> Standardized Test Scores |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Intellectual / Psychological Evaluations |
| <input type="checkbox"/> Copy of Home Language Survey | <input type="checkbox"/> 504 Plan |
| <input type="checkbox"/> Withdrawal Form with Transfer Grades | <input type="checkbox"/> Social History |
| <input type="checkbox"/> Attendance Information | <input type="checkbox"/> Special Education Records, to include most recent IEP and initial eligibility documentation |
| <input type="checkbox"/> Discipline Report | |

Other _____

Please include any other records that may assist in proper placement of the student. If the requested records are not available at your school, please let us know. Thank you for your cooperation. These records will be for professional use of authorized Hillsborough County Public School personnel only.

Authorized Personnel Name: Sarah O'Toole
Authorized Personnel Email: Sarah.OTOole@hcps.net
Authorized Personnel Contact Phone Number: 813-740-4000 ext. 224

Parent signature indicates approval for email or fax of records _____

Parent Signature



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: _____ (check one) 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.

THIS SIDE SHOULD BE COMPLETED BY YOUR HEALTHCARE PROVIDER



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: _____

Vision - Without Glasses	Right 20/_____	Left 20/_____	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>	Hearing – Right	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
Vision - With Glasses	Right 20/_____	Left 20/_____	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>	Hearing – Left	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>

- | | | | | |
|-------------------------------|---------------------------------|-----------------------------------|-------|-----------------|
| Gross dental (teeth and gums) | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | _____ | Refer/Tx: _____ |
| Head/scalp/skin | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | _____ | Refer/Tx: _____ |
| Eyes/Ears/Nose/Throat | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | _____ | Refer/Tx: _____ |
| Chest/Lungs/Heart | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | _____ | Refer/Tx: _____ |
| Abdomen | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | _____ | Refer/Tx: _____ |
| Postural assessment | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | _____ | Refer/Tx: _____ |

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

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

- 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)

- 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)
<input checked="" type="checkbox"/>	____/____/____	
Name (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.



2024-2025 Student Academic Calendar

Board Approved 9/19/23

Students' First Day of School	Monday, August 12, 2024
Labor Day/Non-Student Day	Monday, September 2, 2024
End of 1st Grading Period	Friday, October 11, 2024
Non-Student Day	Monday, October 14, 2024
Veterans Day/Non-Student Day	Monday, November 11, 2024
Fall Break/Non-Student Days	Monday, November 25 - Friday, November 29, 2024
Students Return to School	Monday, December 2, 2024
End of 2nd Grading Period/1st Semester	Friday, December 20, 2024
Winter Break/Non-Student Days	Monday, December 23, 2024 - Friday, January 3, 2025
Non-Student Day	Monday, January 6, 2025
Students Return to School	Tuesday, January 7, 2025
Martin Luther King, Jr./Non-Student Day	Monday, January 20, 2025
Florida State Fair/Non-Student Day	Friday, February 14, 2025
Presidents' Day/Non-Student Day	Monday, February 17, 2025
Strawberry Festival/Non-Student Day	Monday, March 3, 2025
End of 3rd Grading Period	Friday, March 14, 2025
Spring Break/Non-Student Days	Monday, March 17 - Friday, March 21, 2025
Students Return to School	Monday, March 24, 2025
Non-Student Day	Friday, April 18, 2025
Memorial Day/Non-Student Day	Monday, May 26, 2025
Last Day of School End of 4th Grading Period/2nd Semester	Friday, May 30, 2025

Hurricane Day(s) if needed: October 14, November 11, November 25-27, and November 29

Student Early Release Day schedule has not been finalized.
The last day of school is a 2.5-hour early release.

Bell Schedule

7:00am	Carline begins / Breakfast served in the cafeteria
7:15am	Classrooms Open
7:35am	First Bell
7:40am	Tardy Bell Rings
1:45pm	Kindergarten Students Move to Dismissal Locations
1:55pm	Dismissal Bell

Bell Schedule – Early Release Mondays

7:00am	Carline begins / Breakfast served in the cafeteria
7:15am	Classrooms Open
7:35am	First Bell
7:40am	Tardy Bell Rings
12:45pm	Kindergarten Students Move to Dismissal Locations
12:55pm	Dismissal Bell

Sign Out Procedure

Should you need to sign your student out early, please bring your ID to the front office. We will call you student down after you arrive.

- For the safety of our students, there are no sign outs after 1:15pm. (12:15 on early release days)
- If someone other than the student's parent/guardian is signing out a student, they **MUST BE LISTED** on the student's emergency card.

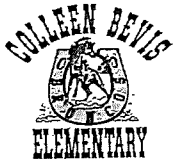
Dismissal Procedures

Bevis students can be dismissed as a biker/walker, car rider, school bus (FH Ridge Townhomes, Bayberry Glen and Preserve only), High – 5* or a local daycare*. To ensure a safe dismissal, please choose ONE regular dismissal plan for your student.

In the event it is necessary to change your student's dismissal plan, please call the front office before 1:15pm (12:15 on early release days) to ensure there is sufficient time to communicate the change to your student.

Thank you for your help in ensuring we have a safe dismissal!!

*Families should reach out directly to High-5 or daycare providers to register. NOTE: Not all daycare providers provide transportation.



Colleen Bevis Elementary School Supply List for 2024—2025

CORE SUPPLIES: May be purchased on your own or through SCHOOL TOOL BOX ONLINE

*Online Ordering will be available on the School Tool Box Website: www.schooltoolbox.com
starting May 15 through July 15 **ONLY**.

The following is a recommended list of supplies for grade levels. **All grades:** No mechanical pencils or manual pencil sharpeners.

THIRD GRADE

Please send each student with a **BACKPACK** (no wheels), **HEADPHONES** and a refillable **WATER BOTTLE** (with lid)

May be purchased on your own or through SCHOOL TOOL BOX ONLINE for home delivery.

- (2) 1" (one inch) 3 ring binder with clear view pocket on front cover
- 1 pack 3x3 Post-it Notes
- 1 pack Crayola Crayons 24 count
- 1 pair of Fiskar scissors
- 12 small glue sticks
- (2) boxes of Ticonderoga pencils 12 count (no Mechanical pencils) (24 pencils total)
- 1 pack wide ruled loose leaf paper
- 1 pencil box (5x8 hard plastic)
- 4 pack highlighters (assorted colors)
- 4 composition books (wide rule)
- 1 pack subject plastic dividers with pockets (5 count)
- 2 Hi-Polymer erasers (Pentel) or pencil cap erasers
- Index cards with lines
- 2 red ink pens
- 4 black dry erase markers (broad tip)

OPTIONAL – Purchased on your own

- Hand Sanitizer, Gallon size Ziploc bags Paper towels,
- Facial Tissue, Lysol or cleansing wipes

Please do not label supplies.

AGP 3rd Grade Supplies

- 2 composition books (wide rule)
- 1 additional set of headphones for this class
- 6 glue sticks
- 1 box colored pencils 12 count (not twistables)

AGP 3rd Grade Optional Supplies

Purchased on your own:

- Ziploc bags (sandwich size)
- Disinfecting wipes
- 1 box of facial tissue

FOURTH GRADE

Please send each student with a **BACKPACK** (no wheels), **HEADPHONES** and a refillable **WATER BOTTLE** (with lid)

May be purchased on your own or through SCHOOL TOOL BOX ONLINE for home delivery.

- 1 pack wide ruled loose leaf paper
- 4 boxes Ticonderoga pencils 12 count (48 pencils total)
- 1 pack cap erasers or 2 large erasers
- (1) 1.5" (one in a half inch) 3 ring binder with clear view pocket on front cover
- 1 pack of Crayola Twistable colored pencils 12 count
- 3 red ink pens
- 6 glue sticks (small)
- 1 heavy duty pencil pouch 3 ring with zipper and grommets (NO pencil boxes)
- 2 highlighters (any color)
- 1 pair of Fiskar scissors
- 1 composition book
- Disinfecting wipes
- Facial Tissue
- (2) one subject spiral notebooks
- 2 Expo Markers (any color)
- 1 pack Post-it Notes

OPTIONAL – Purchased on your own

- Ziploc bags quart or gallon size

Please do not label supplies.

AGP 4th Grade Supplies

- 1 plastic 2 pocket folder with no prongs
- 6 glue sticks (any size)
- 2 boxes Ticonderoga pencils 12 count
- 1 pack eraser caps
- 1 composition books (wide rule)
- 1 spiral notebook, 70 pages wide ruled
- 1 pair of scissors
- 1 additional set of headphones for this class
- 1 box colored pencils 12 count

AGP 4th Grade Optional Supplies

Purchased on your own:

- Clorox wipes, 1 box of facial tissue, Ziplock bags gallon size,
- Ziploc bags (quart or sandwich size) Paper towels

FIFTH GRADE

Please send each student with a **BACKPACK** (no wheels), **HEADPHONES** (earbuds preferred) and a refillable **WATER BOTTLE** (with lid)

May be purchased on your own or through SCHOOL TOOL BOX ONLINE for home delivery.

- 1 pack wide ruled looseleaf paper
- 4 spiral notebooks wide rule (70 pages)
- (1) 2" (two inch) 3 ring binder with clear view pocket on front cover
- 1 pair of scissors
- 1 large or 4 small glue sticks
- 2 Paper Mate red pens
- (1) box 12 count Crayola colored pencils (NO crayons)
- 3 highlighters – blue, yellow and green
- 4 boxes Ticonderoga pencils 12 count (48 pencils total)
- 1 Pencil pouch with zipper and grommets (NO pencil boxes)
- 1 pack 3x3 Post-it Notes
- 1 pack cap erasers
- 1 pack subject plastic dividers with pockets (8 count)

OPTIONAL – Purchased on your own

- Facial Tissues, Paper Towels, Liquid hand soap (NOT sanitizer),
- Clorox wipes

Please do not label supplies.

AGP 5th Grade Supplies

- 1 Additional set of headphones for this class
- 1 spiral notebook, wide ruled, 70 pages
- 4 glue sticks (small)
- 2 highlighters
- (3) boxes of Ticonderoga pencils 12 count (36 total pencils total)
- 1 pack (2 count) dry erase markers- all black
- 1 3 subject spiral notebook, wide ruled, 120 pages
- 1 box colored pencils 12 count
- 1 composition book wide-ruled
- 1 pack cap erasers

AGP 5th Grade Optional Supplies

Purchased on your own: Tissues, Ziploc bags (quart or sandwich size) paper towels, disinfecting wipes or baby wipes

IMPORTANT: Additional supplies for individual teachers may be requested at Open House in August.



Colleen Bevis Elementary School Supply List for 2024—2025

CORE SUPPLIES: May be purchased on your own or through SCHOOL TOOL BOX ONLINE

*Online Ordering will be available on the School Tool Box Website: www.schooltoolbox.com starting May 15 through July 15 ONLY.

The following is a recommended list of supplies for grade levels. **All grades: No mechanical pencils or manual pencil sharpeners.**

KINDERGARTEN

Please send each student with a **BACKPACK** (no wheels), **HEADPHONES** and a refillable **WATER BOTTLE** (with lid)

May be purchased on your own or through SCHOOL TOOL BOX ONLINE for home delivery.

- 4 boxes of Crayola crayons 24 count, regular NOT washable
- 2 boxes Ticonderoga pencils 12 count
- 2 black and white PRIMARY journal books
- 2 large pink erasers
- 1 pair of Fiskar scissors
- 4 plastic folders with pockets and prongs (red, blue, green, & yellow)
- 10 large Elmer's glue sticks
- 1 hard plastic pencil box (5x8 hard plastic)
- (1) ½" (half inch) **WHITE** 3 ring binder with clear view pocket on front cover (ONLY ½" size)
- 1 **CLEAR** 3 ring zippered pencil pouch for binder
- 1 box Crayola washable markers 8 count
- 1 box Ziploc bags Gallon size

OPTIONAL – Purchased on your own

- Liquid hand soap
- Facial tissue – boys
- Paper towels – girls
- Trinkets for our prize box
- Paper for our writing centers (variety of sizes and colors)
- Colored copy paper
- Card stock (white)
- Crayola fine line washable markers
- Crayola color pencils
- Watercolor paint
- Clorox wipes – boys
- Baby wipes – girls
- 1 box of Ziploc bags (boys – quart size, girls – gallon size)

Please label your child's pencil box and backpack.

All other items will be collected by the teachers and distributed as needed, so please do not label them.
Thank you for your support.

FIRST GRADE

Please send each student with a **BACKPACK** (no wheels), **HEADPHONES** (no earbuds) and a refillable **WATER BOTTLE** (with lid)

May be purchased on your own or through SCHOOL TOOL BOX ONLINE for home delivery.

- 1 pencil pouch 3 ring with zipper and grommets
- 1 hard small pencil box (5 x 8 hard plastic)
- (1) Avery 1" (one inch) **WHITE** 3-ring view binder with clear view pocket on front cover
- (1) **BLUE** 3 subject notebook wide ruled
- (3) 1 subject spiral notebooks wide ruled (red, green, yellow)
- 1 Primary Composition Journal (Creative Story Tablet)
- 3 boxes Crayola crayons 24 count
- 12 small Elmer's washable glue sticks
- 2 boxes Ticonderoga pencils 12 count
- 1 pair of Fiskar scissors 5"
- 2 Staedtler white mars plastic erasers
- 1 pack (5 count) poly/plastic dividers with pockets on both sides (to go in binder – 3 hole punch)
- 1 **YELLOW** poly/plastic folder with prongs
- 1 pack of Crayola Twistable colored pencil 12 count
- (1) 4 pack assorted colors Expo low odor dry erase marker chisel tip

OPTIONAL – Purchased on your own

- sealable storage bags (Gallon size – boys, sandwich size – girls)
- Snack Size Sealable plastic bags snack size
- Crayola Classic Color Washable Markers (broad tip – boys, fine tip – girls)
- Facial tissues
- Paper towels
- Germ-x hand sanitizer w/pump
- Anti-bacterial or disinfecting wipes
- Colored copy paper
- Card stock (white and / or colored)
- Scotch tape
- Foam hand soap
- Glue sticks
- Band-Aids

Please label your child's pencil box and backpack.

All other items will be collected by the teachers and distributed as needed, so please do not label them.
Thank you for your support.

AGP 1st Grade Supplies

- 1 composition book (wide rule)
- 1 plastic folder (with pockets NO prongs)

SECOND GRADE

Please send each student with a **BACKPACK** (no wheels), **HEADPHONES** and a refillable **WATER BOTTLE** (with lid)

May be purchased on your own or through SCHOOL TOOL BOX ONLINE for home delivery.

- 1 hard small pencil box (5 x 8 hard plastic)
- 1 pencil pouch 3 ring with zipper and grommets
- 2 boxes Ticonderoga pencils 12 count
- 2 boxes of Crayola crayons 24 count
- 4 composition books
- 1 pair of Fiskar scissors
- 3 plastic folders with pockets
- (1) 2 pocket folder with prongs
- 10 small Elmer's glue sticks
- (1) 1" (one inch) 3 ring binder with clear view pocket on front cover
- 2 red ink pens
- 2 yellow highlighters
- 2 packs of pencil cap erasers
- 1 box Crayola markers 8 count classic colors
- 2 large pink erasers
- 1 pack of Crayola Twistable colored pencils 12 count
- 1 package fine point dry erase markers

OPTIONAL – Purchased on your own

- Anti-bacterial wipes
- 1 bottle hand sanitizer
- Spiral notebook
- 2 boxes facial tissues
- Colored card stock paper
- Colored copy paper
- Plastic bags varied of sizes

Please do not label SUPPLIES.

AGP 2nd Grade Supplies

- 1 composition book (wide rule)
- 1 additional set of headphones for this class
- 1 box colored pencils 12 count (not twistable)

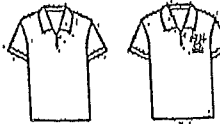
AGP 1st & 2nd Grade Optional Supplies

Purchased on your own:

- plastic baggies (any size)
- tissues/paper towels
- liquid hand soap/baby wipes
- washable markers

IMPORTANT: Additional supplies for individual teachers may be requested at Open House in August.

BEVIS ELEMENTARY DRESS CODE & UNIFORMS



POLO-STYLE SHIRTS

Any white, navy, or hunter green polo-style shirt may be worn. Embroidered and feminine cut styles available through our Bevis PTA uniform vendor.



UNIFORM SHIRTS

Kelly green screen printed short sleeve and long sleeve shirts available through our Bevis PTA uniform vendor.



DRI-FIT UNIFORM SHIRTS

Navy or royal blue screen printed dri-fit shirts available through our Bevis PTA uniform vendor.



FRIDAY SPIRIT SHIRTS

Special shirt that is revealed at Open House. This shirt changes each year to reflect the school's theme. This shirt can only be worn on Friday. This is available for purchase through our Bevis PTA uniform.



SHORTS, PANTS, CAPRIS, SKIRTS, SKORTS, DRESSES or JUMPERS

Any navy or khaki bottom may be worn. Jeans, jean capris, jean shorts, or jean skirts may be worn on Friday only.



OPTIONAL HOODED SWEATSHIRTS & FLEECEs

Our Bevis PTA uniform vendor sells Bevis logoed hoodies and fleeces.

The Bevis PTA uniform vendor, RK T-Shirts, a 100% on-line store, is used for all Bevis logoed uniforms. Please use the link below to order uniforms:

https://stores.inksoft.com/bevis_elementary_school/shop/home

In order to receive uniforms by Open House in August,
please order between May 15th – July 15th.

*The Hillsborough County Public Schools Student Code of Conduct Dress Code section (page 51)
has additional information. You can find this document here: <https://www.hillsboroughschools.org/conduct>*

**AFTER SCHOOL CARE FACILITIES THAT CURRENTLY
PICK UP STUDENTS AT COLLEEN BEVIS ELEM:**

*High Five (Formerly known as BSAC) 813-689-0908
405 Beverly Boulevard
www.high5inc.org

Children's Academy Fishhawk 813-689-6819
10540 Browning Rd

Creative World School 813-684-3777
5525 Osprey Ridge Dr.
creativeworldschool.com

Fishhawk Early Learning Center 813- 662-5978
5632 Osprey Park Place
www.fhelc.com

Fishhawk Martial Arts Academy 813-315-9894
15272 Fishhawk Blvd
www.fhmaa.com

Kids R Kids 813-654-7000
5815 Kids Crossing Dr.
Kidsrkids.com

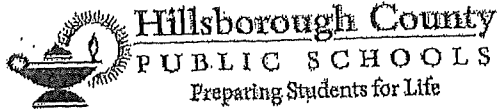
LadyBird Academy of Fishhawk 813-548-0670
16470 Hammock Crossing Drive
Lithia, FL 33547
Ladybirdacademy.com

Sidekicks Family Martial Arts Center 813-661-2224
16132 Churchview Dr.
ilovesidekicks.com

Camp Cristina 813-677-8400
9840 Balm Riverview Rd., Riverview
www.tampaymca.org/locations/ymca-camp-cristina

*Meets at Bevis Elementary

Revised 02/09/2023



Colleen Bevis Elementary
A Five Star School

Preventing the Spread of Communicable Diseases

Dear Parents:

We are asking you for your continued cooperation in assisting us to control the spread of communicable diseases here at Bevis Elementary School. Our goal is to make our school a healthy, safe place for both students and staff. We will call you immediately if your child becomes ill during school hours. You are expected to arrange for your child to be picked up AS QUICKLY AS POSSIBLE after receiving our call. Our school clinic is not equipped or staffed to handle ill children for long periods of time.

Please inform us IMMEDIATELY if telephone numbers or other information on your child's emergency card changes. The information on this card is vital for the safety and well being of your child.

WE ASK YOU NOT TO SEND YOUR CHILD TO SCHOOL IF ANY SIGNS/SYMPTOMS LISTED BELOW ARE PRESENT:

1. Vomiting or diarrhea within past 24 hours
2. Fever within past 24 hours
3. Sore/red throat
4. Persistent coughing or sneezing
5. Red watery eyes
6. Rash
7. Earache, drainage from ear
8. Excessive mucus from nose (runny nose), particularly greenish-yellow mucus

Your child may return to school 24 HOURS AFTER ALL SIGNS/SYMPTOMS ARE GONE or when your physician provides a WRITTEN STATEMENT indicating your child is ready to return.

If your child has a communicable disease, please call and tell us the nature of the illness and when we can expect his/her return to school.

Thank you for working with us.

Sincerely,

Sara Huffman RN BSN
Bevis Elementary School Nurse
Sara.huffman@sdhc.k12.fl.us



Prevención de la extensión de enfermedades comunicables

Estimados Padres:

Queremos pedirle que continúe ayudándonos a controlar la propagación de enfermedades contagiosas en la escuela. Nuestra meta es hacer de ésta un lugar seguro y saludable para nuestros niños y personal escolar. Nos pondremos en contacto con usted inmediatamente si su niño/a se enferma estando en la escuela. Esperamos que usted recoja su niño/a lo más pronto posible después que nos comuniquemos con usted. La clínica escolar no está equipada para mantener niños enfermos por largos periodos de tiempo.

Por favor, déjenos saber inmediatamente si sus números de telefono u otra informacion en la tarjeta de emergencia de su niño/a ha cambiado. La informacion en esta tarjeta es vital para la seguridad y el bienestar de su niño/a.

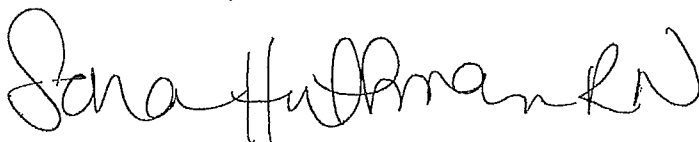
Le pedimos que no envíe su niño/a a la escuela si tiene los siguientes síntomas:

1. Vómitos o diarrea en las pasadas 24 horas
2. Fiebre en las pasadas 24 horas
3. Garganta irritada/dolor
4. Tos o estornudos persistentes
5. Ojos rojos, llorosos
6. Erupciones
7. Dolor de oídos, fluido
8. Mucosidad excesiva en la nariz (goteo nasal), especialmente si es amarillo-verdosa.

Su niño/a debe volver a la escuela tan pronto como los síntomas hayan desaparecido, o cuando su médico le provea una nota diciendo que su niño/a está listo/a para volver a la escuela.

Si su niño/a tiene una enfermedad contagiosa, por favor llámenos y díganos qué tipo de enfermedad es y cuando podemos esperar que regrese a la escuela. Gracias por cooperar con nosotros.

Sinceramente,



Sara Huffman RN BSN
Bevis Elementary School Nurse
Sara.huffman@sdhc.k12.fl.us

Information About School Health Services

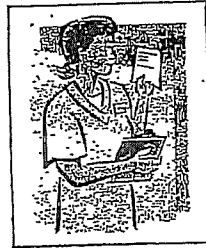
Immunizations

If you have Private Health Insurance or Medicaid, contact your Physician or Health Care Provider for an appointment. If you do not have Private Health Insurance or Medicaid contact the Hillsborough County Health Department Immunization Clinic for further information

Hillsborough County Health Department Immunization Clinic

Sulphur Spring
Health Center
8605 N. Mitchell, Tampa

813 - 307-8077



Child Health Assurance Act

In 1986, the Florida Legislature passed the Child Health Assurance Act. This act requires insurance companies to pay for children's routine checkups. The law states that insurance companies must cover specified visits (17 visits for vaccinations and checkups from the age of 2 months to 16 years) even if the policyholder's deductible has not been met. It applies also to group policies that originate out of the state for people living and working in Florida. However, the law does not apply to self-insurers—companies that have developed their own plans.

Services to be covered at each visit include "history, physical examination, developmental assessment, anticipatory guidance, and appropriate immunizations and laboratory tests." Provisions of the Child Health Assurance Act will cover the examination and immunizations needed to enter school. Parents should check with their insurance carrier.

Emergency Information/Parental Permission

At the beginning of each school year, you will be asked to complete an emergency card. The purpose of this card is to give school

personnel important information concerning health problems, procedures for emergency care, and persons to contact if you are unavailable. Your signature on this card gives the school personnel permission to act in emergency situations. Any health problem your child may have should be listed on this card. Please complete this card carefully. It is extremely important for the school to have complete and accurate information.

Remember to alert the school if changes in telephone numbers, addresses, or health status occur during the school year.

Screening Program

Health screening programs are an important part of the Primary Education Program. School health screening activities for kindergartners may include vision and hearing screenings, and measurement of height and weight with Body Mass Index calculation.

Additional Information

If you have questions or comments concerning items on this sheet or other school health services, please call the Department of Student Services, School Health Services, 273-7020.



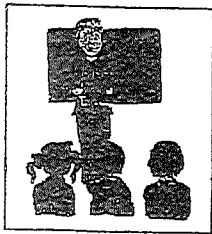
Hillsborough County Public Schools
Department of Student Services
Office of School Health Services
Attention Parents of Kindergarten Students

Health Requirements for Entrance to School

Every student must present a health examination and immunization record when entering a Florida school for the first time (Grades Kindergarten -12th grade). **These requirements must be completed before a child can attend kindergarten.**

Immunization Requirements

The immunization record must indicate that the following minimum requirements have been met:



*5 DPT	(diphtheria, pertussis, tetanus) Series of 4 plus 1 booster
**3-5 POLIO	The final dose of the polio series should be administered on or after the 4 th birthday regardless of the number of the previous doses
2 MMR	(measles, mumps, rubella) 1 st one administered after 12 months of age.
3 HEPATITIS B	Series of 3
2 VARICELLA	- OR DISEASE VERIFIED BY PHYSICIAN.

***Special Note:** If the 4th DPT was given after the child's 4th birthday, the 5th DPT is not required.

****Special Note:** If the 4th Polio was given before the child's 4th birthday, the 5th Polio will be required.

or

A Medical Exemption signed by a physician

or

A Religious Exemption on DH form 681 available only at the Hillsborough County Health Department

Reviewed January 2019 (Kindergarten Flyer)

Health Examination Requirements

A health examination must be completed within the twelve months prior to the first day of attendance in a Florida school (Grades K-12). If you have Private Health Insurance or Medicaid, contact your Physician or Health Care Provider for an appointment. If you do not have private Health Insurance or Medicaid, please contact the Registered Nurse at your school site for further information.

Special Note:

Health examination records from school district early childhood programs (EELP, ECLC, Head Start, Pre-K) will be accepted if the examination was completed within the twelve months prior to the first day of attendance in kindergarten. Day care certificates of health are not acceptable. It is the parents' responsibility to have the early childhood record transferred to the school their child will be attending.

Records and Resources

Immunizations must appear on the Immunization Form (DH680). Physical examination results must appear on the Florida School Physical Examination form (DH 3040). Parents must complete and sign the back of the Physical Examination form Part 1 – Child's Medical History.

IMPORTANT!

Your child cannot attend school until the physical examination and immunization requirements have been met!

