

Student Name \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_  
(Last, First, MI)

Home Address \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

### **APPLICATION FOR HEALTHY STUDENT PROGRAM MEMBERSHIP**

PEOPLE TO BE CONTACTED IN CASE OF EMERGENCY:

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

### **STUDENT MEDICAL HISTORY**

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

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

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

### **STUDENT INSURANCE INFORMATION**

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

### **ENROLLMENT STATEMENT**

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

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

**School Board**  
Melissa Snively, Chair  
Steve P. Cona III, Vice Chair  
Lynn L. Gray  
Stacy A. Hahn, Ph.D.  
Karen Perez  
Tamara P. Shamburger  
Cindy Stuart



**Superintendent of Schools**  
Addison G. Davis

## 2020-2021 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 Name (Printed)

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Parent/Guardian's Name (Printed)

\_\_\_\_\_  
Date

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

***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 does not relieve a student or the parent(s) from the responsibility of abiding by the Student Code of Conduct.***

**2020-2021**  
**Student Media 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, 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, posters, brochures, and newsletters; on the Internet, radio, or television; or for other 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.

Please select **only one** of the options below:

- ☐ **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. This includes the school yearbook.
- ☐ **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 new 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.
- ☐ **I GIVE MY PERMISSION ONLY** for my child's photo and his/her name to be published in the 2020-2021 yearbook.

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

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

Date: \_\_\_\_\_



Dear Magnet Family,

Congratulations on your student's acceptance into a Hillsborough County Public Schools' Magnet Program!

Magnet Students and families before you have collaborated to establish our Magnet Schools as exceptional places of learning that celebrate innovative lessons, academic success, and diversity. We are proud of our accomplishments and are excited by your family's contribution to our continued success. The privilege of being a part of the great program to which you have been accepted comes with certain responsibilities. In accepting this Magnet School placement, you have agreed to be mindful of the following:

*Students will:*

- Be aware of and follow all school rules, routines, and procedures.
- Be aware of and follow all transportation system rules, routines, and procedures.
- Arrive on time every day prepared with all necessary supplies, books, and materials.
- Complete all classwork and homework assignments.
- Follow the dress code and uniform requirements established by the school.
- Actively contribute to a positive, safe, and cooperative school environment.

*Parents/Guardians and family members will:*

- Be aware of and follow all school routines and procedures.
- Be aware of and follow all transportation system routines and procedures.
- Monitor the timely completion of homework assignments.
- Ensure students follow dress code and uniform requirements established by the school.
- Communicate with school personnel in a civil manner.
- Provide accurate and up-to-date contact information.
- Contribute to a positive, safe, and cooperative school environment.

All of the above must be honored this school year to ensure that your student's Magnet School assignment and/or the privilege of Magnet bus transportation is maintained throughout the year.

**Working together means we will ALL have a fun, safe, and successful school year!**

**Please sign to acknowledge your understanding of the above**

Student \_\_\_\_\_ Date \_\_\_\_\_

Parent \_\_\_\_\_ Date \_\_\_\_\_

Principal Dr. Andrew T. Olson \_\_\_\_\_ Date \_\_\_\_\_

Magnet School Representative Carly Price \_\_\_\_\_ Date \_\_\_\_\_



First Period Teacher: \_\_\_\_\_

# Greco Middle, an IB Candidate School

## 2020-2021 Family Needs Survey



The Community School Initiative links students and families with educational, enrichment, health, and social services provided by community partners; it facilitates community engagement and planning for school improvement.

Parent/Guardian Name _____ Date of Birth: _____ Relationship to Student: _____				
Race: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> 2+Races <input type="checkbox"/> Other				
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non- Hispanic/Latino Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Creole <input type="checkbox"/> Other: _____				
Address: _____ Apt. # _____ Zip: _____ How long at this address? ____ Years/ ____ Months				
Cell Phone: _____ Home Phone: _____ E-mail: _____				
Total number of people in your household: _____ Number of children younger than 19 years old: _____				
<b>Please list the people living in your household:</b>				
Name (First and Last)	Date of Birth	Relation to you	Grade	School

.....

By completing and returning this survey, I am granting permission for this information to be used by community school staff to contact me about services that may be available to my family.  
Information will also be used for planning services and classes.

1. Do you have a computer at home? <input type="checkbox"/> Yes <input type="checkbox"/> No Internet Access? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you use Facebook? <input type="checkbox"/> Yes <input type="checkbox"/> No				
2. Are you new to Greco this year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where did your child attend school last year? _____				
3. Would you like information about any of the following? <b>(Please check all that apply)</b> <input type="checkbox"/> Employment <input type="checkbox"/> Food <input type="checkbox"/> SNAP <input type="checkbox"/> Clothing <input type="checkbox"/> Rent/Utilities Assistance <input type="checkbox"/> Medical Insurance <input type="checkbox"/> Housing <input type="checkbox"/> Transportation <input type="checkbox"/> Health Care <input type="checkbox"/> Dental <input type="checkbox"/> Tutoring <input type="checkbox"/> Mental Health/Counseling <input type="checkbox"/> After school programs <input type="checkbox"/> Legal Assistance <input type="checkbox"/> Immigration <input type="checkbox"/> Mentoring, If Yes, which child would you want a mentor for? _____				
4. Would you like information about any of these adult education classes? <b>(Please check all that apply)</b> <input type="checkbox"/> English classes <input type="checkbox"/> GED prep <input type="checkbox"/> Adult literacy <input type="checkbox"/> Computer/Internet/email <input type="checkbox"/> Healthy cooking <input type="checkbox"/> Parenting classes <input type="checkbox"/> Exercise <input type="checkbox"/> Gardening <input type="checkbox"/> Budget/Finances <input type="checkbox"/> Employment/Resume' Updating <input type="checkbox"/> Homeownership <input type="checkbox"/> Entrepreneurship <input type="checkbox"/> Social Media/Cyber Safety <input type="checkbox"/> Build Your Own Web Page				
5. Would you like the Family Resource Center to contact you about a specific need? <input type="checkbox"/> Yes _____				
6. Using the IB Learner Profile select your PRIORITY: Caring Courageous Communicator Open-minded Principled Inquirer Knowledgeable Thinkers Balanced Reflective				

Office Use Only: Date Entered: \_\_\_\_\_; by whom: \_\_\_\_\_

Student Name \_\_\_\_\_

1<sup>st</sup> Period Teacher \_\_\_\_\_

**TITLE 1 SHARED RESPONSIBILITIES FOR  
HIGH STUDENT ACADEMIC ACHIEVEMENT**

*Parent-Student-Teacher Compact*

**GRECO MIDDLE SCHOOL**

**2020-2021**

**Parents, Students & Teachers:**

**Please read and sign below. After signing please send form back with your student.**

**SCHOOL MISSION:** To provide each student with a rigorous and relevant curriculum that fosters excellence in academics and cultivates productive leaders.

**SCHOOL AGREEMENT**

*The entire school staff will share the responsibility for improved student achievement; therefore, we will do the following:*

- Hold parent/teacher conferences as often as needed.
- Send frequent reports (at least one per quarter) to parents on their child's progress.
- Provide opportunities for stakeholders to volunteer and participate in the classrooms and observe classroom activities.
- Create a safe & secure environment conducive to learning for all.
- Uphold an inclusive environment that respects students, parents, and school staff.
- Update grades regularly and complete teacher profiles.
- Maintain an open line of communication with families.
- Provide resources for families to help students learn at home.

1<sup>st</sup> Period Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT/GUARDIAN AGREEMENT**

*I want my child to reach his/her full academic potential, therefore, I will do the following to support my child's learning:*

- Monitor internet usage, television, movie viewing, electronic devices, and social media.
- Support the school staff and respect cultural differences of others through an inclusive environment.
- Establish a time and place for homework and check it regularly.
- Have on-going communication with my child's school and report issues that may affect student learning; including parent-teacher conferences, emails, phone calls, and volunteering at any and all school events.
- See that my child attends school regularly, is punctual to all classes, and has the necessary supplies to be successful.
- Help to make positive use of extra-curricular time in and out of school.
- Report any changes in contact information immediately.
- Check grades regularly for my child's progress.
- Read and adhere to the HCPS student handbook (i.e. Use of cell phones, weapons, internet use, etc.).

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT AGREEMENT**

*It is important that I do the best that I can; therefore, I will do the following:*

- Come to school each day in uniform and on time with my homework completed and have the supplies that I need.
- Always try to work to the best of my ability.
- Believe that I can and will learn.
- Conform to the rules of conduct at my school (i.e. electronic devices, dress code).
- Show respect for my school, myself, other students, teachers and staff, and have consideration for cultural differences.
- Check grades regularly for ownership of my academics.
- Read and adhere to the HCPS student handbook (i.e. Use of cell phones, weapons, internet use, etc.).
- No personal communication via electronic devices during class time. Communicate directly through the school offices.
- Utilize all available resources to support my academic success including, but not limited to, student support services.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Parents:

Please read the following Standard of Conduct for Pupils Riding School Buses with your child. It is important that you and your child understand the standards of conduct for students riding Hillsborough County Public Schools' buses.

Sign this form and return to the school, where it will be retained on file.

Sincerely,

Principal

### GENERAL

Daily bus service will be provided for all pupils living in excess of two miles from school. Pupils, who are physically handicapped or if walking would subject them to hazardous walking conditions (as defined by the State and the School Board), will be provided transportation regardless of the distance.

### STANDARDS

Acceptable classroom standards of conduct are expected of bus passengers. Drivers shall ensure that pupils observe regulations at all times.

### DISCIPLINE

A driver experiencing discipline problems with a student will notify the school principal by submitting a written referral describing the discipline problem. The principal may suspend the student's bus privileges. During a period of suspension, the School Board shall not be responsible for transporting the pupil to school.

### STUDENT CONDUCT

1. Recognize that the bus driver is the authority on the bus; obey and be courteous to the driver and to fellow students. Follow the directions of safety patrols that are assigned to assist the bus driver.
2. Plan to leave home each day so that you will arrive at your bus stop on time.
3. When walking where there are no sidewalks, face the traffic, and walk on the shoulder of the road.
4. Stand away from the highway at the bus stop.
5. Never run alongside a moving bus.
6. Wait until the bus and other traffic comes to a full stop and the bus door is opened before moving toward the bus. Cross in front of the bus at a distance of 10' to 12' feet.

7. Use the handrail when boarding the bus.
8. Go directly to your assigned seat and remain seated unless otherwise directed by the driver.
9. Do not carry onto the bus any glass items, reptiles, insects, pets, weapons or sharp instruments.
10. Keep the aisles clear at all times.
11. Hold books and other belongings firmly on your lap.
12. Large or heavy articles that cannot be held on your lap should be transported to school by your parents; this includes large band instruments.
13. Normal classroom behavior is expected while riding the bus.
14. Observe complete silence at all railroad crossings.
15. Do not throw objects about the bus or from a window. Keep arms and head inside the bus at all times.
16. Do not tamper with the emergency doors.
17. No eating, drinking, smoking, yelling, or fighting is allowed on the bus.
18. Leave the bus **ONLY** at your designated stop.
19. Take all your belongings off the bus each day. Transportation is not responsible for articles left on school buses.
20. Report any illness or injury sustained on or around the bus immediately to the driver.

### PARENTS' RESPONSIBILITIES

1. Parents are encouraged to walk with students to and from bus stops and to meet their children at the bus stop in the afternoon.
2. Parents are responsible for their children's safety when they are

going to and from the bus stop. A responsible person must accompany Exceptional Education students at their bus stop both in the morning and afternoon.

3. Parents should not expect to have conferences with the school bus driver at the bus stop. If necessary, conferences can be arranged through the school and the Transportation Department.
4. Parents should make a reasonable effort to understand and cooperate with those responsible for pupil transportation, and accept responsibility for the proper conduct of their children.
5. Parents are to refrain from boarding school buses and/or attempting conferences with drivers at bus stops.
6. Parents may access their children only at designated bus stops unless the driver has authorization for a change approved by the school administrator.

### FOR PARENT OR GUARDIAN

I have read and helped my child to understand the **Standards of Conduct for Pupils Riding School Buses**.

Signature: Parent or Guardian

Date:

Child's Name (printed):

School Child Attends:

**PLEASE RETURN TO YOUR CHILD'S SCHOOL AFTER SIGNING.**