

Davidsen Middle School
Center for the Arts
10501 Montague St | Tampa, FL 33626
(813) 558-5300

Welcome to Davidsen Middle School – Home of the Dragons!

Registration requirements if your student is coming from a private school or any school outside of Hillsborough County:

- Completed SER*
- Student Residency form*
- Home Language Survey*
- Academic Special Needs Questionnaire*
- Verification of parent/legal guardian address by **two** forms of the following:
ONLY the following will be accepted.
 - Lease agreement
 - Current Utility bill/ Verification of service
 - Homestead exemption / Proof of Home Ownership
- Student Birth Certificate or Passport
- STUDENT Social Security Card
- IEP/504/ FBA / EP/ if Applicable
- Parent / Guardian Photo ID
- Report Card or Transcript from the last school
- STATE OF FLORIDA Physical (CVS Minute Clinic, Urgent Care, etc.)
- STATE OF FLORIDA Immunization Records showing proof of proper immunizations
 - **OR** medical / religious exemption from **Florida** Department of Health

All students' immunization records must be complete.

6th Grade: DTP (5), Polio (4), Hib (4), MMR (2), Varicella (2), HEP B (3)

7th / 8th Grade: DTP (5), Polio (4), Hib (4), MMR (2), Varicella (2), HEP B (3), TDap Booster (1)

* Included in registration packet

All 6th grade students:

Critical Thinking or Intensive Reading is required.

Take the Wheel during the First Semester.

Enrollment during the 2nd Semester will require an elective selection.

- Exploring Spanish, AVID, Band, Chorus, Orchestra, Computers

Enrolling 7th and 8th grade students:

Must provide proof of TDap Vaccination

Elective Selections must be made

All Davidsen Students:

PE Uniforms and PE Locks will be purchased through MyPaymentsPlus

**All registration documentation must be received for your student's registration to be complete.
Registration will take approximately 48 hours from when all documents are received.**



PLEASE PRINT FIRMLY

AUTHORIZATION FOR STUDENT RELEASE AND EMERGENCY INFORMATION CARD

PLEASE PRINT FIRMLY

SCHOOL YEAR		SCHOOL NAME		DISTRICT STUDENT NUMBER		ENTRY CODE	
TEACHER OR HOMEROOM				GRADE		STATE STUDENT NUMBER	
EMERGENCY INFORMATION: This card must be completed by the parent of legal guardian.						CHILD OF MILITARY FAMILY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)						Military Family Includes: 1) members on active duty or 2) members for 1 year following: medical discharge due to injury retirement death due to active duty injury	
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 <input type="checkbox"/> DIABETES <input type="checkbox"/> SEIZURES <input type="checkbox"/> HEART CONDITION <input type="checkbox"/> ALLERGIES <input type="checkbox"/> OTHER <input type="checkbox"/>		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

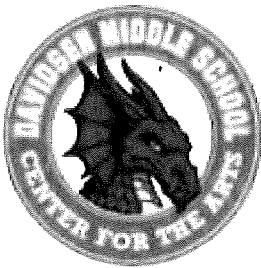
*** Notice ***

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 _____



Davidson Middle School
10501 Montague Street
Tampa, FL 33626
(813)558-5300

Academic Special Needs Checklist

Student Name _____

- Has your child ever been found eligible for Special Education Services?

Yes _____ No _____

- Has your child received any services in a special class during any part of the day?

Yes _____ No _____

If yes, what special education program was your child in?

- Do you have a copy of the **IEP** (Individual Education Plan)?

Yes _____ No _____

- Do you have a copy of any/or all Evaluation reports?

Yes _____ No _____

- Has your child ever been found eligible for a **504 Plan**?

Yes _____ No _____

- Do you have a copy of the **504 Plan**?

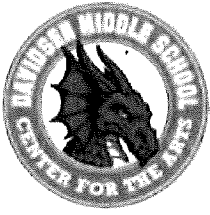
Yes _____ No _____

- Has your child ever been found eligible for **Gifted Programs**?

Yes _____ No _____

- Do you have a copy of the **Gifted Education Plan**?

Yes _____ No _____



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Home Language Survey

To be completed by parent or guardian

Student Name: _____ Date of Birth: ____/____/____ Grade: _____

Student Language: _____ Parent Language: _____

Date Student first entered a United States School: ____/____/____

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

1. Is a language other than English used in the home? Yes / No
2. Did the student have a first language other than English? Yes / No
3. Does the student most frequently speak a language other than English? Yes / No

If the answer is "YES" to any of these questions, the student must be tested for English proficiency.

Parent/Guardian Signature: _____ Date: ____/____/____

Encuesta sobre el idioma del hogar

Debe ser completado por el padre o tutor

Nombre del estudiante: _____ Fecha de nacimiento: ____/____/____ Grado: _____

Idioma del estudiante: _____ Idioma de los padres: _____

Fecha en que el estudiante ingresó por primera vez a una escuela de los Estados Unidos: ____/____/____

Si nació en el extranjero, ¿cuántos años ha asistido el estudiante a una escuela en los Estados Unidos? _____

1. ¿Algún idioma que no sea el inglés utilizado en el hogar? Sí / No
2. ¿Tenía el estudiante un primer idioma que no fuera el inglés? Sí / No
3. ¿El estudiante habla con mayor frecuencia un idioma que no sea inglés? Sí / No

Si la respuesta es "Sí" a cualquiera de estas preguntas, el estudiante debe ser evaluado para determinar su dominio del inglés.

Firma del Padre/Tutor: _____ Fecha: ____/____/____

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

Form B

McKinney-Vento Enrollment Student Residency Form

According to the federal McKinney-Vento Homeless Assistance Act, eligible students have the right to be **immediately enrolled** in **ONLY** the **school of origin** or the **attendance boundary** school, even without required enrollment documents. Eligibility should be determined using the McKinney-Vento Eligibility Assessment **before** giving this Form B to the parent/guardian/host caretaker. This form identifies a student's enrollment category and serves as residence verification for enrollment in a Hillsborough County Public School.

Complete this **Form B** if the student lacks a **fixed, regular, and adequate nighttime residence** (McKinney-Vento definition).

- If the family can provide proof of residency with two (2) residency documents, complete Form A.
- If the family is co-residing by choice, they did not experience a loss of housing, and they have zero (0) residency documents, complete Form C.

Student Name:	Date of Birth:	Student Number:	Grade:
School Name:			
Student's Street Address / City / State / Zip Code:			
Parent/Guardian/Host Caretaker Name:		Contact:	

1. Check the box that fits the student's current living situation, based on where the student slept the night before enrollment. **(Code the HLS field on the E screen/SIS)**

- ☐ Living in an emergency shelter (shelter verification letter), transitional housing program, or FEMA housing. **(Code A)**
- ☐ Sharing the housing of other person due to a loss of housing, economic hardship, or similar reason. **(Code B)**
- ☐ Living in a car, temporary RV park or campground, bus station, abandoned buildings, substandard housing, or other public or private spaces not designed for human beings due to lack of alternative accommodations. **(Code D)**
- ☐ Living in hotels or motels due to a loss of housing or lack of alternative and adequate accommodations. **(Code E)**

2. Is the student an Unaccompanied Youth (not living in the physical custody of a parent or guardian) **and** meets the McKinney-Vento definition of homeless living in one of situations listed above? **(Code the UAC field on E screen/SIS)**

- ☐ No. This student is not an Unaccompanied Youth. **(Code N)**
- ☐ Yes. This student is an Unaccompanied Youth, meets the definition of homeless, **under** the age of 16. **(Code U)**
- ☐ Yes. This student is an Unaccompanied Youth, meets the definition of homeless, 16 years of age or older, and **will be certified** by the district Homeless Education Liaison. **(Code C)**

3. Cause of homelessness: What led to the student's current living situation? Check one of the following: **(Code the HLCS field on E screen/SIS)**

<input type="checkbox"/> Man-Made Disaster - Major (War, Explosions, House Fire) (Code D)	<input type="checkbox"/> Mortgage foreclosure (Code M)	<input type="checkbox"/> Tornado (Code T)
<input type="checkbox"/> Earthquake (Code E)	<input type="checkbox"/> Pandemic Major (Code P)	<input type="checkbox"/> Wildfire (Code W)
<input type="checkbox"/> Flooding (Code F)	<input type="checkbox"/> Tropical Storm (Code S)	<input type="checkbox"/> Hurricane (Code H)
<input type="checkbox"/> Other homeless causes: divorce, domestic violence, eviction, economic hardship (loss of wages, unemployment, lack of affordable housing, mental illness, health issues, family conflict) (Code N)		

4. List all school age children enrolled in a Hillsborough County Public or Charter School (PreK-12) that were affected by this loss of housing.

Name	Student Number	DOB	School	Grade
1.				
2.				
3.				
4.				

NOTE: This form is valid for one (1) school year only. Eligibility must be determined at the beginning of each school year to continue receiving McKinney-Vento services. Contact your child's school for assistance. Per HCPS Policy 2431, students are not guaranteed the right to participate in an athletic program if they transfer schools, even if they are identified as McKinney-Vento eligible. For more information, contact the Assistant Principal for Administration at your child's school.

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.

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



Co-Residency Form

Complete this form (C) if the parent/guardian is co-residing with another family and has zero (0) residency documents.

- If the family can provide proof of residency with two (2) documents, complete Form A.
- If the family has experienced a loss of housing, complete Form B.

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

Please check the following (if applicable):

<input type="checkbox"/>	Co-residing <u>and</u> family has no residency documents. (Family has not experienced a loss of housing. Update B, D screens/SIS)
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If co-residing, the party with whom the family resides must sign below and provide proof of residency with two (2) documents. This form is valid for one school year only and expires at the end of the regular school year.

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

Name of Individual	Signature	Date

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



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.



School Entry Health Exam
Page 2 of 2

Name of Child (Last, First, Middle)	Birth Date
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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"/>	Hearing – Right	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
Vision - With Glasses	Right 20/	Left 20/	Failed <input type="checkbox"/>	Hearing – Left	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <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.

Dear Parent or Guardian,

The purpose of this worksheet is for students to indicate an elective preference for the school year. Students are scheduled for language arts, math, science, social studies, physical education, and electives. Students who score below satisfactory on the Florida Standards Assessments (FSA) in reading and/or math may be scheduled to take intensive level reading and/or math courses in place of electives.

Elective courses are offered based on student interest. Every effort will be made to schedule students for their first choice. However, if a student requests to change selections at a later date, seats may not be available.

Florida law requires physical education for middle school students. The requirement may be waived when the student is scheduled to take intensive courses, or the student is taking part in physical activities beyond the school day which meet or exceed the mandated requirement. If you would like to request a physical education waiver, please contact your child's guidance counselor at 813-558-5300.

7th and 8th Grade Elective Options:

1. Art
2. Orchestra
3. Chorus
4. Vocal Jazz- (Teacher Approval)
5. Band
6. AVID- Advancement Via Individual Determination (AVID)
7. Dance
8. Computer Applications in Business/ Exploring IT Careers
9. Student Assistant (Teacher Approval)
10. Journalism (Teacher Approval)
11. Fundamentals of Culinary Careers
12. Beginning Spanish

8th Grade Only Elective Options:

1. Jazz Band- (Teacher Approval)
2. Digital Information Technology: (1.0 HS Credit/Fine Arts Credit) (Teacher Approval Required)
3. Spanish 1 (HS)-A high school credit
4. Nutrition & Wellness/Principles of Food (HS) (Teacher Approval)

Please Select 3 Electives in order of choice. Every attempt will be made to give you your first choice, however, this is not always possible.

Choice 1: _____

Choice 2: _____

Choice 3: _____

7th and 8th Grade Elective Options:

1. **Art:** Students will use many different media, like pencil, marker, paint, clay and collage to create art works that are both 2 and 3-dimensional. Students will learn the Elements of Art and the Principles of Design, Art History, Art Aesthetics, and Art Criticism.
2. **Orchestra:** Students will learn how to read music and how to play and care for an instrument. Students will participate in both a Winter and Spring concert, showcasing their achievements.
3. **Chorus:** Students will learn how to sing with a healthy, free and relaxed tone, how to balance and blend in a choral ensemble, how to read music, and how to become independent musicians.
4. **Vocal Jazz:** Students will have the opportunity to sing various styles of music, including pop, Broadway, jazz. etc. Students must pass and audition and students must be co-enrolled in a regular chorus class.
5. **Band:** Students will learn how to read music and how to play and care for an instrument. Students will participate in a Winter and Spring concert, showcasing their achievements.
6. **AVID:** Advancement Via Individual Determination (AVID) helps students improve the reading, writing, and math skills that are necessary to succeed in high school, college and in their professional careers. Student achievement will be supported through the instruction of study skills, organization and higher-level thinking. Students will also participate in collaborative study groups and team building.
7. **Dance:** The dance elective will include an in-depth knowledge of Ballet, Modern, and jazz techniques, as well as vocabulary, history, music, kinesiology, choreography, and other forms of social dance (Tap, African, and Hip-Hop). Students will be required to purchase a dance uniform and additionally pay a one-time \$25 fee.
8. **Computer Applications in Business/Coding Fundamentals:** During Semester 1 you will improve your keyboarding skills as you learn the basics of Microsoft Office software (Word, PowerPoint, and Excel). During Semester 2 you will learn Problem Solving Skills, Web Development (HTML and CSS), and how to create Interactive Animations and Games (JavaScript). Class time for both semesters involve project-based assignments and online learning modules.
9. **Student Assistant:** You will independently learn about what it takes to choose a career field, get hired, and keep a job! You will have "on-the-job training" as you work for a teacher or for office staff. You will be required to read articles and complete pencil and paper activities which are due every 2-3 weeks. Ideal candidates are self-starters who have good conduct grades and pass all of their classes. You are required to pick up and complete an application from Room 601 or 604 in order to be considered for this elective.
10. **Journalism:** This course is designed for students with a love of writing, photography, and graphic design/layout. Students will focus on the production of the school's yearbook. Separate application is required.
11. **Fundamentals of Culinary Careers:** Culinary is defined as anything related to food or cooking. In this first level culinary class, students will be introduced to the basics of the kitchen, including safety and sanitation, kitchen tools, recipes and terms, meal presentation, etiquette, nutrition and career skills. Students will work in a team to prepare a variety of food items and also learn about careers in the culinary industry.
12. **Beginning Spanish:** Hola! This course is designed as an introductory course for absolute beginners. It will establish a strong foundation and promote future success in Spanish learning, for years of study to come. Intro to Spanish will help the student acquire the fundamentals of pronunciation and grammar, practical vocabulary, useful phrases and the ability to read, write, listen and speak simple Spanish. The basic relevant information covered includes geography, customs, and culture of Spain and Latin America. The class will prepare the student for further language study and should inspire interest in foreign travel, study and work. This is a fun and helpful class that is taught through conversations, games, video clips, music, stories, art and visual presentations. After completing this course, students will be able to continue their language learning for Spanish 1 to earn a high school credit.

8th Grade Only Elective Options:

1. **Jazz Band:** Students will have the opportunity to learn a second instrument and will learn several musical styles including: rock, swing, funk, blues, and Latin. In addition to winds, a rhythm section is required, including drum set, electric bass, electric guitar, and piano. Students must be co-enrolled in a regular band class.
2. **Digital Information Technology:** Through this year-long High School credit course you will gain an in-depth knowledge of Microsoft Word, PowerPoint, and Excel software. You will have the opportunity to sit for Microsoft Industry Certification exams and will likely become MOS Certified! Much of the class time will be spent practicing and applying skills through interactive online programs and independent projects. Students must be able to read with attention to details, work independently, and be motivated to be successful.
3. **Spanish 1:** A high school credited course focused on the development of communicative, and cultural aspects associated with the Spanish language.
4. **Nutrition & Wellness/Principles of Food:** Want to jump start your high school career as you learn more about healthy food choices? In this hands-on high school credit course, students will examine nutritious food principles as well as prepare related dishes in the kitchen. Topics covered will feature dietary guidelines, food labels, media effects on body image, eating disorders, nutrition needs for athletes and benefits of exercise. Students will also learn the latest culinary technology and trends related to food. Course following Nutrition and Wellness. The purpose of the course is to prepare students to understand the principles of food preparation. selection and storage and selection of food services, poultry, fish) and work to create meals using the food items for use in the classroom and café. Cuisine from diverse cultures will also be introduced. Learning activities are provided in a laboratory setting using current technology.



Parental Consent to Release Personally Identifiable Information for Medicaid Reimbursement

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

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

Individual Educational Plan (IEP) Services

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

Non-IEP Services

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

☐

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

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

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

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

☐

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

Student/Child's Information

Student ID

Full Name (printed)

Date of Birth

Parent/Guardians Information

Name (printed)

Signature

Date



MEDICAID

Certified School Match Program

Reimbursement for School-based Services

What is the Florida Medicaid Certified School Match program?

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

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

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

What types of services does the MCSM program cover?

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

Is there a cost to me?

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

Will it affect my family's Medicaid benefits?

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

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

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

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

Federal regulations require that the parent/guardian:

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