

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



**Superintendent of Schools**  
Addison G. Davis

### **Student Code of Conduct Acknowledgement Form**

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

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

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date

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

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



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

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

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

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

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

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

Dear Parent/Guardian:

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

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

**Please select only one option below:**

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

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

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

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

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

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**Superintendent of Schools**  
Addison G. Davis

**Principal**  
KeLinda Lockett

**Assistant Principals**  
Cheryl Guerra  
Adam Fleischmann



# Farnell Middle School

**Home of the Falcons**

Dear Parents/Guardians:

When transporting students to and from school, ensuring your students' safety is our number one priority. Our bus drivers have increasingly expressed concerns about the enforcement of transportation rules. Consistent enforcement of rules for student behavior is required to provide the safest conditions. Consequently, the district formed a study committee comprised of students, bus drivers, assistant principals, principals, and transportation field supervisors to improve our transportation system.

The hard work of the group produced a document that provides a consistent approach and incorporates best practices related to student safety. It also states expectations for drivers, students, parents, and school administrators. The guidelines are included with this letter.

Ensuring student safety is a shared responsibility. Please review the transportation section of the Student Handbook and return this letter with the information requested below to the school. We appreciate your cooperation and assistance.

Sincerely,

*KeLinda Lockett*  
Principal

See Transportation Section of Code of Conduct

### Hillsborough County School Bus Mutual Responsibility Signature Form

Student Name (Printed) \_\_\_\_\_ Student Number \_\_\_\_\_  
Parent Name (Printed) \_\_\_\_\_ Date \_\_\_\_\_  
Name of School \_\_\_\_\_ Bus Route # \_\_\_\_\_

**We have read the transportation section of the Student Handbook and understand the requirements for participation in the student bus transportation program.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
Bus Driver \_\_\_\_\_ Date \_\_\_\_\_