



## 2022-2023 Student Academic Calendar

### Board Approved – 4/13/2021

|                                                                       |                                                     |
|-----------------------------------------------------------------------|-----------------------------------------------------|
| Students' First Day of School                                         | Wednesday, August 10, 2022                          |
| Labor Day/Non-Student Day                                             | Monday, September 5, 2022                           |
| End of 1st Grading Period                                             | Wednesday, October 12, 2022                         |
| Non-Student Day                                                       | Monday, October 17, 2022                            |
| Veterans Day/Non-Student Day                                          | Friday, November 11, 2022                           |
| Fall Break/Non-Student Days                                           | Monday, November 21 – Friday, November 25, 2022     |
| Students Return to School                                             | Monday, November 28, 2022                           |
| End of 2nd Grading Period<br>(End of 1st Semester)                    | Friday, December 23, 2022                           |
| Winter Break/Non-Student Days                                         | Monday, December 26, 2022 – Monday, January 9, 2023 |
| Students Return to School                                             | Tuesday, January 10, 2023                           |
| Martin Luther King, Jr./Non-Student Day                               | Monday, January 16, 2023                            |
| Non-Student Day                                                       | Friday, February 17, 2023                           |
| Non-Student Day                                                       | Monday, March 6, 2023                               |
| Spring Break/Non-Student Days                                         | Monday, March 13 – Friday, March 17, 2023           |
| Students Return to School                                             | Monday, March 20, 2023                              |
| End of 3rd Grading Period                                             | Friday, March 24, 2023                              |
| Non-Student Day                                                       | Friday, April 7, 2023                               |
| Last Day of School/End of 4th Grading Period<br>(End of 2nd Semester) | Friday, May 26, 2023                                |

#### **Please Note**

\* Hurricane Day(s) if needed - October 17, November 11, 21-23, and 25, 2022

#### **Student Early Release Days**

Early Release Day schedule is not finalized.

Last day of school is a 2.5-hour early release.

## Registration Requirements

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

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

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

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

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

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

5. All students enrolling in a school site must fill out the **Student Residency Form** and provide the school with the necessary documents.

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

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

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

**HCPS Entrance Requirements Policy - 5112**





# Ippolito Elementary School



*\*Parents - Please hand in only complete registration packets \**

Child's Name: \_\_\_\_\_

Grade Entering: \_\_\_\_\_

## Registration Requirements

- \_\_\_\_\_ Original Birth Certificate  
(child must be 5 on or before 09/01/2022)
- \_\_\_\_\_ Social Security Card
- \_\_\_\_\_ Florida School Entry Health Exam
- \_\_\_\_\_ UTD Immunization Record  
(from Florida)
- \_\_\_\_\_ Most recent report card  
(for grades 1-5)
- \_\_\_\_\_ 2 CURRENT address verifications  
from list below showing name & address
  - \_\_\_\_\_ homestead exemption
  - \_\_\_\_\_ property tax statement
  - \_\_\_\_\_ electric bill
  - \_\_\_\_\_ lease agreement with all tenants  
names listed
  - \_\_\_\_\_ warranty deed

Does your child have an IEP or EP YES NO

504 Plan YES NO

Health Concerns (please note below) YES NO

Has your child ever been referred or received mental health services YES NO

Custody arrangement (please circle one)

N/A joint mother father guardian foster parent

**A COPY OF ANY COURT DOCUMENT MUST SUPPORT  
ABOVE CUSTODY ARRANGEMENT**

Any other important information you would like to share:

Below is to be completed and initialed by Frost Elementary Personnel

\_\_\_\_\_ Registration Complete \_\_\_\_\_ Registration Incomplete (missing items highlighted)

\_\_\_\_\_ Date \_\_\_\_\_ Date

\_\_\_\_\_ Teacher/Grade Assigned

NOTES:





# Ippolito Elementary School



*\*Padres- Favor de enviar los paquetes de inscripción completos \**

El Nombre del niño: \_\_\_\_\_ El grado de entrada: \_\_\_\_\_

## Requisitos para la Inscripción

- \_\_\_\_\_ Certificado de nacimiento original  
(hijo/a debe tener 5 años el o antes de  
Septiembre 01, 2022)
- \_\_\_\_\_ Tarjeta de Seguro Social
- \_\_\_\_\_ Examen de salud de ingreso a una escuela de  
Florida
- \_\_\_\_\_ Cartilla o registro de vacunas al día (de Florida)
- \_\_\_\_\_ Boleta de calificaciones más reciente  
(los grados 1-5)
- \_\_\_\_\_ 2 verificaciones de la dirección actual de la  
lista a continuación que muestre el nombre y la  
dirección
- \_\_\_\_\_ Exención de vivienda
- \_\_\_\_\_ Declaración de impuestos a la propiedad
- \_\_\_\_\_ Recibo de la luz
- \_\_\_\_\_ Contrato de arrendamiento con todos los  
nombres de los inquilinos enumerados
- \_\_\_\_\_ Garantía escrita

Su hija tiene un IEP o EP SI NO

Plan 504 SI NO

Problemas de salud (por favor tenga en cuenta a  
continuación) SI NO

Alguna vez su hijo ha sido referido o recibido  
servicios de salud mental SI NO

Arreglo de custodia (por favor circule uno)

N/A articulación madre padre guardián  
padre adoptivo

**UNA COPIA DE CUALQUIER DOCUMENTO  
JUDICIAL DEBE RESPALDAR EL ACUERDO  
DE CUSTODIA ANTERIOR**

Cualquier otra información importante que le  
gustaría compartir:

A CONTINUACION DEBE SER COMPLETADO Y RUBRICADO POR PERSONAL DE FROST

\_\_\_\_\_ Registration Complete \_\_\_\_\_ Registration Incomplete (missing items  
highlighted)

\_\_\_\_\_ Date \_\_\_\_\_ Date

\_\_\_\_\_ Teacher/Grade Assigned

NOTES:



**Hillsborough County**  
**PUBLIC SCHOOLS**  
*Excellence in Education*

Student Media Release Form

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

School: \_\_\_\_\_

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

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

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

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

Dear Parent/Guardian:

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

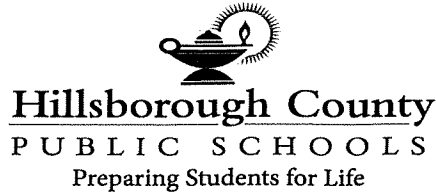
- ☐ I give my permission for my child to be interviewed, photographed, or videotaped for use in school/district publications, school district productions, or for use on the internet or by the general news media for print broadcast, or on websites; and for his/her name to be published in school/district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

Parent/Guardian signature: \_\_\_\_\_

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

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

**School Board**  
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**Superintendent of Schools**  
Addison G. Davis

Dear Parent or Guardian:

We are pleased to inform you that Hillsborough County Public Schools is implementing a new option available to schools participating in the National School Lunch and School Breakfast Programs called the Community Eligibility Provision (CEP) for School Year 2022-2023. All students enrolled at **Ippolito Elementary School** may participate in the breakfast and lunch program at no charge, without a meal benefits application.

Children need healthy meals to learn! Hillsborough County Student Nutrition Services offers nutritious, well-balanced meals for students of all ages and backgrounds. Please encourage your child(ren) to participate in the school meal program.

If you have any questions, please call Student Nutrition Services at 813-840-7066.

Sincerely,

Healthy Meals Express Application Center

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

USDA is an equal opportunity provider, employer, and lender.





### ***Student Nutrition Services Local Meal Charge Policy***

A written copy of the Student Nutrition Services Local Meal Charge policy will be provided to all households. Every school is required to follow the policy.

Student Nutrition Services uses a prepayment system call MyPayment Plus. This system limits the exchange of money, protects the identity of all students, and prevents the disclosure of a student's eligibility status. Students who qualify for a free or a reduced-priced meal will always receive a free meal. All students receive free breakfast regardless of eligibility status.

Full pay students who do not have money on their MyPayments Plus meal account can received a "charged" meal with the following restrictions. Adults may not charge meals at any time.

1. Students are allowed to charge for meals when they don't have money in their MyPayment Plus meal account. The student will be given the same school lunch that other children are receiving.
2. Anytime there is a negative balance on a student's MyPayment Plus meal account, the child will be prohibited from purchasing A La Carte items (food purchased in addition to the school meal), even when purchasing with cash.
3. Students in CEP (Community Eligibility Provision) schools with negative balances on their student MyPayment Plus meal account will also be prohibited from purchasing Ala Carte items.
4. Parents/guardians of students who charge for one meal will receive a phone notification after their student has the meal. The parent/guardian will be encouraged to quickly pay for this meal and will be reminded of this policy.
5. Parents of students who continue to charge will receive additional email and text notifications which will encourage the parent/guardian to pay off their charge balances.
6. Any unpaid balance on a child's account will be carried over from year to year.
7. The parent/guardian is responsible for all uncollected meal balances which must be paid, prior to graduation or withdrawal from Hillsborough County Public Schools.



### ***Política de Cargos de Comida Locales del Servicio de Nutrición Estudiantil***

Se proporcionará una copia de la política de cargos de comida del Servicio de Nutrición Estudiantil a todas las familias. A todas las escuelas se les exige que sigan estas normas.

Servicios de nutrición estudiantil utiliza un sistema de prepago llamado MyPayment Plus. Este sistema limita el intercambio de dinero, protege la identidad de todos los estudiantes y evita la divulgación del estado de elegibilidad de un estudiante. Los estudiantes que califican para una comida gratuita o de precio reducido siempre recibirán una comida gratis. Todos los estudiantes reciben desayuno gratis, independientemente de su estado de elegibilidad.

Los estudiantes de pago completo que no tienen dinero en su cuenta de comidas MyPayments Plus pueden recibir una comida "cobrada" con las siguientes restricciones. Los adultos no pueden cobrar comidas en ningún momento.

1. Los estudiantes pueden cobrar por las comidas cuando no tienen dinero en su cuenta de comidas MyPayment Plus. El estudiante recibirá el mismo almuerzo escolar que otros niños están recibiendo.
2. Cada vez que haya un balance negativo en la cuenta de comidas MyPayment Plus de un estudiante, el niño tendrá prohibido comprar los artículos de A La Carte (alimentos comprados además de la comida escolar), incluso cuando se compre con dinero efectivo.
3. Los estudiantes en las escuelas CEP (provisión de elegibilidad de la comunidad) con balances negativos en su cuenta de comidas de MyPayment Plus también tendrán prohibido comprar artículos de A La Carte.
4. Los padres/guardianes de los estudiantes que agreguen un cargo por una comida recibirán una notificación telefónica después de que su estudiante tenga la comida. Se alertará al padre/guardián que pague rápidamente por esta comida y se le recordará esta política.
5. Los padres de estudiantes que continúen cobrando recibirán notificaciones adicionales por correo electrónico y texto que alertarán al padre/tutor a pagar sus cargos.
6. Cualquier balance que no sea pagado en la cuenta de un niño se transferirá de año en año.
7. Los padres son responsables del estado de cuenta negativo, el cual tiene que pagarse antes de la graduación o retiro de las Escuelas Públicas del Condado de Hillsborough.



### PARENT/GUARDIAN CONSENT FOR SCHOOL HEALTH SERVICES

- The Parent/Guardian Consent for School Health Services Form is required every school year.
- When necessary, emergency health services such as first aid, cardiopulmonary resuscitation (CPR) or use of an automated external defibrillator (AED) by employees until emergency medical services arrive on campus.
- A separate parent/guardian written authorization is required for the staff at the school to administer daily, as needed, or over-the-counter prescribed medications, conduct medical procedures or provide medical treatment every school year.
- A separate parental/guardian written authorization is required every school year for The Healthy Student Program, Vision and Dental services provided at selected schools.
- School Health Screenings Florida Statue 381.0056(7)(d), mandates regular health screenings to public school students. The screenings include vision, hearing, height, and weight (K, 1, 3 & 6) Body Mass Index (BMI) and scoliosis (6th grade only). Any parent choosing to decline required school health screenings must provide written communication to the principal, designee, or School Nurse.

**THIS FORM MUST BE COMPLETED AND RETURNED TO THE SCHOOL NURSE IF YOU CONSENT AND WISH FOR YOUR CHILD TO RECEIVE ANY OF THE SCHOOL HEALTH SERVICES LISTED BELOW.**

Print all information using ink

#### Student Information

|                |                  |           |                    |                                 |
|----------------|------------------|-----------|--------------------|---------------------------------|
|                |                  |           |                    | Male <input type="checkbox"/>   |
| First Name     | Middle Name      | Last Name | Student Birth Date | Female <input type="checkbox"/> |
|                |                  |           |                    |                                 |
| Street Address | Apartment Number | City      | State              | Zip Code                        |

#### Parent/Guardian Information

|                   |                   |                   |                                              |          |
|-------------------|-------------------|-------------------|----------------------------------------------|----------|
|                   |                   |                   |                                              |          |
| First Name        | Middle Name       | Last Name         | Relationship to Student (parent or guardian) |          |
|                   |                   |                   |                                              |          |
| Street Address    | Apartment Number  | City              | State                                        | Zip Code |
|                   |                   |                   |                                              |          |
| Home Phone Number | Work Phone Number | Cell Phone Number |                                              |          |

**Please indicate which services you do not give consent and would not like your child to receive at school with an “x” in the check boxes.**

|                                                    |                          |
|----------------------------------------------------|--------------------------|
| Care and treatment for illness and/ or injury      | <input type="checkbox"/> |
| Vision screening                                   | <input type="checkbox"/> |
| Hearing screening                                  | <input type="checkbox"/> |
| Scoliosis screening                                | <input type="checkbox"/> |
| Growth and development screening (body mass index) | <input type="checkbox"/> |
| Vision services                                    | <input type="checkbox"/> |
| Dental Services                                    | <input type="checkbox"/> |
| Healthy Student Program                            | <input type="checkbox"/> |

\_\_\_\_\_

Parent/Guardian (PRINT)

\_\_\_\_\_

Parent/Guardian (SIGNATURE)

\_\_\_\_\_

Date

STUDENT’S FIRST & LAST NAME PRINT: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

STUDENT’S FIRST & LAST NAME SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_





## PARENT/GUARDIAN CONSENT FOR SCHOOL HEALTH SERVICES

- The Parent/Guardian Consent for School Health Services Form is required for each student every school year.
- In an emergency, first aid, cardiopulmonary resuscitation (CPR) or use of an automated external defibrillator (AED) will be performed by employees until emergency medical services arrive without prior parent/guardian consent.
- Additional parent/guardian written consent is required every school year for employees to administer daily, as needed, or over-the-counter prescribed medications, conduct medical procedures or provide medical treatment.
- Additional parental/guardian written consent is required every school year for The Healthy Student Program, vision and dental programs at participating schools, and specific health services i.e., school entry, sports, and Special Olympics physicals.

**THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED TO THE SCHOOL NURSE IN ORDER TO GIVE CONSENT FOR YOUR CHILD TO RECEIVE ANY OF THE SCHOOL HEALTH SERVICES LISTED BELOW.**

Print all information using ink

### Student Information

|                |                  |           |                    |          |
|----------------|------------------|-----------|--------------------|----------|
|                |                  |           |                    |          |
| First Name     | Middle Name      | Last Name | Student Birth Date | Gender   |
|                |                  |           |                    |          |
| Street Address | Apartment Number | City      | State              | Zip Code |

### Parent/Guardian Information

|                   |                   |                   |                                              |
|-------------------|-------------------|-------------------|----------------------------------------------|
|                   |                   |                   |                                              |
| First Name        | Middle Name       | Last Name         | Relationship to Student (parent or guardian) |
|                   |                   |                   |                                              |
| Street Address    | Apartment Number  | City              | State                                        |
|                   |                   |                   | Zip Code                                     |
|                   |                   |                   |                                              |
| Home Phone Number | Work Phone Number | Cell Phone Number | Email Address                                |



**Please indicate which services you give consent for your child to receive at school by placing an “x” in the boxes below.**

|                                                    |                          |
|----------------------------------------------------|--------------------------|
| Care and treatment for illness and/ or injury      | <input type="checkbox"/> |
| Vision screening                                   | <input type="checkbox"/> |
| Hearing screening                                  | <input type="checkbox"/> |
| Scoliosis screening                                | <input type="checkbox"/> |
| Growth and development screening (body mass index) | <input type="checkbox"/> |
| Vision services                                    | <input type="checkbox"/> |
| Dental Services                                    | <input type="checkbox"/> |
| Healthy Student Program                            | <input type="checkbox"/> |

\_\_\_\_\_  
Parent/Guardian (PRINT)

\_\_\_\_\_  
Parent/Guardian (SIGNATURE)

\_\_\_\_\_  
Date

STUDENT'S FIRST & LAST NAME PRINT: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

STUDENT'S FIRST & LAST NAME SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**State Mandated Information**

**Per Senate Bill 7026, please complete the information below.**

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

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

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

-----  
**Dismissal**

Date: \_\_\_\_\_ Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

Dismissal: Car Bus Walker YMCA



Notes/Color Bus:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Kindergarten Countdown



Hillsborough County  
PUBLIC SCHOOLS  
Preparing Students for Life



**EARLY LEARNING**  
COALITION OF HILLSBOROUGH COUNTY

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

## DECEMBER

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

## JANUARY — FEBRUARY

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

## MARCH — MAY

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

## MAY — AUGUST

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



## TWO WEEKS BEFORE SCHOOL STARTS

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

## ONE WEEK BEFORE SCHOOL STARTS

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

## FIRST DAY OF SCHOOL

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

## THROUGHOUT THE YEAR

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



# Kindergarten Countdown

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

## DICIEMBRE

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

## ENERO — FEBRERO

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

## MARZO — MAYO

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

## MAYO — AGOSTO

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



## DOS SEMANAS ANTES DE COMENZAR

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

## UNA SEMANA ANTES DE COMENZAR

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

## PRIMER DIA ESCOLAR

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

## DURANTE EL AÑO

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



# Uniform Policy

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



Bottoms:  
Navy Blue  
Khaki  
Black  
Jean



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

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



# Politica de Uniforme

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Parte de Arriba:  
Polo o Camisa de la Escuela  
Blanco  
Verde Oscuro  
Azul Oscuro



Parte de Abajo:  
Azul Oscuro  
Khaki  
Negro  
Mahones (Jeans)



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

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



# Ippolito Elementary School



## 2022-2023 Supply List

### KINDERGARTEN

- ☐ 1 blue 3 prong plastic folder
- ☐ 1 green 3 prong plastic folder
- ☐ 1 yellow 3 prong plastic folder
- ☐ 4 Boxes of Crayons (24 Count)
- ☐ 8 Glue Sticks
- ☐ 1 Pair of Fiskar Scissors (Blunt Style)
- ☐ 2 (1") Clear View White Binder with Pockets
- ☐ 2 Primary Compositions books with **dotted** handwriting lines
- ☐ 6 Black Dry Erase Markers
- ☐ 1 set of watercolor paint
- ☐ 1 large bottle of Hand Sanitizer
- ☐ 1 box of Quart Size Bags (Boys)
- ☐ 2 Box of Tissues (Boys)
- ☐ 1 Box Gallon Size Ziploc Bags (Girls)
- ☐ 1 Container of Lysol Wipes (Girls)
- ☐ 1 pair of wired headphones (MUST)

### GRADE 1

- ☐ 1 Plastic Pencil Box or Pencil Pouch
- ☐ 5 Black & White Composition Books
- ☐ 3 Two Pocket 3 Prong Paper Folders (Yellow, green, blue)
- ☐ 4 Packs of **Ticonderoga** Pencils (No mechanical pencils)
- ☐ 1 Pair of Scissors
- ☐ 2 boxes 24 Count Crayola Crayons
- ☐ 8 Glue Sticks
- ☐ 3 Pack of 3x3 Post It Notes
- ☐ 2 Pack of Black Dry Erase Markers
- ☐ 2 Spiral Wide Rule Notebooks
- ☐ 2 Pack of 3x5 Index Cards
- ☐ 1 One-Inch Clear View White Binder with Pockets
- ☐ 1 Container of Lysol Wipes
- ☐ 1 Box Quart size Ziploc Bags (Boys Only)
- ☐ 1 Bottle of Hand Sanitizer (Boys)
- ☐ 1 Box of Gallon Sized Bags (Girls)
- ☐ 1 Box of Tissues (Girls)
- ☐ 1 pair of wired headphones (MUST)

**PLEASE DO NOT LABEL SUPPLIES**

### GRADE 2

- ☐ 4 Packs of **Ticonderoga** Pencils
- ☐ 4 Spiral Notebooks (blue, yellow, red, green)
- ☐ 2 Two Pocket folders (red and any other color)
- ☐ 1 Three-Ring Binder (1 inch)
- ☐ 2 Packs of Wide-Ruled Notebook Paper
- ☐ 8 Glue sticks
- ☐ 1 Zipper Pouch
- ☐ 1 Pair of Fiskar Scissors
- ☐ 1 Box of tissues
- ☐ 4 Pks of Post-It-Notes (3x3)
- ☐ 1 Box of Quart Ziploc Bags (Boys)
- ☐ 1 Box Gallon Ziploc Bags (Girls)
- ☐ 1 Bottle of Hand Sanitizer (Boys)
- ☐ 1 Container of Lysol Wipes (Girls)
- ☐ 1 pair of wired headphones
- ☐ 12 Dry erase markers
- ☐ 2 Pks of colored pencils
- ☐ 1 notebook with graph paper
- ☐ 2 Composition notebooks

### GRADE 3

- ☐ 1 3 Three Prong – Two Pocket Plastic Folders (solid colors)
- ☐ 2 24 pack crayons
- ☐ 8 Glue Sticks
- ☐ 1 Package of Colored Pencils
- ☐ 3 Three Ring 1" Binder with Pockets & Plastic Cover
- ☐ 4 Packages of **Ticonderoga** Pencils (No mechanical pencils)
- ☐ 5 One Subject, Wide Ruled Spiral Notebooks
- ☐ 3 Packages of 3x3 Post It Notes
- ☐ 1 Package of Dividers
- ☐ 1 pack of large erasers
- ☐ 2 Composition Notebooks
- ☐ 2 Pair of Scissors
- ☐ 1 Box Quart size Ziploc bags (Boys)
- ☐ 1 Bottle of Hand sanitizer (Boys)
- ☐ 1 Box Gallon-sized Ziploc bags (Girls)
- ☐ 2 Box of Tissues (Girls)
- ☐ 1 Roll of Scotch Tape
- ☐ 1 pair of wired headphones (Must)
- ☐ Pencil Pouch

### GRADE 4

- ☐ 4 Spiral Notebooks
- ☐ 1 12 Pack of Colored Pencils
- ☐ 4 Packs of **Ticonderoga** Pencils (No mechanical pencils)
- ☐ 4 Jumbo Glue Sticks
- ☐ 1 Pair of Scissors
- ☐ 4 Plastic 3-Prong Folders
- ☐ 3 Single packs of 3x3 Post It Notes
- ☐ 1 Pack of Cap Erasers
- ☐ 1 Bottle of Hand Sanitizer
- ☐ 1 Container of Disinfecting Wipes
- ☐ 1 Box of Tissues
- ☐ 1 pair of wired headphones (MUST)
- ☐ 1 Personal Water Bottle

**\*\* On first day of school your teacher will give a more detailed list.**

### GRADE 5

- ☐ 1 1-1/2 inch Binder
- ☐ 4 Three Prong Plastic Folders with Pockets – Red, Purple, Green and Yellow
- ☐ 1-3 pronged Pencil Pouch
- ☐ 2 Packs of 12 Colored Pencils
- ☐ 5 Packs of **Ticonderoga** Pencils (No Mechanical Pencils)
- ☐ 8 Glue Sticks
- ☐ 1 pack of Highlighters
- ☐ 1 Packs of Post-It Notes (3x3)
- ☐ 1 pack of 5x8 Index Cards
- ☐ 3 Packs of Wide Ruled Paper
- ☐ 8 Spiral Notebooks (2-Red, 2-Blue, 2-Yellow, 2-Green)
- ☐ 3 Pack of Black Expo Markers
- ☐ 1 Boxes of Tissues
- ☐ 1 Bottle of Hand Sanitizer (Girls)
- ☐ 1 Pair Scissors
- ☐ 1 Pack of Eraser Caps
- ☐ 1 Container of Lysol Wipes (Boys)
- ☐ 1 Box Ziplock Gallon Bags
- ☐ 1 pair of wired headphones (MUST)

**\*\*\*EXTRA DONATIONS FOR CLASSROOM USE\*\***

**Copy Paper, Disinfecting Wipes, Black Dry Erase Markers, Hand Sanitizer, Tissues and Paper Towels. Please have your student bring their personal water bottle for refill.**

**\*\*\*NO ROLLING BACKPACKS OR TRAPPER KEEPERS\*\***



# Ippolito Elementary School



## 2022-2023 Lista de Utiles

### KINDERGARTEN

- ☐ 3 carpetas (folder) de plástico con 3 broches (1 azul, 1 verde y 1 amarillo)
- ☐ 4 cajas de 24 crayones
- ☐ 8 tubos de pegamento
- ☐ 1 Par de Tijeras Fiskar (sin filo- blunt)
- ☐ 2 carpetas blancas Clear View 1 pulgada con bolsillos
- ☐ 2 libros composiciones primaria con líneas de escritura a **mano punteadas**
- ☐ 6 marcadores para pizarón (Dry erase) negros
- ☐ 1 set de pintura de agua
- ☐ 1 botella grande de desinfectante de manos
- ☐ 1 caja bolsas tamaño cuartos (Niños)
- ☐ 2 cajas de Kleenex (Niños)
- ☐ 1 caja bolsas tamaño Galón (Niñas)
- ☐ 1 envase de toallitas Lysol (Niñas)
- ☐ 1 par de audífonos con cable (NECESARIO)

### GRADE 1

- ☐ 1 caja de plástico o bolsa de lápices
- ☐ 5 libros de composiciones en blanco y negro
- ☐ 3 carpetas (folders) de papel con bolsillos y broches (amarillo, verde, azul)
- ☐ 4 paquetes de **Ticonderoga** lapices (No lapis mecanicos)
- ☐ 1 Par de Tijeras
- ☐ 2 cajas de 24 crayones Crayola
- ☐ 8 tubos de pegamento
- ☐ 3 paquetes de 3x3 Post It
- ☐ 2 paquetes de marcadores de pizarón (Dry erase) negro
- ☐ 2 Cuadernos espirales de regla ancha
- ☐ 2 paquetes de 3x5 tarjetas de índice
- ☐ 1 carpeta blanca Clear View de 1 pulgada con bolsillos
- ☐ 1 envase de toallitas Lysol
- ☐ 1 caja bolsas tamaño cuarto (Niños)
- ☐ 1 bote grande de desinfectante para manos (Niños)
- ☐ 1 caja bolsas tamaño Galón (Niñas)
- ☐ 1 caja de Kleenex (Niñas)
- ☐ 1 par de audífonos con cable (NECESARIO)

**POR FAVOR NO ETIQUETE LOS UTILES**

### GRADE 2

- ☐ 4 paquetes de **Ticonderoga** lapices
- ☐ 4 cuadernos espirales (Azul, Amarillo, rojo, Verde)
- ☐ 2 carpetas (folders) con bolsillos (Rojo y cualquier otro color)
- ☐ 1 carpeta de tres anillos (1 pulgada)
- ☐ 2 paquetes de hojas (líneas anchas)
- ☐ 8 tubos de pegamento
- ☐ 1 bolsa con cierre
- ☐ 1 par de tijeras marca Fiskar
- ☐ 1 caja de Kleenex
- ☐ 4 paquetes de notas Post-It (3x3)
- ☐ 1 caja bolas Ziploc cuartos (Niños)
- ☐ 1 caja bolsas Ziploc galón (Niñas)
- ☐ 1 botella grande de desinfectante para manos (Niños)
- ☐ 1 envase de toallitas Lysol (Niñas)
- ☐ 1 par de audífonos con cable
- ☐ 12 marcadores de pizarón (Dry erase) negro
- ☐ 2 paquetes de lápices de colores
- ☐ 1 cuaderno de papel de grafica
- ☐ 2 libros de composiciones

### GRADE 3

- ☐ 1 carpeta (folder) de plástico con bolsillos y broches (colores solidos)
- ☐ 2 cajas de 24 crayones Crayola
- ☐ 8 tubos de pegamento
- ☐ 1 paquetes de lápices de colores
- ☐ 3 carpetas de 1 pulgada con bolsillos y cobertor de plástico
- ☐ 4 paquetes de **Ticonderoga** lapices (No lapis mecanicos)
- ☐ 5 cuadernos espirales de una materia, rayas anchas
- ☐ 3 paquetes de notas 3x3 Post It
- ☐ 1 paquete de divisores
- ☐ 1 paquete de borradores grandes
- ☐ 2 libros de composiciones
- ☐ 2 pares de Tijeras
- ☐ 1 caja bolsas tamaño cuarto (Niños)
- ☐ 1 bote grande desinfectante para manos (Niños)
- ☐ 1 caja bolsas Ziploc de galón (Niñas)
- ☐ 2 cajas de Kleenex (Ninas)
- ☐ 1 rollo de cinta adhesiva
- ☐ 1 par de audífonos con cable (NECESARIO)
- ☐ Bolsa para lapices

### GRADE 4

- ☐ 4 cuadernos espirales
- ☐ 1 paquete 12 lapices de colores
- ☐ 4 paquetes de **Ticonderoga** lapices (No lapices mecanicos)
- ☐ 4 tubos de pegamento Jumbo
- ☐ 1 par de Tijeras
- ☐ 4 carpetas (folders) de 3 bronches
- ☐ 3 packets de notas Post It (3x3)
- ☐ 1 paquete de borradores
- ☐ 1 botella desinfectante de manos
- ☐ 1 envase toallitas de desinfectante
- ☐ 1 caja de Kleenex
- ☐ 1 par de audífonos con cable (NECESARIO)
- ☐ 1 botella de agua personal

**\*\* El primer día de clases su maestra dará una lista más detallada**

### GRADE 5

- ☐ 1 carpeta de 1 ½ pulgada
- ☐ 4 carpetas (folders) de plástico con bolsillos- rojo, morado, verde and amarillo
- ☐ 1 bolsa de lápices de 3 broches
- ☐ 2 paquetes 12 lápices de colores
- ☐ 5 paquetes de **Ticonderoga** lapices (No lapices mecanicos)
- ☐ 8 tubos de pegamento
- ☐ 1 paquete de highlighter
- ☐ 1 paquete notas Post-It Notes (3x3)
- ☐ 1 paquete de 5x8 tarjetas índice
- ☐ 3 paquetes de papel (líneas anchas)
- ☐ 8 cuadernos espirales (2-Rojo, 2-Azul, 2-Amarillo, 2-Verde)
- ☐ 3 paquetes marcadores de pizarra
- ☐ 1 caja Kleenex
- ☐ 1 bote de desinfectante para manos (Niñas)
- ☐ 1 par de Tijeras
- ☐ 1 paquete de borradores
- ☐ 1 pkg toallitas Lysol (Niños)
- ☐ 1 caja bolsas Ziplock galon
- ☐ 1 par de audífonos con cable (NECESARIO)

**\*\*\*DONACIONES ADICIONALES PARA USO EN LA CLASE\*\***

Papel de copia, toallitas desinfectantes, marcadores de pizarón, desinfectante para manos, Kleenex y servilletas. Por favor mande a su estudiante con su botella de agua personal para rellenarla.

**\*\*\*NO MOCHILAS DE RUEDAS O PORTAFILO DE MULTIPLE DIVISIONES DE ACORDION\*\***





FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# LEARN GROW THRIVE

## YMCA BEFORE & AFTER SCHOOL ENRICHMENT

More than child care, our program nurtures the potential in every child. At the Y, kids are cultivating the values, skills and relationships that lead to positive behavior, better health and educational achievement.

- Certified & trained staff
- Study Hall for homework
- Project-based learning curriculum with a focus on S.T.E.A.M.
- Evidence-based physical fitness
- Positive social & emotional curriculum
- Indoor & outdoor games
- Arts & crafts
- A healthy snack
- Before care at select sites

2022-2023  
BEFORE & AFTERSCHOOL  
**REGISTRATION  
NOW OPEN**



**SPACES ARE  
FILLING UP  
SECURE YOUR  
SPOT TODAY!**

**REGISTER TODAY AT**  
**[tampaymca.org/afterschool](https://tampaymca.org/afterschool)**





**WE'RE  
HIRING!**

**LOVE  
WHAT  
YOU DO**

## **ENGAGE & INSPIRE EVERYDAY!**

### **JOIN OUR Youth Development Team**

**Applicants must be available Monday-Friday, 12:30 to 6pm.**

Assist the YMCA in Closing the Achievement Gap and cultivating an environment in which youth have a sense of belonging. Counselors will, under the direction of the Site Supervisor, provide for the safety, well-being and development of participants in the after school program. They will interact and serve as mentors for youth, helping to nurture their self-esteem, build their confidence and form relationships through STEAM curriculum activities, crafts, games and homework support. Qualified candidates must exhibit behaviors and attitudes that are consistent with the YMCA mission and policies of the association.

### **Competitive pay for these available positions:**

- In School Counselor starting at \$15/hour
- In School Site Supervisor starting at \$17/hour

The Tampa YMCA is an Equal Opportunity Employer and a Drug Free Workplace.

### **MORE THAN JUST A JOB:**

- Human connection and job fulfillment
- Great PT benefits
- Work with passionate people like you
- The Y is one of the most respected non-profit organizations in the world
- Consistent weekly schedule
- CPR, AED and First-Aid training and certification
- It's fun!

**APPLY TODAY:**

**[tampaymca.org/careers](http://tampaymca.org/careers)**



**POSITIONS AVAILABLE IN BRANDON, NORTH TAMPA, NEW TAMPA, SOUTH TAMPA & RIVERVIEW**

**TAMPA METROPOLITAN AREA YMCA**