

WELCOME TO PIVOT CHARTER SCHOOL!

2025-2026

KEY POLICIES

Cell Phones:

Must be off and stowed during class. Cell phones that are visible or audible—even if a student isn't actively using them—will be confiscated.

Academic Integrity:

All work must be your own — this includes unauthorized use of AI tools, plagiarism, or cheating, which carry serious consequences.

Requests for Meetings:

To respect everyone's time and allow for proper planning, teachers and administrators are happy to meet with parents by appointment only. Please email the staff member you'd like to meet with to schedule.

Respectful Communication & Behavior:

All members of our community—students, staff, and parents—are expected to communicate respectfully. Harassment, bullying, profanity, threats, or aggressive behavior are not permitted.

For all school policies, please see the Student Handbook.

GOOGLE CLASSROOM

We use Google Classroom for grades, assignments, and announcements.

- **Access:** Only through your Pivot Charter School Google account
- **Classroom Codes:** Given by each teacher during the first week of school.
- **Username:** first initial + last name
@pivotcharterschool.com
 - e.g., jsmith@pivotcharterschool.com
- **Password:** student's initials + student ID
 - e.g., js123456

Please obtain your student's login info so you can check grades and announcements in real time.

DRESS CODE SUMMARY

Tops - Must cover chest, abdomen, and midriff at all times (even when arms are raised).

Bottoms - Length at or below fingertips when arms are extended.

Footwear - Closed-heel shoes required (no slides, slippers, or flip-flops). Crocs with non-removable backs OK, but not for PE activities

Prohibited Attire - Loungewear, spaghetti-strap tops, crop tops, spandex, and pajamas; any tops or bottoms that reveal undergarments or have rips or tears; and any clothing or accessories displaying sexual, vulgar, drug, gang, weapons, alcohol references, or other inappropriate imagery. No Blankets.

See the Student Handbook for complete details. Students out of dress code will be placed in ISS until a change of clothing is obtained.

CONTACT & CONNECT

Phone: (813) 626-6724

Website: www.pivottampa.com/

Facebook: www.facebook.com/PivotTampa/

Instagram: www.instagram.com/pivotcharter/

SCHOOL HOURS

Session 1: 7:50 a.m. - 1:25 p.m.

Session 2: 8:42 a.m. - 2:17 p.m.

Office Hours: 7:40 a.m. - 4:00 p.m.

We kindly ask that students be picked up no later than 30 minutes after their session ends.

Welcome to the 2025-2026 School Year!

Dear Pivot Charter School Families and Students,

August 4, 2025

Welcome back, and a warm welcome to the new families joining our community. I am genuinely happy to begin this year with you. Pivot is a place where students are seen, supported, and known, and that sense of care is what makes learning here meaningful. We believe every student matters and that education is richest when it speaks to the whole person: mind, heart, and voice.

Last year brought real progress. We watched students grow into new roles, deepen their thinking, and build stronger habits around learning and connection. Those gains give us energy and confidence as we head into this year. We are excited about the work ahead and confident that together we will make it another year full of momentum, learning, and belonging.

To support each student's growth, Pivot blends close relationships with thoughtful academic and personal supports. Students are known by name, encouraged to lead, and given chances to stretch through dual enrollment and hands-on learning. We offer academic help like free after-school tutoring and keep communication open so staff can step in early when a student needs encouragement or support. Many of our team members are bilingual, which helps us work more closely with Spanish-speaking families. As a Cognia-accredited school, we hold ourselves to high standards while keeping each student's individual journey at the center.

This year our focus across the school is improving reading comprehension. Strong comprehension supports thinking, communication, and learning in every classroom. We invite families to be part of that work. Talk with your student about what they are reading, ask them to explain ideas in their own words, encourage regular recreational reading, and check grades and performance in Google Classroom so you can celebrate progress and stay tiinformed. Your involvement makes the difference.

Thank you for trusting us to walk beside your student and for investing in their growth. I look forward to a year of learning, connection, and meaningful moments together.

Dr. Liz Rubero
Pivot Charter School



2025-2026 Student Academic Calendar


Open House	Thursday, August 7, 2025
Students' First Day of School	Monday, August 11, 2025
Labor Day/Non-student Day	Monday, September 1, 2025
End of 1 st Grading Period	Friday, October 10, 2025
Veteran's Day/Non-Student Day	Tuesday, November 11, 2025
Fall Break/Non-Student Days	Monday, November 24 – Friday, November 28, 2025
Students Return to School	Monday, December 1, 2025
Exams	Tuesday, December 16 – Thursday, December 18, 2025
End of 2nd Grading Period/1st Semester	Friday, December 19, 2025
Winter Break/Non-Student Days	Monday, December 22 – Friday, January 2, 2026
Non-Student Day	Monday, January 5, 2026
Students Return to School	Tuesday, January 6, 2026
Martin Luther King, Jr. /Non-Student Day	Monday, January 19, 2026
Florida State Fair Day/Non-Student Day	Friday, February 13, 2026
President's Day/Non-Student Day	Monday, February 16, 2026
Strawberry Festival Day/Non-Student Day	Monday, March 2, 2026
End of 3rd Grading Period	Friday, March 13, 2026
Spring Break/Non-Student Days	Monday, March 16 – Friday, March 20, 2026
Non-Student Day	Monday, March 23, 2026
Students Return to School	Tuesday, March 24, 2026
Non-Student Day	Friday, April 3, 2026
Memorial Day/Non-Student Day	Monday, May 25, 2026
Senior Graduation at The Regent	Wednesday, May 20, 2026
Semester 2 Exams	Tuesday, May 26 – Thursday, May 28, 2026
Last Day of School/ End of 4 th Grading Period/2 nd Semester	Friday, May 29, 2026

Hurricane day(s), if needed: November 11, November 24-26, January 5.

Please be aware that state assessments are scheduled for August, December, April, and May. We will share the exact dates as each testing window approaches.

2025-2026 Pivot Charter School Supply Lists

6th Grade	7th Grade	8th Grade
<ul style="list-style-type: none"> • Refillable Water Bottle • Wired Headphones • 4-Function Calculator • 2 Boxes of Tissues • 2 Containers of Clorox Wipes • 1 Pack of Highlighters • 1 Pack of Colored Pencils • 2 Pack of Pencils • 1 Pack of Crayola Markers • 2 Expo Markers • Loose Leaf Paper • 1 2-inch 3-Ring Binder • Pack of Dividers 	<ul style="list-style-type: none"> • Refillable Water Bottle • Wired Headphones • TI-30Xa Scientific Calculator • 2 Boxes of Tissues • 2 Containers of Clorox Wipes • 1 Pack of Highlighters • 1 Pack of Colored Pencils • 2 Pack of Pencils • 1 Pack of Crayola Markers • 2 Expo Markers • Loose Leaf Paper • 1 2-inch 3-Ring Binder • Pack of Dividers 	<ul style="list-style-type: none"> • Refillable Water Bottle • Wired Headphones • TI-30Xa Scientific Calculator • 2 Boxes of Tissues • 2 Containers of Clorox Wipes • 1 Pack of Highlighters • 1 Pack of Colored Pencils • 2 Pack of Pencils • 1 Pack of Crayola Markers • 2 Expo Markers • Loose Leaf Paper • 1 2-inch 3-Ring Binder • Pack of Dividers

9th Grade -12th Grade	Please note:	
<ul style="list-style-type: none"> • Refillable Water Bottle • Wired Headphones • TI-30Xa Scientific Calculator • 2 Boxes of Tissues • 2 Containers of Clorox Wipes • Highlighters • Colored Pencils • Crayola Markers • 2 Expo Markers • Black Ink Pens • Pencils • Pack of Dividers (at least 10 dividers in pack) • 3 Spiral Notebooks • Loose Leaf Paper • 5-Subject Spiral Notebook • 1 2-2.5 inch Binders 	<p>Consumable materials (paper, pencils, highlighters, loose-leaf paper, etc.) may need to be replenished throughout the year.</p> <p>Bluetooth headphones aren't permitted outside of students' break times. If your child has an accommodation that requires noise-cancelling headphones, please provide a non-Bluetooth pair (for example, Loops, Link Dream, etc)</p> <p>Elective teachers will send home their specific supply lists once classes begin.</p> <p>If you'd like to support school-wide needs, our Amazon wishlist is available here: https://tinyurl.com/PivotCSWishList</p> 	

Pivot Charter School

Bell Schedule

2025-2026

1st Session classes start at 7:50 am

2nd Session classes start at 8:42 am

Parents must sign students in tardy student for the tardy to be
excused

1 st Period	7:50 am – 8:40 am
2nd Period	8:42 am – 9:32 am
3 rd Period / Homeroom	9:34 am – 9:44 am
4 th Period	9:44 am – 10:34 am
5 th Period	10:36 am – 11:41 am
6 th Period	11:43 am – 12:33 pm
7 th Period	12:35 pm – 1:25 pm
8 th Period	1:27 pm – 2:17 pm
Planning Period	2:19 pm – 3:09 pm



Liz Rubero, Principal
Pivot Charter School
<https://www.pivottampa.com/>
(813) 626-6724
<https://getfortifyfl.com/>

Dear Pivot Charter School Families,

Welcome to the 2025–2026 school year! We're excited to have your student back on campus and eager to get started. Completing this required paperwork ensures we have everything we need to support your child's learning and keep our school safe. Many of the forms below are essential for emergency contact, health services, and our partnership with you.

To ensure a smooth start, please complete and return the following forms to your child's homeroom teacher **by Friday, August 29, 2025**. Your timely cooperation helps us keep every student safe, supported, and ready to learn.

Student Name: _____

Grade: _____

Homeroom Teacher: _____

- ☐ Emergency Card **(REQUIRED)**
- ☐ Florida Cell Phone Laws: What Parents Need to Know **(REQUIRED)**
- ☐ Student Handbook Acknowledgement **(REQUIRED)**
- ☐ 2025/2026 Parent Partnership Acknowledgement **(REQUIRED)**
- ☐ Title I: Eligibility Form **(REQUIRED)**
- ☐ Physical Education Waiver **(REQUIRED for Middle School Students)**
- ☐ Parent-Student Food Delivery Agreement **(as needed)**
- ☐ Authorization for student to carry & independently self-administer Medication for Life life-threatening Medical Condition **(as needed)**
- ☐ Authorization for the student to carry and independently self-administer medication for headaches **(as needed)**
- ☐ Parent/Guardian withholds/declines consent for school health services **(as needed)**
 - ☐ This form is only required to be signed if you **DO NOT** want your child to receive school health services



PLEASE PRINT FIRMLY

AUTHORIZATION FOR STUDENT RELEASE AND EMERGENCY INFORMATION CARD

PLEASE PRINT FIRMLY

THIS BLOCK FOR SCHOOL USE ONLY

SCHOOL YEAR	SCHOOL NAME	DISTRICT STUDENT NUMBER	ENTRY CODE
TEACHER OR HOMEROOM		GRADE	STATE STUDENT NUMBER
ENTRY DATE			ENTRY DATE
EMERGENCY INFORMATION: This card must be completed by the parent or legal guardian.			
NAME OF STUDENT (LAST) (JR, 2D, 3D, 4T) (FIRST) (MIDDLE)		DATE OF BIRTH MM DD YY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
MAILING ADDRESS – (STREET NUMBER & NAME, CITY, ZIP CODE)			CHILD OF MILITARY FAMILY? <input type="checkbox"/> YES <input type="checkbox"/> NO Military Family includes: 1) members on active duty or 2) members for 1 year following: • medical discharge due to injury • retirement • death due to active duty injury
RESIDENTIAL ADDRESS – (IF DIFFERENT FROM MAILING ADDRESS) (STREET NO. & NAME, CITY, ZIP) (IF RURAL LOCATION, PLACE DIRECTIONS ON REVERSE)			HOME PHONE
PARENT/LEGAL GUARDIAN (LAST, FIRST, INITIAL)		PARENT/LEGAL GUARDIAN (LAST, FIRST, INITIAL)	
EMPLOYER NAME		EMPLOYER NAME	
BUSINESS PHONE/EXTENSION		BUSINESS PHONE/EXTENSION	
MOBILE NUMBER		MOBILE NUMBER	
EMAIL		EMAIL	
RELATIONSHIP TO STUDENT: (CIRCLE ONE) P – PARENT G – LEGAL GUARDIAN A – GUARDIAN AD LITEM O – OTHER S – SURROGATE N – NO PARENT/GUARDIAN REQUIRED		RELATIONSHIP TO STUDENT: (CIRCLE ONE) P – PARENT G – LEGAL GUARDIAN A – GUARDIAN AD LITEM O – OTHER S – SURROGATE N – NO PARENT/GUARDIAN REQUIRED	
PERSON(S) TO CONTACT IF PARENT CANNOT BE REACHED NAME (STUDENT MAY BE RELEASED TO THIS PERSON)		PERSON(S) TO CONTACT IF PARENT CANNOT BE REACHED NAME (STUDENT MAY BE RELEASED TO THIS PERSON)	
DAYTIME PHONE		DAYTIME PHONE	
HOSPITAL PREFERENCE		PHYSICIAN NAME & PHONE NUMBER	
		DENTIST NAME & PHONE NUMBER	
CURRENT HEALTH PROBLEMS ASTHMA <input type="checkbox"/> DIABETES <input type="checkbox"/> SEIZURES <input type="checkbox"/> HEART CONDITION <input type="checkbox"/> ALLERGIES <input type="checkbox"/> OTHER <input type="checkbox"/>		EXPLANATION OF HEALTH PROBLEM(S) AND/OR MEDICATION(S) STUDENT IS TAKING	
In the case of accident, serious illness, or emergency, the school may contact Emergency Management Services (EMS), 911. If EMS must transport your child, payment of fees will be assumed by the parent/legal guardian. The school will make every effort to contact the parent/legal guardian. If the school is unable to contact the parent/legal guardian, every effort will be made to notify other persons listed on the emergency card.			
I have reviewed and understand the conditions of this document and I understand that if I desire to have my child released to persons other than those listed above, I must provide a list of those persons in writing, with addresses and telephone numbers, to the principal of the school.			
X		Signature of Parent/Legal Guardian	
		Date	

REGISTRATION INFORMATION

Student's Social Security Number _____ - _____ - _____

Birthplace _____
City _____ State _____ Country _____

First-time Hillsborough County Student

____ Yes ____ No Did the student relocate/move to Hillsborough County from ANOTHER county, state or country within the past year?

If yes, City _____ State _____ County _____ Country _____

(Last School attended by the Student) _____ Public _____ Private _____ Home Education (Include the dates attended and complete address information below)

School Name _____ Dates Attended _____

Street Address _____ City _____ State _____ Zip Code _____ County _____

If the student ever attended a Hillsborough County Public School, name of school _____

Home Language Survey

____ Yes ____ No Is a language other than English used in the home?

____ Yes ____ No Did the student have a first language other than English?

____ Yes ____ No Does the student most frequently speak a language other than English?

Primary language spoken in the home by the Parent/Legal Guardian _____ Student's Native Language _____

State/Federal Mandated Information

____ Yes ____ No Is either head of household a law enforcement officer, firefighter, or judge/justice?

____ Yes ____ No Is either parent in the military, employed as a federal civilian, or residing in a housing project?

____ Yes ____ No Did your family ever travel to look for work on a farm or do paid farm labor?

____ Yes ____ No Is the student a single parent with either custody or joint custody of a minor child?

____ Yes ____ No Has the student ever been expelled, arrested resulting in a charge, or had juvenile justice actions?

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

Date student first entered a United States school: Month (MM) ____ / Day (DD) ____ / Year (YYYY) ____

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

____ Yes ____ No Is the student of Hispanic or Latino ethnicity?

Check all applicable races ____ American Indian or Alaska Native ____ Asian ____ Black/African American

____ Native Hawaiian or other Pacific Islander ____ White

Students with Individual Educational Plans (IEPs) have protections under Part B of the IDEA, and are entitled to a free appropriate public education. As parent/legal guardian, I give permission for the school district to release, exchange, review, and utilize my child's personally identifiable information to assist in the provision of school health services, and for this information to be disclosed to the Agency for Health Care Administration to facilitate verification of Medicaid eligibility; and/or, as applicable, to seek reimbursement from Medicaid for services provided at school. I understand that my child will continue to receive all services per his/her IEP, at no charge, whether or not I give consent. I understand that I may withdraw my consent at any time, and that my state/private benefits are not affected.

Signature of Parent/Legal Guardian

Date

Florida Student Cell Phone Laws: What Families Need to Know

In July 2025, the State of Florida passed a law that requires all public schools, including charter schools like Pivot, to implement stricter rules around student cell phone use. This is not a school-level decision, but a statewide mandate that will be enforced across Florida starting with the 2025-2026 school year.

Updated Florida Cell Phone Legislation Related to Schools

► **HB 1105 (2025)**

This law expands on HB 379 (2023), which prohibited student phone use during instructional time, by extending the ban to cover the entire school day (from bell to bell) for students in grades K-8, including lunch, hallway transitions, and breaks. High schools must continue to enforce the instructional-time ban, but a pilot program in six districts is testing full-day restrictions. A statewide high school policy may follow after December 1, 2026. Statute Ref: § 1006.07(2)(f), F.S. (amended)



How This Will Be Handled at Pivot Charter School

In Compliance with Florida State Law (HB 1105 & HB 379), to follow state law and support a focused, distraction-free environment, Pivot Charter School will implement the following policies starting the first day of school: The following personal devices are not permitted for student use during the school day: Cell phones (including prepaid and burner phones), Smartwatches, Smart glasses, Bluetooth earbuds or headphones, any wearable or wireless communication device.

► **Communication Policy**

To contact your student during the day, please call the front office at (813) 626-6724. We will deliver messages promptly or bring your child to the phone if needed.

► **Medical & Learning Exceptions**

Students with documented medical needs or accommodations through an IEP or 504 Plan that require access to a wireless device must submit supporting documentation to the Pivot Charter School's ESE coordinator. Approved students will be issued a usage plan that complies with Florida law.

► **Violation Policy**

If a student is found using a prohibited device during the school day, the phone will be confiscated and held in the office until the end of the day on the first violation. On the second violation, a parent or guardian must pick up the device in person, and the student will be required to check the phone into the front office each morning, where it will be secured in a cell phone locker until dismissal. A third violation will result in the student losing the privilege of bringing a phone to campus for the remainder of the semester, and a parent conference will be scheduled to review expectations.

Notification Acknowledgment:

I acknowledge receipt of Florida's cell phone policy (HB 1105, 2025; HB 379, 2023) and Pivot Charter School's related rules.

Student Name: _____ Date: _____

Parent Signature : _____ Date: _____

2025-2026 Student Handbook Acknowledgement

Welcome to the 2025–2026 school year at Pivot Charter School! We are committed to partnering with our students and families to maintain an environment where everyone feels safe, respected, and empowered to succeed. Our Student Handbook is an essential resource designed to clearly outline our school's expectations, procedures, and guidelines to ensure every student thrives academically, socially, and emotionally.

Please take the time to thoroughly review the Pivot Charter School Student Handbook together as a family. It contains critical information regarding school policies on attendance, behavior expectations, academic procedures, technology usage, and much more. Your understanding of and commitment to these guidelines helps us build and sustain a positive and productive learning community.

Acknowledgment and Agreement

By signing below, we confirm that we have accessed, reviewed, and understood the contents of the Pivot Charter School Student Handbook for the 2025–2026 academic year, available online.

We agree to adhere to all policies, guidelines, and expectations detailed within the Handbook, including the Photo/Video Release Policy. We understand we have the right to opt out of the Photo/Video Release Policy at any time by notifying Mrs. Laing, Assistant Principal in writing.

We also acknowledge:

- Policies within the Handbook may be updated throughout the school year to meet the evolving needs of students and the school community.
- Families will receive notification via email when changes or updates to the Handbook occur.
- It is our responsibility to review these updates and ensure our contact information remains current in school records.

By signing this acknowledgment, we affirm our commitment to support and uphold the principles and expectations outlined in the Handbook and contribute positively to our school's inclusive and respectful environment.

Student Name: _____

Student Signature: _____ **Date:** _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

The complete Student Handbook can be accessed online at our official website. For detailed information on all school policies, guidelines, and procedures, please visit

www.pivottampa.com/parents.

2025-2026 Parent Partnership Acknowledgement

We are thrilled to welcome you and your student to the 2025-2026 school year at Pivot Charter School. The expectations below guide our partnership to ensure every student thrives. Please review and sign to confirm your commitment.

Parents/Guardians will conduct weekly grade checks.

Parents/Guardians will log in to their student's Google Classroom account each week to review grades and track academic progress.

Parents/Guardians will participate and support in school events.

Parents/Guardians will attend key events—parent-teacher conferences, open houses, school performances, Spirit Nights—and may also support our Panthers by volunteering time or donating items for student activities and special events.

Parents/Guardians will communicate respectfully.

Parents/Guardians will interact with teachers, administrators, and staff courteously and collaboratively. Open, respectful dialogue keeps us on the same team.

Parents/Guardians will respond in a timely manner and keep contact information up to date.

Parents/Guardians will promptly respond to school communications, including emails, phone calls, and messages from teachers or administrators, and will also notify the school immediately of any changes to email addresses, phone numbers, or mailing addresses. (Please note that blocking school-issued phone numbers creates safety/emergency concerns)

Parents/Guardians will support learning at home.

Parents/Guardians will create a conducive environment for learning at home, encouraging regular study habits, and providing necessary support for academic growth. This includes checking assignments, providing reminders, helping children study, and reinforcing rigorous academic expectations at home.

Parents/Guardians will ensure consistent attendance and punctuality.

Parents/Guardians will ensure that their student attends school regularly and arrives on time, recognizing the impact of attendance on academic achievement. This includes adhering to all the tardy and attendance policies outlined in the student handbook.

Parents/Guardians will hold their student accountable.

Parents/Guardians will reinforce school rules, support completion of homework and projects, and encourage responsibility for personal behavior and materials. This includes allowing students to experience the natural consequences of their actions—positive and corrective—to foster growth and responsibility.

Parents/Guardians will familiarize themselves with school policies.

Parents/Guardians will familiarize themselves with and support the school's policies and guidelines, including those related to behavior, dress code, and academic integrity. These can be found in our student handbook, available on our school website

Parents/Guardians will engage in collaborative problem-solving.

In the event of any concerns or challenges, parents/guardians agree to work collaboratively with school staff to find solutions and support their student's well-being and academic progress.

By signing below, the Parent/Guardian acknowledges their understanding of our shared commitment to creating a positive and enriching educational experience for their child. Thank you for your dedication to their success and for choosing Pivot Charter School as your partner in education.

Parent/Guardian Signature: _____ Date: _____



Liz Rubero, Principal
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Information Regarding Lunch Break

Dear Pivot Charter School Families,

I hope this letter finds you well. As we begin this school year, I want to share important information regarding lunch breaks for our students.

Students will have a 20-minute lunch break during the 5th period each day. The lunch break is shorter than typically seen at schools because we have a shorter school day, allowing our students to complete their academic activities efficiently while providing time for a break.

Please note that we do not offer a breakfast or lunch service on campus, so students will need to bring their own lunch from home.

To support our students during lunch, we have the following amenities available on campus during designated times:

- **Vending Machines:** Stocked with snacks and beverages. Students must purchase items with cash OR coins.
- **Microwaves:** These are available for students to heat their meals.
- **Hot Water Kettle:** Available for making ramen or other meals requiring hot water.

Additionally, students may opt to have food delivered by a delivery service such as DoorDash or Grubhub. However, to participate in this option, students must have a signed Parent-Student Food Delivery Agreement on file and must strictly adhere to the rules outlined in the agreement. Due to Florida's new cell phone laws, students cannot access their phones during break. As a result, all food delivery orders must either be scheduled in advance or placed by a parent or guardian.

Please be aware that we do not have refrigeration available for student lunches. We encourage all students to eat a healthy and nutritious breakfast before arriving at school and to bring a well-balanced lunch that does not require refrigeration.

If you have any questions or need further assistance, please feel free to contact us. We appreciate your cooperation and support in ensuring your child is prepared for the school day.

Thank you for your attention to this matter.

Sincerely,
Jesse Laing
Assistant Principal
Pivot Charter School

Parent-Student Food Delivery Agreement

Pivot Charter School continues to offer students the option to have food delivered to campus during their break times. All students must have a signed Parent-Student Food Delivery Agreement on file in order to receive deliveries at school. This agreement clearly outlines the rules and guidelines for students when ordering food delivery services for school delivery.

By signing below, both students and parents/guardians acknowledge their commitment to adhering to these rules and understand the potential consequences of non-compliance. This measure is essential to maintaining a smooth and non-disruptive food delivery experience for everyone at Pivot Charter School.

Student Responsibilities:

- **Order Submission:** All food delivery service orders must be scheduled in advance or placed by a parent or guardian. Students may not place orders during the school day, including homeroom, due to Florida's cell phone laws.
- **Pick-Up Time:** Deliveries that arrive early will be held until break, and any that arrive late will be held until the end of the school day. Early pick-up of delivered items is not permitted under any circumstances, regardless of the item's contents. Please note that the school does not provide refrigeration or special storage for perishable items.
- **Late Arrivals:** Orders must arrive before the end of the student's designated break time. Orders that arrive after the break time will not be allowed for student pick up until the end of the school day, regardless of the reason for the delay.
- **Shared Orders:** While we understand that students may place shared orders together, students are not allowed to pick up or deliver food to other classrooms, as this can cause disruptions.
- **Handling Shared Orders:** If students have shared orders, each student must take their own food, leaving the other items to be picked up by the student with whom they shared an order, during that student's designated break time.
- **Identification:** Orders must have the student's name for them to be picked up, or a record of their purchase with a matching order number must be shown before items will be released. This is to prevent orders from being picked up by the wrong student.

Consequences:

If there is a widespread failure among students to adhere to these rules, as determined by the administration, it may lead to the removal of the food delivery service option for all students at the end of the semester. In such cases, all students will continue to have the option of bringing their lunch or purchasing items from the vending machine. We do provide microwaves and access to hot water to allow for expanded lunch options for students.

Signatures:

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Title 1 Information

What is Title 1?

Title 1 is a federal program that provides financial assistance to schools with a high percentage of students from low-income families. This funding helps ensure that all children have access to a high-quality education and the opportunity to achieve academic success.

How Does Title 1 Benefit Your Child?

Title 1 funding enables us to offer:

- **Additional Academic Support:** We can hire more teachers and support staff, reducing class sizes and allowing for more individualized attention.
- **Enhanced Educational Resources:** We can purchase new technology, books, and other learning materials to enrich our students' educational experience.
- **Extended Learning Opportunities:** We can provide after-school programs, tutoring, and other initiatives to help students who need extra help.

Additional Benefits for Eligible Students

Students who qualify for free or reduced lunch under the Title 1 Eligibility form may also be eligible for:

- **Fee Waivers:** Reduced or waived fees for standardized tests (e.g., SAT, ACT) and college application fees.
- **Program Access:** Participation in various educational enrichment programs and extracurricular activities at a reduced cost or free of charge.
- **Discounts on Services:** Potential discounts on internet services and other educational resources.

Why Complete the Title 1 Eligibility Form?

Title 1 eligibility is based on the percentage of students in a school eligible. That is why it is essential that we accurately identify the number of students eligible for support. This is why we need every family to complete the Title 1 Eligibility form, even if they know they do not qualify. While our school does not participate in a traditional school lunch program, your responses on this form are crucial for maintaining our Title 1 status and the valuable resources it brings.

Your Privacy Matters

Please be assured that the information you provide is confidential and used solely for determining our school's eligibility for Title 1 funding. Completing the form does not obligate you to participate in any additional programs.



INCOME SURVEY

This form should be filled out by all families so that Pivot may have a chance to receive more funding benefits for our students.

Thanks!

Title 1: Eligibility Form

PART 1. ALL HOUSEHOLD MEMBERS

NAME OF ALL HOUSEHOLD MEMBERS (FIRST, MIDDLE INITIAL, LAST NAME)	NAME OF SCHOOL FOR EACH CHILD/OR INDICATE "NA" IF CHILD IS NOT IN SCHOOL	CHECK IF A FOSTER CHILD (LEGAL RESPONSIBILITY OF WELFARE AGENCY OR COURT) *IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PAR 5 TO SIGN THIS FORM	CHECK IF NO INCOME
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

PART 2. BENEFITS

IF ANY MEMBER OF YOUR HOUSEHOLD RECIEVES (STATE SNAP), (FDPIR), OR (STATE TANF CASH ASSISTANCE), PROVIDE THE NAME AND THE CASE NUMBER FOR THE PERSON WHO RECIEVES BENEFITS AND SKIP TO PART 5. IF NO ONE RECIEVES THESE BENEFITS, SKIP TO PART 3.

NAME: _____ CASE NUMBER: _____

PART 3. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CHECK THE APPROPRIATE BOX.

- ☐ HOMELESS
- ☐ MIGRANT
- ☐ RUNAWAY

PART 4. TOTAL HOUSEHOLD GROSS INCOME. YOU MUST TELL US HOW MUCH AND HOW OFTEN.

1. NAME (LIST ONLY HOUSEHOLD MEMBERS WITH INCOME)	2. GROSS INCOME AND HOW OFTEN IT IS RECIEVED			
	EARNING FROM WORK BEFORE DEDUCTIONS	WELFARE, CHILD SUPPORT, ALIMONY	PENSION, RETIREMENT, SOCIAL SECURITY, SSI, VA BENEFITS	ALL OTHER INCOME
(EXAMPLE) JANE SMITH	\$199.99/WEEKLY	\$149.99/EVERY OTHER WEEK	\$99.99/MONTHLY	\$50.00/MONTHLY
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /

PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBERS (ADULT MUST SIGN)

AN ADULT HOUSEHOLD MEMBER MUST SIGN THE APPLICATION. IF PART 4 IS COMPLETED, THE ADULT SIGNING THE FORMS ALSO MUST LIST THE LAST FOUR DIGITS OF HIS OR HER SOCIAL SECURITY NUMBER OR MARK THE "I DO NOT HAVE A SOCIAL SECURITY NUMBER" BOX. (SEE PRIVACY ACT STATEMENT.)

I CERTIFY (PROMISE) THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND THAT ALL INCOME IS REPORTED. I UNDERSTAND THAT THE SCHOOL WILL GET FEDERAL FUNDS BASED ON THE INFORMATION I GIVE. I UNDERSTAND THAT SCHOOL OFFICIALS MAY VERIFY (CHECK) THE INFORMATION. I UNDERSTAND THAT IF I PURPOSELY GIVE FALSE INFORMATION, MY CHILDREN MAY LOSE MEAL BENEFITS, AND I MAY BE PROSECUTED.

SIGN HERE: _____ PRINT NAME: _____ DATE: _____
PHONE NUMBER: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: ***-**-_____

☐ I DO NOT HAVE A SOCIAL SECURITY NUMBER

PART 6. CHILD'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

CHOOSE ONE ETHNICITY:

- ☐ HISPANIC/LATINO
- ☐ NOT HISPANIC/LATINO

CHOOSE ONE OR MORE (REGARDLESS OF ETHNICITY)

- ☐ ASIAN
- ☐ WHITE
- ☐ AMERICAN INDIAN OR ALASKA NATIVE
- ☐ BLACK OR AFRICAN AMERICAN
- ☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY

ANNUAL INCOME CONVERSION: WEEKLY X52, EVERY 2 WEEKS X 26, TWICE A MONTH X 24, MONTHLY X12

TOTAL INCOME: _____ PER WEEK, _EVERY 2 WEEKS, _TWICE A MONTH, _MONTHLY, _YEAR

HOUSEHOLD SIZE: _____ CATEGORICAL ELIGIBILITY: _____ DATE WITHDRAWN: _____

ELIGIBILITY: _FREE, _REDUCED, _DENIED

REASON:

TEMPORARY: _FREE, _REDUCED

TIME PERIOD _____ (EXPIRES AFTER _____ DAYS)

DETERMINING OFFICIALS SIGNATURE: _____ DATE: _____

CONFIRMING OFFICIALS SIGNATURE: _____ DATE: _____

VERIFYING OFFICIALS SIGNATURE: _____ DATE: _____

Title 1 Eligibility Income Eligibility Guidelines

Effective from July 1, 2025, to June 30, 2026

Household size	Federal Poverty Guidelines	Reduced Price Meals—185%					Free meals—130%				
	Annual	Annual	Monthly	Twice per month	Every two weeks	Weekly	Annual	Monthly	Twice per month	Every two weeks	Weekly
1	15,650	28,953	2,413	1,207	1,114	557	20,345	1,696	848	783	392
2	21,150	39,128	3,261	1,631	1,505	753	27,495	2,292	1,146	1,058	529
3	26,650	49,303	4,109	2,055	1,897	949	34,645	2,888	1,444	1,333	667
4	32,150	59,478	4,957	2,479	2,288	1,144	41,795	3,483	1,742	1,608	804
5	37,650	69,653	5,805	2,903	2,679	1,340	48,945	4,079	2,040	1,883	942
6	43,150	79,828	6,653	3,327	3,071	1,536	56,095	4,675	2,338	2,158	1,079
7	48,650	90,003	7,501	3,751	3,462	1,731	63,245	5,271	2,636	2,433	1,217
8	54,150	100,178	8,349	4,175	3,853	1,927	70,395	5,867	2,934	2,708	1,354
For each add'l family member, add	5,500	10,175	848	424	392	196	7,150	596	298	275	138

Privacy Act Statement:

This explains how we will use the information you give us. The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-priced meals. You must include the last four digits of the Social Security number of the adult household member who signs the application. The last four digits of the Social Security number are not required when you apply on behalf of a foster child, you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) program, or Food Distribution Program on Indian Reservation (FDPIR) case number or other FDPIR identifier for your child, or when you indicate that the adult household member signing the application does not have a Social Security number. We will use your information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs; auditors for program review; and law enforcement officials to help them look into violations of program rules.

Nondiscrimination Statement:

This explains what to do if you believe you have been treated unfairly. In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director of Adjudication, 1400 Independence Avenue SW, Washington, D.C. 20250-9410, or call toll-free (866) 632-9992 (voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339, or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.



Physical Education Waiver

Student Name: _____ Student Number: _____ Grade: _____

Florida law places responsibility on "each district school board to develop a physical education program that stresses physical fitness and encourages healthy, active lifestyles and to encourage all students in prekindergarten through grade 12 to participate in physical education". The law further requires a minimum of one semester of physical education annually for students in grades six through eight, F.S.1003.455.

Middle school students in Hillsborough County Public Schools are scheduled for a full-year physical education course annually, except when a semester of physical education is paired with a semester of intensive math. All students are encouraged to take advantage of this opportunity within their school day to experience movement and build upon knowledge, skills, and values that support a healthy and active lifestyle.

However, the law allows for a waiver from physical education when a student is enrolled in an intensive course or when a parent makes a written request for one of the following reasons.

1. The student participates in physical activities outside the school day that meets or exceeds the physical education requirement.
2. The parent requests that the student enroll in another available course.

Students who waive physical education must enroll in another available course, traditional or virtual, which will be scheduled on campus, within the school day.

To request a waiver for the physical education requirement, please complete the following information and return this form to your child's school counselor or assistant principal.

Parent/Guardian Name: _____ Phone Number: _____

Check the primary reason for the waiver request.

- ☐ Enrollment in an intensive reading or math course
- ☐ Participation in physical activities outside the school day that are equal to, or in excess of, the physical education requirement
- ☐ Preference for an alternative course

List three alternate courses, in order of preference, to be scheduled in place of physical education.

1st Preference _____

2nd Preference _____

3rd Preference _____

Parent Signature _____ Date _____



Liz Rubero, Principal
Pivot Charter School
(813) 626-6724
<https://www.pivottampa.com/>
<https://getfortifyfl.com/>

Important Allergy and Fragrance Guidelines

Dear Pivot Charter School Families,

We hope this letter finds you well. At Pivot Charter School, our top priorities are the safety and well-being of our students and staff. Due to a significant number of individuals within our school community who have severe allergies and asthma, we are implementing new guidelines to ensure a safe and healthy environment for everyone.

Effective immediately, students are not permitted to bring the following items on campus:

1. Peanuts and Tree Nut/tree nuts.
2. Seafood & Shellfish
3. Perfume, Body Spray, or Any Fragrance

We understand that these guidelines may require some adjustments, but they are essential in preventing potentially life-threatening allergic reactions and ensuring that everyone can breathe comfortably while at school.

How You Can Help:

- **Check Labels:** Carefully read ingredient labels to ensure that snacks and lunches do not contain peanuts, tree nuts, or seafood.
- **Avoid Fragranced Products:** Encourage your child to use fragrance-free personal care items and avoid bringing perfumes or body sprays to school.
- **Educate Your Child:** Explain the importance of these guidelines to your child and remind them of the potential dangers of allergens to their classmates and teachers.

We appreciate your understanding and cooperation in this matter. By working together, we can create a safe and inclusive environment for all students and staff at Pivot Charter School.

If you have any questions or concerns regarding these new guidelines, please do not hesitate to contact the school office.

Thank you for your continued support.



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. 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, such as herbs and food supplements, which are being used as treatments, dietary supplements, or folk remedies.
 - b. No IV access will be started, flushed, maintained, or discontinued in any circumstance. 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 non-prescription (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 over-the-counter medications at school.

There is one medication EXCEPTION, medication for the self-treatment of diagnosed Headaches, do not require a doctor's order and the student may self-carry (refer to self-carry form).

- 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 non-prescription 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 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.** 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. It is not safe for children to deliver medicine to the school. 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 marked.
- a. Medication must remain in the container in which it was originally dispensed.
 - b. Most pharmacies will provide an extra empty labeled bottle for school 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.

GUIDELINES FOR ADMINISTRATION OF MEDICATION (cont.)

7. All medications and/or supplies received must be documented with the parent/guardian, employee, and witness on the Medication and Supply Intake Form.
 - a. The amount and date received are to be recorded.
 - b. The parent/guardian is also required to sign Medication and Supply Intake Form when picking up medication/supplies.
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. **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 Registered Professional School Nurse as permitted by Florida law will train the designated employee. The training of designated staff 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 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.
 - 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. Clinic staff preparing for field trips will send medication in original container.
13. Liquid medication will be given in a calibrated measuring device supplied by the 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. Medications/supplies that are unused and unclaimed will be destroyed following proper disposal procedures.
15. Non-medicated sunscreen and insect repellent may be administered without a prescription, but a parent/guardian authorization form must be completed.
16. Parents of students attending after school programs will need to make arrangements with the after school program when medicines or treatments are needed.

Florida Statute 1006.062 is the reference for the above guidelines.

**Pivot Charter School
3020 S. Falkenburg Road
Riverview, FL 33578**

**Authorization For Student to Carry and Independently Self-Administer
Emergency Medication(s)/Procedure(s) for Life Threatening Medical Conditions**

Date: _____

Student's Name: _____ **Birth date:** _____

School: _____

Teacher's Name: _____ **Grade / Homeroom** _____

To be completed by physician:

Diagnosis: _____

Medication: _____

The above named student is under my care. I feel that this student has a life threatening illness and that he/she is capable of and has been instructed in the proper administration of the required medication(s) and/or procedure(s). The student has been instructed in the treatment plan, self-administration of their medications / procedures and has demonstrated the skill level necessary to manage their own care.

<i>Telephone</i>	<i>Printed Physician's Name</i>	<i>Signature</i>	<i>Date</i>
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To be completed by parent:

I request and give permission for my child to carry and self-administer the medication(s) and/or procedure(s), as indicated in the physician's order during the school day, at school-sponsored activities or while in transit to or from schools. I have observed my child demonstrate the necessary skill level to implement the care plan prescribed by his/her health care provider. I am responsible for ensuring my child has all medications, procedure equipment and supplies for their life threatening condition. Adult supervision will not be provided. This form is effective only for this school year and includes all school sponsored activities and summer school.

By signing this form, I am indemnifying and holding the school harmless against any injury or claims that arise as a result of the student's self-management of life threatening condition. Permission is also granted for school personnel to contact the physician if there are questions or concerns about the medication(s) and/or procedure(s). We/I are aware the privilege of self-administration of medication(s)/procedure(s) can be withdrawn if abused by the student. The school reserves the right to seek emergency medical treatment for the student when deemed necessary and appropriate.

<i>Telephone</i>	<i>Printed Parent/Guardian Name</i>	<i>Signature</i>	<i>Date</i>
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To be completed by student at school:

☐ I will keep my medication, supplies & equipment with me at school ☐ I will use only as prescribed by my doctor ☐ I will not allow any other person to use my medication(s) or procedure equipment ☐ I will notify a school staff member if I am having more difficulty than usual with my health condition.

<i>Printed Student Name</i>	<i>Signature</i>	<i>Date</i>
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**Pivot Charter School
3020 S. Falkenburg Road
Riverview, FL 33578**

**Authorization For Student to Self-Carry and Independently Self-Administer
Medication(s)/Procedure(s) for Headache**

Date: _____

Student's Name: _____ **Birth date:** _____

School: _____

Teacher's Name: _____ **Grade / Homeroom** _____

To be completed by parent:

I request for my child to carry and self-administer medication for headache during the school day, at school-sponsored activities or while in transit to or from school. My child has demonstrated the necessary skill level to implement the care plan prescribed by his/her health care provider. I am responsible for ensuring my child has all medications, for their health condition. Supervision will not be provided by the school. This form is effective only for this school year and includes all school sponsored activities and summer school.

By signing this form, I am indemnifying and holding the school harmless against any injury or claims that arise as a result of the student's self-management for headache. School personnel will contact you if there are questions or concerns about the child's healthcare condition and medication. The school reserves the right to seek emergency medical treatment for the student when deemed necessary and appropriate.

Telephone

Printed Parent/Guardian Name

Signature

Date

To be completed by student at school:

- ☐ I will keep my medication with me at school.
- ☐ I will use only as prescribed by my healthcare provider.
- ☐ I will not allow any other person to use my medication(s)
- ☐ I will notify a school staff member if I am having more difficulty than usual with my health condition.

Printed Student Name

Signature

Date


**Pivot Charter School
3020 S. Falkenburg Road
Riverview, FL 33578**

**PARENT/GUARDIAN WITHHOLD/DECLINE CONSENT FOR SCHOOL HEALTH SERVICES
School Year 2024–2025**

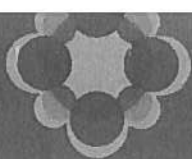
**THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED TO THE SCHOOL IN ORDER TO
WITHHOLD/DECLINE CONSENT FOR ANY SPECIFIC HEALTH SERVICE EACH SCHOOL YEAR**

- In accordance with Florida House Bill 1557, Parental Rights in Education, each school district, at the beginning of the school year, must notify parents/guardians of each health care service offered at their child's school and provide parents the option to withhold consent or decline any specific service.
- Emergency health needs means onsite evaluation, management, and aid for illness or injury pending the student's return to the classroom or release to a parent, guardian, designated friend, law enforcement officer, or designated health care provider. There is not an option to withhold/decline consent for emergency health needs (F.S. 381.056; F.S. 768.13).
- Parental/Guardian written consent is required every school year for employees to administer prescribed medication, conduct medical procedures and/or medical treatment. Written consent is also required for Healthy Student Programs, vision and dental programs at participating schools, and specific health services i.e., school entry and sports physicals.

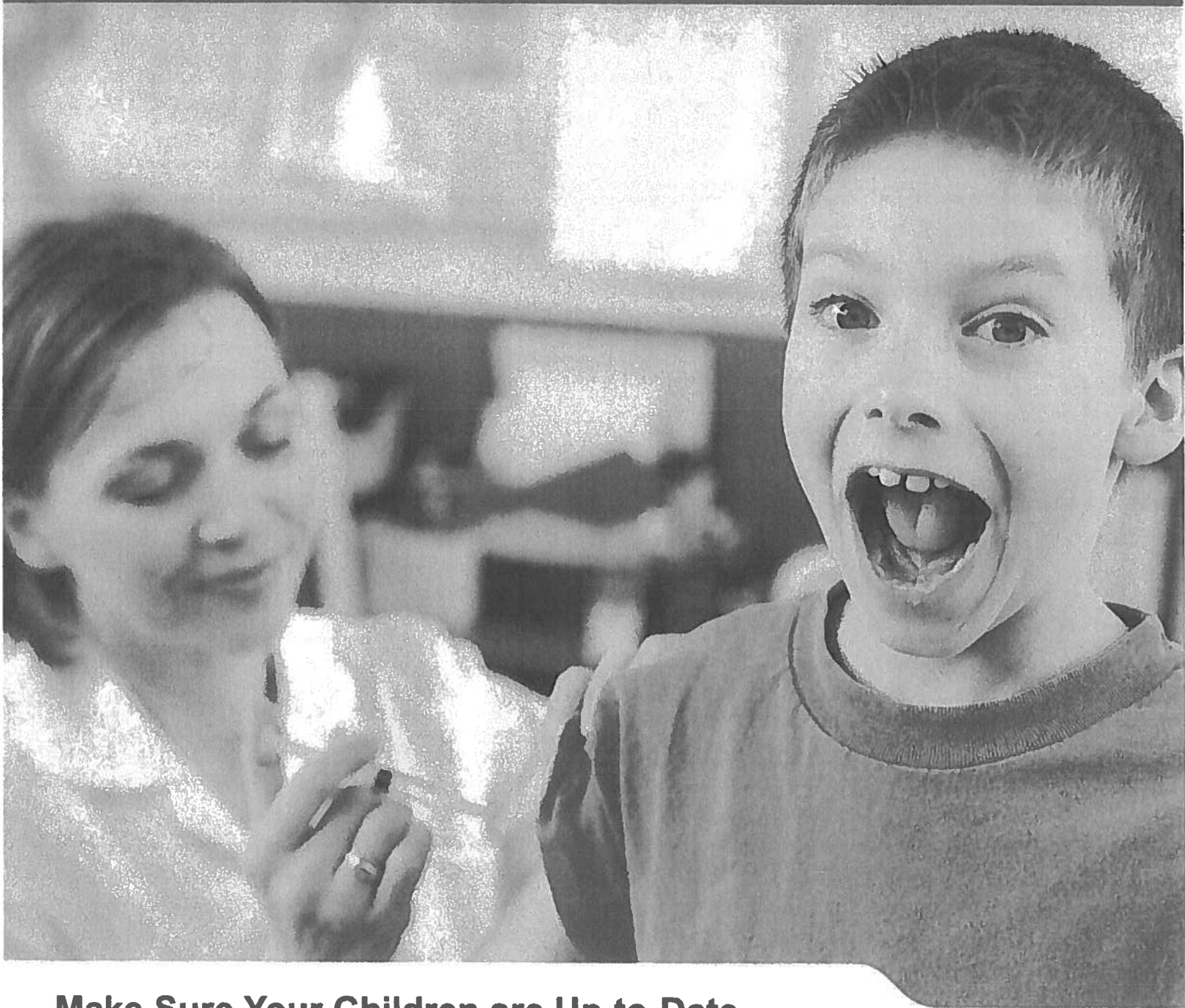
Print all information using ink

Student Name	Birth Date	Student Number	Grade	
Parent/Guardian 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 below which services you withhold/decline consent. 				I withhold/decline the healthcare services marked below
Care and treatment for illness and injury				<input type="checkbox"/>
Referral and Follow-Up of Suspected and Confirmed Health Problems				<input type="checkbox"/>
Vision*				<input type="checkbox"/>
Hearing*				<input type="checkbox"/>
Scoliosis*				<input type="checkbox"/>
Growth and development (BMI)*				<input type="checkbox"/>

Parent/Guardian (SIGNATURE) _____ Date _____



Be Ready for 7th Grade



Make Sure Your Children are Up-to-Date

Tetanus-diphtheria-pertussis (Tdap) immunization is required for all students entering 7th grade. It must be documented on an updated *Florida Certification of Immunization* (DH 680 form) and submitted to the school.

The protection from some early childhood vaccines can wear off. Review your child's immunization records with a health care provider to make sure all vaccines recommended for adolescents are up-to-date.

Florida immunization requirements are found in the *Immunization Guidelines for Florida Schools, Childcare Facilities, and Family Daycare Homes*, which is incorporated by reference in Rule 64D-3.046, *Florida Administrative Code*.

FOR MORE INFORMATION, CALL 1-877-888-7468 OR VISIT WWW.IMMUNIZEFLORIDA.ORG.



Immunizing Florida. Protecting Health.



Accredited Health Department
Public Health Accreditation Board