

Welcome to
Westchase Elementary School
First Day Packet
2024-2025



Stronger Together

Please sign and return the attached forms to your child's
homeroom teacher no later than August 23, 2024.



2024-2025 Student Academic Calendar

Board Approved 9/19/23

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

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

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

HILLSBOROUGH COUNTY PUBLIC SCHOOLS

IMPORTANT DATES

2024-25

Student Days

August 12, 2024 - May 30, 2025

Seniors' Last Day: May 21, 2025

FTE Survey Weeks

October 7 - 11, 2024

February 3 - February 7, 2025

<u>End of Grading Periods</u>	<u>Number of Days in Grading Period</u>
October 11, 2024	44 days
December 20, 2024	43 days
March 14, 2025	45 days
May 30, 2025	48 days

Online Report Card Availability Dates

<u>Elementary School</u>	<u>Middle School</u>	<u>High School</u>
10/30/24	10/30/24	10/30/24
1/23/25	1/23/25	1/23/25
4/9/25	4/9/25	4/9/25
6/11/25	6/11/25	6/11/25

Open House Dates

Elementary School - TBD by each school site

Middle School - TBD by each school site

High School - TBD by each school site

American Education Week

November 18 - 22, 2024

Great American Teach-In

Thursday, November 21, 2024

Student Early Release Dates

Every Monday - One Hour Early Release

Last Day of School - 2.5 Hours Early Release



IMPORTANT DATES



→ AUG 24 ←

8 - MEET THE TEACHER
12 - FIRST DAY OF SCHOOL
22 - CURRICULUM NIGHT (4-6PM)

→ SEPT 24 ←

2 - LABOR DAY NO SCHOOL
12/13 - FALL PORTRAITS
16 - WIZARD WALK FUNDRAISER
20 - WIZARD WALK
27 - ROCK YOUR SCHOL DAY

→ OCT 24 ←

10 - NEHS INDUCTION
14 - NO SCHOOL
17 - FALL CONFERENCE NIGHT
24 - FALL RETAKES
25 - PTA TRUNK OR TREAT

→ NOV 24 ←

8 - VETERANS DAY EVENT
11 - VETERANS DAY NO SCHOOL
15 - SON + ONE EVENT
21 - GREAT AMERICAN TEACH IN
25-29 - FALL BREAK NO SCHOOL

→ DEC 24 ←

9 - HOLIDAY SHOP WEEK
20 - END OF QUARTER 2
23- WINTER BREAK BEGINS NO
SCHOOL

→ JAN 25 ←

6 - NO SCHOOL
7 - STUDENTS RETURN
20 - MLK DAY NO SCHOOL
22 - INTERNATIONAL NIGHT
31 - DAUGHTER DATE NIGHT
31- CLUB PHOTOS

→ FEB 25 ←

13 - WIZARD FEST
14 - FAIR DAY NO SCHOOL
17 - PRESIDENTS DAY NO
SCHOOL
20 - CONFERENCE NIGHT
20 - SPECIALS NIGHT

→ MAR 25 ←

3 - NO SCHOOL
7 - CHARACTER BOOK PARADE
14 - FIELD DAY
14 - END OF QUARTER 3
11/12 - SPRING PORTRAITS
17-21 - SPRING BREAK NO
SCHOOL
29 - INAUGURAL WESTCHASE 5K

→ APR 25 ←

18 - NO SCHOOL
21 - KIDS HEART CHALLENGE
BEGINS
28 - STAFF APPRECIATION WEEK

→ MAY 25 ←

EARLY MAY - STATE TESTING
26 - MEMORIAL DAY NO SCHOOL
30 - LAST DAY OF SCHOOL
DISMISSAL @ 11:25

(DATES ARE SUBJECT
TO CHANGE)

2024-2025 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 school yearbook.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

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



Superintendent
Van Ayres

Student Code of Conduct

Parent/Guardian Acknowledgement Form

I have been notified that I may review the Hillsborough County Public Schools Student Code of Conduct by visiting the school district website ([Student Code of Conduct / Overview](http://hillsboroughschools.org) (hillsboroughschools.org))

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

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Student Name

Student Signature

Date

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

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Parent/Guardian Name

Parent/Guardian 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.

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Henry "Shake" Washington

**Superintendent**

Van Ayres

Chief of Schools

Rick Grayes, Ed.D.

Region Superintendent

Lacy Healy

Principal

Alexa Trafficante

Westchase Elementary

Dear Parent:

The safety of students is the number one priority of the Hillsborough County Public Schools Transportation Department. Students living two or more miles from the assigned school and exceptional education students with specialized transportation need to qualify for transportation services according to state statute. Students living within two miles may qualify for transportation due to hazardous walking conditions as defined by the State of Florida.

Students who are eligible for pupil transportation services are assigned to a specific bus and bus stop. Students must use the bus stop of record that coincides with their residence. Students **are not authorized** to ride other buses.

Parent notes authorizing a student to ride a different bus **are not accepted**. Requests due to a family hardship or an emergency must be submitted to a school administrator for approval by the principal and the General Director of Transportation or designee.

If a student boards an unauthorized bus or attempts to board at an unauthorized bus stop, the driver will notify a school administrator who will contact the parent.

If the student continues boarding an unauthorized bus or continues use of an unauthorized bus stop, a disciplinary referral will be submitted to the school administration.

Ms. Alexa Trafficante

Principal

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Superintendent
Van Ayres

August 2024

Dear Families,

The district's ELA department strives to provide and support a comprehensive core curriculum program to the teachers, students, and families of Hillsborough County Public Schools. The state approved, district-adopted core curriculum for Grades K-5 Language Arts and Reading is Wonders, by McGraw Hill: <https://tinyurl.com/K-5McGrawHillTexts>. Prior to adoption, this curriculum underwent three reviews and vetting processes: the initial review to be placed on the state-approved list, the second review conducted by the district adoption committee followed by a vote from teachers, and the third review when the curriculum was made available to the public for 30 days following a School Board vote. Additionally, sample booklists were written into the Florida B.E.S.T. Standards for ELA and may be included as a part of instruction: <https://tinyurl.com/BESTELAbooklist>.

Because of the nature of literacy instruction, it is necessary for there to be inclusion of additional various texts to support students' understanding around key topics of study and to strengthen their overall comprehension skills in alignment with the state standards. These supplemental texts are diverse in nature and theme, span a variety of complexity, and promote rich discourse in the classroom setting. Below is a QR code that will take you to a list of supplemental texts by grade level that will be utilized during instruction throughout the year. This QR code can be scanned from your mobile device by opening the Camera App. Hold the device so that QR code appears in the camera, then tap the notification to open the link.



We are excited to share these titles with students this year in addition to their core texts. However, we understand there may be times when students and/or families have concerns about a text and request that the student not participate in the reading of such material. Please review these titles and determine if there are any that you wish your child to Opt-Out from reading. Note, an alternative text with aligned tasks and assignments will be provided. On the second page of this document, please list any of the texts you would not like your child to read. Sign and return the second page of this letter to your child's teacher only if you have listed titles from which to Opt-Out. If you have not listed any titles, you do not need to return the form.

Should you have any questions regarding the use of any of these texts, or about the adopted core curriculum, please feel free to contact me at (813) 272-4936.

Sincerely,

Yolanda Vasquez, K-5 Literacy Supervisor

School Board
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K-5 ELA Supplemental Book Opt-Out Form

I have reviewed this overview of the K-5 ELA text titles with my child. I am aware of the texts that will be used as part of the carefully planned instructional program, but I would prefer that my child not participate in the reading of the titles listed in the space below:

Please sign below and return to your child's teacher.

Parent Signature

Date

Student Name (Please Print)



SCHOOL MEAL PRICES

Breakfast	FREE
Elementary Lunch	\$2.25
Middle and High School Lunch	\$2.75
Lunch in Community Eligibility Provision (CEP) Schools	FREE
Adult and Visitor Lunch	\$4.50

SCHOOL MEAL BENEFITS

Free meals are available to any student who is enrolled in a school eligible for the federal Community Eligibility Provision (CEP) or who qualifies for free or reduced-price meals based on household income. If you have any children **not enrolled** in a CEP school, please submit a meal benefit application for all children in the same home. You may also qualify for other benefits like waivers for college application fees and SAT/ACT/PSAT exam fees.

A list of CEP schools and the meal benefit application can be found at www.hillsboroughschools.org/sns and the QR code above. Contact us at 813-840-7066 if you have questions about your application or CEP.

SCHOOL MEAL MENUS

Visit our [SNS website](http://www.hillsboroughschools.org/sns) or download the Nutrislice app on any mobile device for information on our delicious, healthy meals including ingredients, photos, descriptions, nutrition facts, and allergens in each menu item.

MYPAYMENTS PLUS MEAL ACCOUNTS

MyPayments Plus allows you to prepay for school meals or other food items, set up auto pay, and monitor student spending. Go to www.mypaymentsplus.com or download the MyPayments Plus app on your mobile device. Students with negative balances on their meal account will not be allowed to purchase A La Carte items. See the Local Meal Charge Policy at our website for more information.

ALLERGIES AND SPECIAL DIETS

We take food allergies, food safety and student health very seriously. If your child requires a menu change due to a medical condition, you must submit a Diet Prescription Form signed by your child's doctor. Turn these in to the SNS Cafeteria Manager **every school year** to ensure all allergy alerts are correct and up to date. A meal preference form can also be completed by the parent or guardian if other needs are required because of cultural or religious reasons. Both forms can be found on our [SNS website](http://www.hillsboroughschools.org/sns). Our online menus show the top nine food allergens to help you and your child identify their menu choices ahead of time.

ARE YOU STILL PACKING LUNCH?

Student Nutrition Services is here for you. Let us lighten the load, while saving money in your weekly food budget. School meals are a convenient, healthy option for busy families. Where else can you get a complete meal under \$3? Encourage your child to try our meals today and put packing behind you!

OTHER FOOD AID FOR FAMILIES

Additional food resources are available in our community. Feeding Tampa Bay can help you find a distribution of fresh groceries near you or to help add more money to your family food budget each month. www.feedingtampabay.org/findfood. Text HCPSFood to 74544 to see if you qualify for grocery assistance.



Dear Parent/Guardian:

Children need healthy meals to learn! Hillsborough County Student Nutrition Services offers healthy meals every school day. Breakfast is FREE for all students. Elementary lunch costs \$2.25, and Secondary lunch costs \$2.75. **Your child may qualify for free or reduced-price meals!** The reduced-price lunch cost of 40¢ is waived (provided at no charge) for children approved for reduced price meals. Below are some commonly asked questions with answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED-PRICE MEALS?

- All children in households receiving benefits from **SNAP (food stamps)** or **TANF**, are eligible for free meals, regardless of your income. Households receiving SNAP or TANF benefits may exclude income information and the last four digits of the signer's social security number on their application.
- If you received a **NOTICE OF DIRECT CERTIFICATION: DO NOT complete an application**. Please read this entire letter and follow the instructions carefully. See #6 for more information.
- **Foster children** that are under the legal responsibility of a foster care agency or court order are eligible for free meals. Foster children may be included as part of a household application, and are eligible for free meals, even if the household does not qualify.
- Children participating in their school's **Head Start** program are eligible for free meals.
- Children who meet the definition of **homeless, runaway, or migrant**, are eligible for free meals. See #9 for more information.
- Children may receive free or reduced-price meals if your **household income** is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced-price meals if your household gross income falls at or below the limits on the chart below:

Household Size	Annually	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	27,861	2,322	1,161	1,072	536
2	37,814	3,152	1,576	1,455	728
3	47,767	3,981	1,991	1,838	919
4	57,720	4,810	2,405	2,220	1,110
5	67,673	5,640	2,820	2,603	1,302
6	77,626	6,469	3,235	2,986	1,493
7	87,579	7,299	3,650	3,369	1,685
8	97,532	8,128	4,064	3,752	1,876
For each additional family member, add	+9,953	+830	+415	+383	+192

2. CAN I APPLY ONLINE? Yes! Beginning July 1st of each school year. Applying online is quick, confidential, and easy! The online application has the same requirements as the paper application and will ask for the same information. To apply online, visit the district website at www.hillsboroughschools.org/mealbenefits, then click "APPLY NOW", and follow the instructions. Contact **the Healthy Meals Express Application Center at 813-840-7066 if you have any questions about the online application process.**
3. IS THE ONLINE APPLICATION AVAILABLE IN MORE THAN ONE LANGUAGE? Yes! It is available in 7 languages: English, Spanish, French, Arabic, Filipino, Vietnamese (Tiếng Việt) & Chinese (Mandarin) when you go to <https://www.myschoolapps.com>
4. WHAT IF I DON'T HAVE A COMPUTER TO COMPLETE AN ONLINE APPLICATION? Computers are available for use at no cost at the local public library and at the **Healthy Meals Express Application Center, 9014 Brittany Way, Tampa, Florida, 33619**. Your child's school may also have a computer that can be used to complete an application. Need information where to obtain a paper application? Contact the **Healthy Meals Express Application Center at 813-840-7066**.

5. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. **Use one meal application for all students in your household.** We cannot approve an application that is not complete, so be sure to fill out all required information. If approved, your child's status will remain in effect for the entire school year.
6. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you received carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact the **Healthy Meals Express Application Center at 813-840-7066** immediately.
7. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for the school year in which it was submitted. If you do not submit a new application that is approved, or you have not received a NOTICE OF DIRECT CERTIFICATION, your child will be charged the full price for meals.
8. WHERE CAN I VERIFY THE STATUS OF MY CHILD'S MEAL ELIGIBILITY? Call **Healthy Meals Express Application Center at 813-840-7066**. Make sure to have your child's 7-digit student ID number handy when you call.
9. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Are your housing arrangements temporary? Does your family relocate on a seasonal basis? Have you taken in a runaway child? If you believe children in your household meet these descriptions, please contact the liaison at the child's school for assistance.
10. I RECEIVE WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC might be eligible for free or reduced-price meals. Please submit an application.
11. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
12. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year if there is a change in your household income or size, or if you become unemployed.
13. WHAT IF I DISAGREE WITH THE DECISION ABOUT MY APPLICATION? Contact the **Healthy Meals Express Application Center at 813-840-7066**. You may also ask for a hearing by writing to: **General Manager of Student Nutrition Services, 9014 Brittany Way, Tampa, Florida 33619**.
14. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.
15. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. If you normally receive overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job, or had your hours or wages reduced, use your current income.
16. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? If there is no income to report, mark the box that says "None" for each household member. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.
17. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you receive any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income. Deployed service members are considered part of the household. List deployed service members in the Household section, but report only the portion of their income made available to them or on their behalf to the family.
18. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? Contact the **Healthy Meals Express Application Center at 813-840-7066 for instructions**.
19. I'M A GROUP HOME ADMINISTRATOR. HOW DO I APPLY FOR CHILDREN IN MY CARE? Contact the **Healthy Meals Express Application Center at 813-840-7066 for instructions**.

If you have other questions or need help completing your household application for school meal benefits, contact the **Healthy Meals Express Application Center at 813-840-7066**.

USDA Non-Discrimination Statement: 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 <https://www.usda.gov/oascr/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, DC 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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

Volunteer Services

Hillsborough County Public Schools

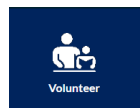
Hillsborough County Public Schools requires **all** volunteers and community partners to complete the online HCPS Volunteer Application **or** have a verified **current/active** application on file. Applications are **not** required to be submitted annually; submissions are based on the expiration date. Notices of renewal are sent to applicants 30 days prior to expiration.

This application should be submitted at least **two-four** weeks prior to any volunteer activity.
Allow longer for Level 2 Fingerprinting

Becoming a Volunteer

Ways to access the online application:

From the District website (<https://www.hillsboroughschools.org>)



- On the homepage, locate and click on the “Volunteer” icon

OR

- Click on the “Departments”
- Then click on the “Volunteering Services.”
- Finally, click on the “Y.E.S.” icon on the right.



From a school website

- Click on the “Volunteer Services” box on the homepage.
- Finally, click on the “Y.E.S.” icon on the right.



Returning active volunteers, can review the [Quick Reference Guide](#) which outlines steps for accessing their personal active volunteer portal (located on application landing page).

We are thankful to the many volunteers and community partners that say Y.E.S. (You Empower Students) every day to collaborate with us in preparing our students for life.

For more information, please click on the link to [Volunteer Services](#) or email volunteer.services@hcps.net

The HCPS Volunteer Application is **not applicable for **Charter Schools**. If you are interested in volunteering at a Charter School, please contact the school directly.*

The McKinney-Vento Homeless Assistance Act At a Glance

McKinney -Vento Act

Children and Youth
who...

- ***Lack a fixed, regular, and adequate nighttime residence, and as a result they are:***
- Sharing the housing of other persons temporarily *due to loss of housing, economic hardship, or similar reason* (doubled-up).
- Living in an emergency shelter or transitional housing, or abandoned in hospitals.
- Living in a car, park, public spaces, abandoned building, a bus or train station, substandard housing, or a similar setting.
- Living in a hotel, motel, AirBnB, temporary trailer park, or camping ground due to the lack of alternative adequate accommodations.
- Unaccompanied Youth, not in the physical custody of a parent or legal guardian and living in one (1) of the above circumstances.
- Migratory children living in one (1) of the above circumstances.

Student Rights

Students identified
as McKinney-Vento
eligible have the
right to...

- Immediate school enrollment and attendance at either the ***school of origin*** (the school last attended before they lost their housing) **or** the ***neighborhood school*** (the school they are zoned for based upon their current temporary residence).even without required enrollment documentation. *A thirty (30) day grace period is granted in which the School Social Worker assist parents with obtaining necessary enrollment documents.*
- Remain at their ***school of origin*** for the duration of the school year even if they move outside of the school's attendance zone.
- Transportation to and from the ***school of origin*** for the duration of the current school year.
- Receive free breakfast and lunch immediately for the duration of the school year.
- Receive prompt resolutions about school placement/enrollment, to include special education, bilingual education, gifted, and remedial programs.

H.E.L.P. Services

The H.E.L.P. office
can...

- Assist with McKinney-Vento identification and school enrollment.
- Assist with the development of an academic plan and post-secondary planning.
- Provide academic support and tutoring services.
- Provide back pack, school supplies, and uniforms.
- Coordinate transportation to and from "school of origin".
- Provide bus passes or gas cards as an alternative methods of transportation ***while waiting*** for an approval from the district's transportation office. *This applies to transportation request submitted through the H.E.L.P. Office.*
- Facilitate parent educational workshops.
- Provide referrals to community agencies.
- Collaborate and consult with all school staff about needs of all students who have been identified under the McKinney-Vento Homeless Assistance Act.



Homeless Education and Literacy Program (H.E.L.P.)

For more information contact: (813) 315 - HELP (4357)

McKinney-Vento Eligibility Assessment

This assessment is used to gather information to determine eligibility under the McKinney-Vento Homeless Assistance Act. This federal legislation protects the rights of children and youth who **lack a fixed, regular, adequate** nighttime residence, including migrant and unaccompanied youth. It grants immediate enrollment **ONLY** at the school of origin or the attendance boundary zoned school. If a parent self-reports homelessness or is unable to provide residency documentation, this form must be used to determine if McKinney-Vento eligibility is met. If a student has **resided at the same address for more than 2 consecutive years**, excluding hotel/motel, their residence is considered regular; therefore, they are **ineligible** for McKinney-Vento services under that category; however, eligibility may be met due to lacking adequate housing. If there is a dispute, please contact the Homeless Education Liaison for guidance. **Note:** Home visits to verify residence for students claiming McKinney-Vento eligibility are **NOT** permitted.

STUDENT NAME	STUDENT NUMBER	GRADE	DOB	AGE														
SCHOOL NAME	SCHOOL SOCIAL WORKER																	
PARENT/LEGAL GUARDIAN/HOST (Head of Household in which an Unaccompanied Youth resides)																		
CURRENT ADDRESS (If the student is sleeping in a car, what is the address where the car was parked last night?)			How long has the student lived at this address?															
Background Information:																		
<p>1. Did the student experience a loss of housing this school year? ____ Yes ____ No (If “No” is selected, please STOP here.)</p> <p>1a. If yes, what is the date the housing was lost and the address of the housing lost?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 30px;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 80%;"></td> </tr> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Date</td> <td style="text-align: center;">Year</td> <td style="text-align: center;">Address</td> </tr> </table> <p>1b. What led to the loss of housing?</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>2. Did the student recently relocate to Hillsborough County? ____ Yes ____ No</p> <p>If yes, explain the reason for relocation:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>3. What school did the student attend <u>prior to experiencing a loss of housing</u>?</p> <p>School name:</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>4. Is this student an Unaccompanied Youth? (Not living with a parent or legal guardian) ____ Yes ____ No</p> <p>4a. When did the Unaccompanied Youth begin living at the current address?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 30px;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Date</td> <td style="text-align: center;">Year</td> </tr> </table> <p>5. Do you have other school-age children affected by the loss of housing? ____ No ____ Yes (Please inform the school social worker)</p>									Month	Date	Year	Address				Month	Date	Year
Month	Date	Year	Address															
Month	Date	Year																
Eligibility Determination (Office Use Only):																		
Yes ____ Parent must be provided Form B for immediate enrollment and a Homeless Education and Literacy Program (H.E.L.P) Parent Folder. No ____ Parent must be advised of their right to dispute the determination by contacting the H.E.L.P Office at (813) 315-4357.																		
Name of school staff making the determination:				Date:														

GUIDELINES FOR ADMINISTRATION OF MEDICATION

It is recognized that medications may be essential for some students. When possible, all medications should be administered at home. This especially true for medications administered less than four times per day. **If medication must be given at school, the following procedures are required:**

1. All medications given at school must be U.S. Food and Drug Administration (FDA) approved **for the medical diagnosis**.
 - a. Substances not to be given at school are all unregulated products, including: oils, herbs, food and supplements, which are being used as treatments, dietary supplements, or folk remedies.
 - b. No IV access will be started, flushed, maintained, or discontinued at school. No medications will be permitted via central venous catheter or peripheral intravenous central catheters (PICC lines or central lines) including antineoplastic agents, investigational drugs, total parenteral nutrition (TPN), blood or blood products, emergency medications, or antibiotics.
2. **Oral over-the-counter or sample drugs** will be dispensed only when accompanied by written orders from a physician, APRN, or PA and must be U.S. Food and Drug Administration (FDA) approved for the medical diagnosis. Students may not carry medications at school.
 - a. Medication is always to remain in the container in which it was purchased and must be unopened when received by the school.
 - b. Written parental authorization is needed for all drugs.
 - c. Cough drops will be treated as an over-the-counter medication.
 - d. Possession of drugs of any kind may lead to serious disciplinary action.
3. ***No prescription narcotic analgesics, opioids or cannabinoids*** are to be dispensed at school. The side effects make it unsafe for students to attend school while medicated with narcotics.
4. A signed statement by the parent/guardian requesting the administration of medication must accompany all medication and supplies. The Parent Authorization for Administration of Medication form must be completed before receipt of the medication.
 - a. New authorization forms will be required when any changes with the orders occur.
 - b. All medication/procedure forms must be updated annually.
5. Medication must be sent to school by a parent/guardian.
 - a. It is not safe for children to deliver medicine to and from school.
 - b. This policy prevents safety concerns of lost or stolen medicines, students sharing medicines with friends, and students taking medicine unsupervised.
6. Medication must be in the original prescription container with the: 1) name of drug, 2) date prescribed, 3) dosage prescribed, and 4) time of day to be taken, any special directions, with student's and physician, APRN, or PA names clearly printed.
 - a. Medication must remain in the container in which it was originally dispensed.
 - b. Most pharmacies will provide an extra empty labeled bottle for parents if requested when the prescription is filled. A separate prescription bottle should be provided for field trips.
 - c. No more than a month's supply of controlled medication may be brought in at a time.
 - d. All new prescription refills must remain in original container with current expiration date.
 - e. No medications over 30 days will be administered
7. All medications and/or supplies received must be documented with the parent/guardian, employee, and witness on the Medication and Supply Intake Form (SB 87031).
 - a. Medication must be counted by a parent/guardian. This count will be verified by a school staff.
 - b. The amount and date received are to be recorded.
 - c. The parent/guardian is also required to sign Medication and Supply Intake Form when picking up medication/supplies.

Distribution: Nurse or HOST Personnel, Parent



GUIDELINES FOR ADMINISTRATION OF MEDICATION (cont.)

8. The parent/guardian should arrange for a separate supply of medication for the school.
 - a. Medication will not be transported between home and school.
 - i. Exceptions by Florida statutes 1002.20(h)(i)(j)(k) *which require a Parent Self Administration Form and a Physician Self Administration Form for:* asthma inhalers, EpiPens, pancreatic enzyme supplements, and diabetes supplies and equipment.
9. When any medications are added or discontinued, a new authorization form is required.
10. When medication dosages or times are changed, a new signed authorization form with the correct information must be completed and a new label from the pharmacist or physician, APRN, or PA order/prescription indicating the change must be sent to the school.
 - a. A fax is acceptable.
11. Medication will be **stored in a locked cabinet** at the school at all times.
 - a. Exceptions by statutes are asthma inhalers, EpiPens, pancreatic enzyme supplements, and diabetic supplies and equipment. Students who self-carry require a Parent Self Administration Form and a Physician Self Administration Form.
12. Since many students receive medication during school hours, a school district employee designated by the principal will administer medication.
 - a. The designated employee must be trained by the Registered Professional School Nurse as required by Florida law. This includes HOST, field trips, and when the student is away from school property on official school business.
 - b. The medication container with pharmacy label/supplies and copies of paperwork will be sent with the trained staff member, agency nurse, or HOST staff personnel. All medications must be signed out and recorded on the Field Trip Medication Sign Out Sheet (SB 86900).
 - c. Under no circumstances may medication be transferred from one container to another by anyone other than Registered Pharmacist with the exception of field trips which must be done by the Registered Nurse. Registered Nurses preparing for field trips should choose one of the following options: send medication in original container or transfer to a medication envelope with a copy of the original medication label attached.
13. Liquid medication will be given in a calibrated measuring device **supplied by the parent**.
 - a. Pill crushers, soft food for mixing, and special drinks **must be provided by a parent**.
14. All medications/supplies must be removed from the school premises **within one week of the expiration date**, upon appropriate notification of medication being discontinued, or at the end of the school year.
 - a. Medications/supplies that are unused and unclaimed will be destroyed following proper disposal procedures.
15. Planning and protocols for any medication or treatment which requires a one-time dosage for a specific intent are the responsibility of the Registered Nurse, ONLY.
16. Non-medicated sunscreen and insect repellent may be administered without a prescription but a parent/guardian authorization form must be completed.

Florida Statute 1006.062 is the reference for the above guidelines.

Questions regarding these procedures should be directed to the Registered Nurse assigned to the school your child attends or to the office of School Health Services, 273-7020.

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.

**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