

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

CONSENT AND RELEASE TO PHOTOGRAPH/VIDEOTAPE/INTERVIEW STUDENT

I, _____ the parent/ guardian of _____
Print Parent/Guardian Name Student Name

Student ID# _____ Grade _____, a student at _____ school on behalf of my child,

Do Consent **Do Not Consent** to the photographing/videotaping/interviewing of my child while he/she is involved in any school programs and/or activities during the present school year. I also consent to the release of my child's name, both verbally and in print, when used in connection with said photograph/videotape/interview. It is understood the photograph(s)/videotape(s)/interview(s) and the name of my child may be used for promotional purposes inside and/or outside of the School District of Osceola County, Florida, including but not limited to, on social media sites and applications.

I do hereby release and waive any and all claims, demands, or objections against the said school and School District in connection with or arising out of the said photograph/videotape/interview of my child.

It is understood that the school or School District will not duplicate photograph(s)/videotape(s)/interview(s) for the use or benefit of any individual student or parent/guardian. It is also understood that failure to return this permission form to the school will constitute parent/guardian consent for the purposes described above.

Parent/Guardian Signature / Date

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

CONSENTIMIENTO Y PERMISO PARA FOTOGRAFIAR/GRABAR EN VIDEO/ENTREVISTAR AL ESTUDIANTE

Yo, _____ padre/tutor de _____
Nombre del padre/tutor (letra de molde) Nombre del estudiante

#ID del estudiante _____ Grado _____, estudiante de la escuela _____ en nombre de mi hijo,

Doy consentimiento **No doy consentimiento** a que mi hijo sea fotografiado/grabado en video/ entrevistado mientras él/ella está participando en cualquier programa y/o actividad de la escuela durante el presente año escolar. También, doy consentimiento a que el nombre de mi hijo sea divulgado, verbalmente y escrito, cuando sea utilizado para dicha fotografía/grabación en video/entrevista. Entiendo que la(s) fotografía(s)/grabación(es) en video(s)/entrevista(s) y el nombre de mi hijo puede(n) ser utilizado(s) con propósitos de promoción dentro y/o fuera del Distrito Escolar del Condado Osceola, Florida, incluyendo pero no limitado a, sitios y aplicaciones de medios sociales.

Mediante la presente libero y dispenso cualquier y todos los reclamos, demandas u objeciones en contra de dicha escuela y Distrito Escolar en conexión o que surja de dicha fotografía/grabación en video/entrevista de mi hijo.

Entiendo que la escuela o Distrito Escolar no duplicará la(s) fotografía(s)/grabación(es) en video(s)/entrevista(s) para el uso o beneficio de cualquier estudiante individual o padre/tutor. También entiendo que de no devolver este formulario de permiso a la escuela, dará por sentado que el padre/tutor da el consentimiento para los propósitos descritos anteriormente.

Firma del Padre/Tutor / Fecha

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA
PARENT/GUARDIAN ACKNOWLEDGMENT OF CODE OF STUDENT CONDUCT

Dear Parent/Guardian:

It is very important that parents and students review the **Code of Student Conduct** together for a better understanding of the rules and regulations which govern our schools. The Matrix of Infractions and Consequences describes violations against the Code of Student Conduct, the procedures followed and the disciplinary options that may be taken.

Please return completed form to your child's school.

Thank-you,
Student Services Department

My child _____ is enrolled in grade _____ at
Last First M.
_____ school. I acknowledge that I have received and read
the **Code of Student Conduct** for The School District of Osceola County, Florida.

Print Parent/guardian name

Parent/guardian signature / Date

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA
RECIBO DEL CÓDIGO DE CONDUCTA DEL ESTUDIANTE PARA EL PADRE/TUTOR

Estimado Padre/Tutor:

Es muy importante que los padres y los estudiantes repasen juntos el **Código de Conducta del Estudiante** para un mejor entendimiento de las leyes y regulaciones que rigen nuestras escuelas. La matriz de fracciones y consecuencias describe las infracciones al código de conducta, los procedimientos a seguir y las opciones disciplinarias que pueden tomarse.

Favor de completar esta forma y devolverla a la escuela de su hijo(a).

Gracias,
Departamento de Servicios Estudiantiles

Mi hijo/a _____ está matriculado en el grado _____
Apellido Nombre Inicial

en la escuela _____ . Reconozco que he recibido
y leído el **Código de Conducta del Estudiante** para El Distrito Escolar del Condado de Osceola, Florida.

Nombre del Padre/tutor en Letra de Molde

Firma del Padre/tutor

Fecha

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA
STUDENT INFORMATION & EMERGENCY CONTACT UPDATE / Actualización de Información y Contacto de Emergencia para el Estudiante

PLEASE PRINT / Por favor escriba en letra de molde

Date /Fecha _____ School /Escuela _____ Bus # _____ Locker # _____

Student's legal Name _____ DOB _____ Male Female Grade _____
 Nombre legal del estudiante Last/ Apellido First/ Nombre Middle/Nombre intermedio Fecha de nacimiento Masculino Femenino Grado

Student's Social Security No. (optional) _____ ID# _____ Student's Driver's License # (if applicable) _____
 N° de Seguro Social del Estudiante (opcional) N° de Licencia de Conducir del Estudiante (si tiene)

Residential Address* _____ FL _____ Phone _____
 Dirección de residencia No. Street/Calle Apt.# City/Ciudad Zip/Código Postal Teléfono

E-mail _____
 Correo electrónico

List below the parent/guardian with whom the student lives: *Anote a continuación los padres/tutores con quien vive el estudiante:*

Parent/Guardian Full Name _____ Relationship _____
 Nombre Completo del Padre/ tutor Parentesco

Phone: Work _____ Ext. _____ Cell/Other _____
 Teléfono del Trabajo Teléfono celular/otro

Parent/Guardian Full Name _____ Relationship _____
 Nombre Completo del Padre/ tutor Parentesco

Phone: Work _____ Ext. _____ Cell/Other _____
 Teléfono del Trabajo Teléfono celular/otro

Brother(s)/Sister(s) at this school: *Hermano(s)/Hermana(s) en esta escuela:*

<u>Name/Nombre</u>	<u>Grade/Grado</u>	<u>Name/Nombre</u>	<u>Grade/Grado</u>
_____	_____	_____	_____
_____	_____	_____	_____

List emergency contacts, (if the parent/guardian cannot be reached), authorized to pick-up and assume responsibility for student:

Enumere personas a contactar en una emergencia (si el padre/tutor no se puede localizar), que estén autorizadas para buscar y asumir la responsabilidad del/de la estudiante):

<u>Name/Nombre</u>	<u>Relationship/Parentesco</u>	<u>Home Phone/Teléfono de la casa</u>	<u>Work Phone/Teléfono del Trabajo</u>	<u>Cell Phone/Teléfono celular</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*** NOTE: IF ADDRESS CHANGE, PROVIDE TWO (2) PROOFS OF RESIDENCY.**
NOTA: SI CAMBIÓ DE DIRECCIÓN, PROPORCIONE DOS (2) PRUEBAS DE RESIDENCIA.

PARENT/GUARDIAN SIGNATURE *Firma del Padre/Tutor* _____

DATE / Fecha _____

THIS SECTION IS FOR DISTRICT USE ONLY / ESTA SECCIÓN ES SÓLO PARA USO DEL DISTRITO	
1. PROOF OF RESIDENCE <input type="checkbox"/> Mortgage doc., rental/lease agree., property tax docs. <input type="checkbox"/> Current Utility bill or <input type="checkbox"/> 30 day extrn. to date <input type="checkbox"/> Income tax records <input type="checkbox"/> Proof of receipt of government benefits <input type="checkbox"/> Notarized statement signed by owner of the home in which the parent resides with two (2) supporting documents from the owner as listed above.	1a. EXCEPTIONS: <input type="checkbox"/> Homeless Individual <input type="checkbox"/> Migratory agricultural worker <input type="checkbox"/> Military personnel active duty <input type="checkbox"/> Other _____ Input by _____ Date _____

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA
STUDENT HEALTH INFORMATION / INFORMACIÓN DE SALUD DEL ESTUDIANTE

Parent/Guardian: Please complete **both sides**, sign and return form to the school. The information you provide will be kept confidential in accordance with state and federal law. This form is valid for the current school year.

Padre/Tutor: Favor de llenar **ambos lados**, firmar y devolver el formulario a la escuela. La información que usted provea, se mantendrá confidencial de acuerdo con las leyes Estatales y Federales. Este formulario es válido para el año escolar actual.

SECTION 1 / Sección 1 -

Student Name _____
 Nombre del estudiante Last/Apellido First/Primer nombre M./Inicial ID#/ No. de ID

Male Female Date of Birth _____
 Masculino Femenino Fecha de nacimiento: Mo/ Mes Day/ Día Year/ Año School/Escuela Grade/Grado

List below the parent/guardian with whom the student lives: *Anote a continuación el padre/tutor con quien vive el estudiante:*

Parent/Guardian Full Name _____ Relationship _____
 Nombre completo del padre/ tutor Parentesco

Phone: Home _____ Work _____ Ext. _____ Cell/Other _____
 Teléfono: casa trabajo Ext. celular/otro

Parent/Guardian Full Name _____ Relationship _____
 Nombre completo del padre/ tutor Parentesco

Phone: Home _____ Work _____ Ext. _____ Cell/Other _____
 Teléfono: casa trabajo Ext. celular/otro

List two emergency contacts, (if the parent/guardian cannot be reached), authorized to pick-up and assume responsibility for student:
Escriba el nombre de dos personas a contactar en caso de una emergencia (si el padre/tutor no se puede localizar), que estén autorizadas para buscar y asumir la responsabilidad del estudiante:

Name/Nombre _____ Relationship/Parentesco _____ Work Phone/Teléfono del trabajo _____ Home Phone/Teléfono de la casa _____ Cell Phone/Teléfono celular _____

Name/Nombre _____ Relationship/Parentesco _____ Work Phone/Teléfono del trabajo _____ Home Phone/Teléfono de la casa _____ Cell Phone/Teléfono celular _____

Does student have health insurance? Yes/Sí - _____
 ¿Tiene el estudiante seguro médico? No Company / Provider Name Compañía / Nombre del proveedor Policy / Group # Póliza / # de Grupo

Is student currently in an ESE (Exceptional Student Education) program or does student have an IEP (Individual Education Plan)? Yes/Sí No
 ¿Está el estudiante actualmente en un programa de ESE (Educación de Estudiantes Excepcionales) o tiene el estudiante un IEP (Plan de Educación Individual)?

Student's Primary Physician / Médico Primario del Estudiante _____ Office Phone # / Teléfono de oficina _____ Office Fax # / No. de Fax de oficina _____

Office Address / Dirección de la oficina _____

Student's Specialist Physician / Médico Especialista del Estudiante _____ Office Phone # / Teléfono de oficina _____ Office Fax # / No. de Fax de oficina _____

Office Address / Dirección de la oficina _____

Children attending Osceola County Schools participate in the School Health Services Program. This means your child will receive health appraisal at school, which includes vision, hearing, scoliosis screenings, height, weight measurement. To request an exemption for your child, submit written letter to the school.

Los niños que asisten a las Escuelas del Condado Osceola participan en el Programa de Servicios de Salud de la Escuela. Esto significa que su hijo recibirá una evaluación médica en la escuela, que incluye exámenes de la vista, del oído, de escoliosis, medidas de estatura y peso. Para pedir una dispensa para su hijo, presente una carta escrita a la escuela.

Does student have a medical condition you would like the school to be aware of?

¿Tiene el estudiante alguna condición médica sobre la que usted desearía que la escuela tuviese conocimiento?

Yes/Sí – complete sections 2 & 3
 complete las secciones 2 y 3

No – complete section 3
 complete la sección 3

Continued on reverse - (Continúa al dorso)

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA
STUDENT HEALTH INFORMATION / INFORMACIÓN DE SALUD DEL ESTUDIANTE

SECTION 2 - Health Condition(s) / Sección 2 - Condición(es) de Salud

Student Name _____
 Nombre del estudiante Last/Apellido First/Primer nombre M./Inicial ID#/ No. de ID

List any of your child's health problems or conditions: / Enumere cualquiera de los problemas o condiciones de salud de su hijo:

- | | <u>Date of last episode</u>
<i>Fecha del último episodio</i> | <u>Observed symptoms</u>
<i>Síntomas que se observaron</i> |
|--|---|---|
| <input type="checkbox"/> Seizures /Convulsiones _____ | _____ | _____ |
| <input type="checkbox"/> Diabetes /Diabetes _____ | _____ | _____ |
| <input type="checkbox"/> Asthma /Asma _____ | _____ | _____ |
| <input type="checkbox"/> Other health/Otra condición _____ | _____ | _____ |

Does the student take medications for health condition(s) listed? Yes/Sí No
 ¿Toma el estudiante medicamentos para la(s) condición(es) de salud enumerada(s)?

List all medications including emergency medicines below. / Enumere abajo todos los medicamentos incluyendo medicamentos de emergencia.

<u>Name of Medication</u> <i>Nombre del medicamento</i>	<u>Dosage</u> <i>Dosis</i>	<u>Time Taken</u> <i>Hora a que se toma</i>	<u>Taken at school?*</u> <i>¿Se toma en la escuela?*</i>	<u>Reason for Medication</u> <i>Razón por la cual toma el medicamento</i>
_____	_____	_____	<input type="checkbox"/> Yes/Sí <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes/Sí <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes/Sí <input type="checkbox"/> No	_____

- | <input type="checkbox"/> Allergy /Alergia | <u>Type of</u>
<i>Tipo de</i> | <u>Date of last episode</u>
<i>Fecha del último episodio</i> | <u>Observed symptoms</u>
<i>Síntomas que se observaron</i> |
|---|----------------------------------|---|---|
| Food /Comida | _____ | _____ | _____ |
| Insect /Insecto | _____ | _____ | _____ |
| Medication /Medicamento | _____ | _____ | _____ |
| Other /Otro | _____ | _____ | _____ |

* A Medication Authorization Form must be obtained from the school health room and completed before medications can be dispensed at school. / Se debe obtener un **Formulario de Autorización de Medicamento** de la clínica de la escuela y completarlo antes de que se puedan dispensar las medicinas en la escuela.

If emergency treatment is required, emergency care will be coordinated through the local emergency system (911).
 Si se requiere un tratamiento de emergencia, el tratamiento será coordinado por medio del sistema de emergencia local (911).

SECTION 3 - Authorization: I authorize designated Osceola County School District Personnel and Osceola County Health Department School Health Personnel to provide emergency care for my child and to exchange medical information as necessary to support the continuity of care of my child. If my child is covered under Medicaid insurance I consent for the Osceola County School District to bill Medicaid for applicable services. I authorize the School District of Osceola County to release and exchange my child's confidential student information to Florida State agencies, which would allow Osceola County Public Schools to receive Medicaid funding for services it provides my child while at school. I understand that my child will continue to receive applicable services whether or not I give consent. By my signature below, I acknowledge the above and the Physician(s) named above is authorized to provide the information requested to the appropriate representative by: (1) hand delivery to the representative, (2) regular delivery via US Postal Service, (3) faxing the information directly to the representative. I understand that these records will not be released to any other agency without prior approval of the Parent/Guardian.

Sección 3 - Autorización: Autorizo al Personal designado del Distrito Escolar del Condado Osceola y al Personal de Salud Escolar del Departamento de Salud del Condado Osceola a proporcionar cuidados médicos de emergencia a mi hijo y a intercambiar información médica a medida que sea necesario para apoyar la continuidad del cuidado de mi hijo. Si mi hijo tiene cobertura bajo el seguro de Medicaid, doy mi consentimiento para que el Distrito Escolar del Condado Osceola le facture a Medicaid por servicios aplicables. Autorizo al Distrito Escolar del Condado Osceola a divulgar e intercambiar la información estudiantil confidencial de mi hijo con las agencias del Estado de Florida, lo cual permitiría que las Escuelas Públicas del Condado Osceola puedan recibir fondos de Medicaid por los servicios que le proporcione a mi hijo cuando esté en la escuela. Entiendo que mi hijo continuará recibiendo los servicios aplicables, con o sin mi consentimiento. Con mi firma abajo, reconozco lo anterior, y el(los) Médico(s) arriba mencionado(s) está(n) autorizado(s) para proporcionar la información que requiera el representante apropiado al: (1) entregar personalmente al representante, (2) enviar de forma regular por el Servicio Postal de E.E.U.U., (3) enviar por fax la información directamente al representante. Entiendo que estos archivos o información no serán divulgados a ninguna otra agencia sin la aprobación previa del Padre/Tutor.

Parent/Guardian Signature: _____ **Date** _____
Firma del Padre/Tutor **Fecha**

FOR RN USE ONLY / Sólo para uso del enfermero:
 Care Plan: Yes No Update Nurse Signature _____ Date _____



The School District of OSCEOLA COUNTY, Florida

2020-2021 Student/Family Domicile Questionnaire

The answers to this residency questionnaire help in determining eligibility of services that may be received through the federal McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431).

For more information contact the FIT office: 407-870-4983.

www.osceolaschools.net/departments/special_programs_department/families_in_transition

Student's Name: _____ Student ID#: _____ School: _____

Date of Birth: _____ Grade: _____ Gender: Male Female Date: _____

1. Do you rent a room in a hotel or live in a space within a house, condo, apartment, or other type of residence?

YES NO If you answered YES - skip question #2 and complete remainder of this form.

2. Do you currently rent with a lease, own your home, condo, apartment, or other permanent residence?

YES NO If you answered YES - do not complete this form. If you answered NO - complete remainder of this form.

Has the student, parent, or another person in the home obtained or sought work in the processing of fruits/vegetables, dairy products, livestock, poultry, plant nurseries, greenhouses, forestry or fishing within the past 3 years? YES NO

Where are you and your family currently living?

- In an emergency or transitional shelter (A)
- Doubled up temporarily with another family member or friend (B)
- In a vehicle, trailer park, or campground, abandoned building, substandard housing, or moving place to place (D)
- In a motel/hotel (E): _____
- Other (explain): _____

Person responsible for student(s): _____

Relationship:

- Both Parents
- Single Mother
- Single Father
- Grandmother/father
- Aunt/Uncle
- Legal Guardian
- Other

Family size: _____

- Student is living with an adult that is not parent or legal guardian (Unaccompanied Youth - U)
- Student is living alone without an adult (Unaccompanied Youth - U)

Cause of temporary living situation:

- Hurricane (H): _____
- Man-made Major Disaster (D)
- Earthquake (E)
- Flooding (F)
- Foreclosure (M)
- Pandemic (P)
- Tropical Storm (S)
- Tornado (T)
- Fire/Wildfire (W)
- Other (N): _____

Student information (List all students, including pre-school children, living in the same house)

Student Name	Student ID#	M/F	Age	Grade	School

Current Address: _____ City: _____ Zip Code: _____

Phone Number: _____ Email: _____

Florida Statutes 837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty, shall be guilty of a misdemeanor of the second degree. I understand that the student listed above may be eligible for services based on McKinney-Vento Act. Additional protective rights and services may be available to qualified student. These rights include immediate school enrollment, free meals, school stability, and transportation to the school of origin (if over 2 miles).

By signing this form I declare, under penalty of the laws in the State of Florida, that the foregoing information is true and correct.

Signature of Parent/Legal Guardian (OR) UHY: _____ Date: _____

School Staff instructions and distribution:

If it is determined that this student is eligible for McKinney-Vento services, by federal law, the student must be enrolled immediately, regardless of missing paperwork; the student also qualifies for free meals. Student Records Clerk must complete data entry in FOCUS/FIT Tab as soon as possible.



The School District of OSCEOLA COUNTY, Florida

2020-2021 Cuestionario del Domicilio del Estudiante/Familia

Las respuestas a este cuestionario de domicilio ayudan a determinar los servicios a los que el estudiante podría ser elegible para recibir a través de la Ley McKinney-Vento (42 U.S.C. 11431).

Para más información contacte la oficina FIT: 407-870-4983.

www.osceolaschools.net/departments/special_programs_department/families_in_transition

Nombre del Estudiante: _____ #ID del estudiante: _____ Escuela: _____

Fecha de Nacimiento: _____ Grado: _____ Sexo: Masculino Femenino Fecha: _____

1. ¿Alquila una habitación en un hotel o vive en un espacio dentro de una casa, condominio, apartamento u otro tipo de residencia? SI NO Si respondió SI - ignore la pregunta #2 y complete el formulario.

2. ¿Actualmente alquila con un contrato, o posee una casa, condominio, apartamento u otra residencia permanente?

SI NO Si respondió SI - no complete el formulario. Si respondió NO - complete el formulario.

¿Ha obtenido o buscado el estudiante, el padre u otra persona en el hogar trabajo en el procesamiento de frutas/verduras, productos lácteos, ganado, aves de corral, viveros de plantas, invernaderos, silvicultura o pesca en los últimos 3 años? SI NO

¿Dónde vive usted y su familia actualmente?

- En un refugio de emergencia o transitorio (A)
- Conviviendo temporalmente con otro familiar o amigo (B)
- En un vehículo, parque de casas rodantes o campamento, edificio abandonado, vivienda de calidad inferior o mudándose de un lugar a otro (D)
- En un motel/hotel (E): _____
- Otro (explique): _____

Persona responsable del estudiante (s): _____

Relación:

- Ambos Padres
- Madre Soltera
- Padre Soltero
- Abuela/Abuelo
- Tía/Tío
- Encargado Legal
- Otro

Tamaño Familiar: _____

- El estudiante está viviendo con un adulto que **no** es el padre o encargado legal (Unaccompanied Youth – U)
- El estudiante vive solo sin un adulto (Unaccompanied Youth – U)

Causa para la vivienda temporera:

- Huracán (H): _____
- Catástrofe provocada por el hombre (D)
- Temblor (E)
- Inundación (F)
- Vivienda Reposeída (M)
- Pandemia (P)
- Tormenta Tropical (S)
- Tornado (T)
- Incendio o Incendio Forestal (W)
- Otro (N): _____

Información del Estudiante (Enumere a todos los estudiantes, incluyendo a los niños de edad preescolar, que viven en el mismo hogar)

Nombre del Estudiante	#ID del estudiante	M/F	Edad	Grado	Escuela

Dirección Actual: _____ Ciudad: _____ Código Postal: _____

Teléfono: _____ Correo Electrónico (email): _____

El Estatuto de Florida 837.06 estipula que cualquiera que escriba una declaración falsa a sabiendas con la intención de engañar a un servidor público durante el desempeño de sus deberes oficiales, será culpable de un delito menor en segundo grado.

Entiendo que el estudiante mencionado arriba puede ser elegible para los servicios basados en la Ley de McKinney-Vento. Servicios y derechos adicionales podrían estar disponibles para el estudiante que cualifique. Estos derechos incluyen la matrícula inmediata a la escuela, alimentos gratis, estabilidad escolar, y transportación a la escuela de origen (si es a más de 2 millas). Al firmar este formulario declaro, so pena de perjurio en conformidad con las leyes del Estado de Florida, que la información proporcionada arriba es cierta y correcta.

Firma del Padre o Encargado (O) UHY: _____ Fecha: _____

School Staff instructions and distribution:

If it is determined that this student is eligible for McKinney-Vento services, by federal law, the student must be enrolled immediately, regardless of missing paperwork; the student also qualifies for free meals. Student Records Clerk must complete data entry in FOCUS/FIT Tab as soon as possible.

THIS SCHOOL IS PARTICIPATING IN THE
CEP MEAL PROGRAM AND
WILL BE OFFERING ALL MEALS TO ALL
STUDENTS AT NO COST
FOR THE 2020-2021 SCHOOL YEAR

**PLEASE DO NOT FILL OUT A FREE AND
REDUCED MEAL APPLICATION*****

*** Free/Reduced meal applications will not be accepted
or processed for students attending a CEP school.

ESTA ESCUELA ESTÁ PARTICIPANDO EN
EL PROGRAMA DE COMIDAS *CEP* Y
ESTARÁ OFRECIENDO TODAS LAS
COMIDAS A TODOS LOS ESTUDIANTES
SIN COSTO ALGUNO PARA EL AÑO
ESCOLAR 2020-2021

**POR FAVOR, NO COMPLETE LA
SOLICITUD DE COMIDAS GRATIS O A
PRECIO REDUCIDO*****

*** Las solicitudes de comidas gratis o a precio reducido de los estudiantes que asisten a escuelas participantes del programa *CEP* no serán aceptadas o procesadas.

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

STUDENT INTERNET AND NETWORK USE PROCEDURES

The School District of Osceola County offers Internet and network access for students. This document contains the procedures for implementing the *Network Acceptable Use Policy as applicable to students*, as amended by the School Board 08/15/17. The Network Acceptable Use Policy is available at www.osceolaschools.net.

Educational Purpose

Access to the Internet has been established for a limited educational purpose and shall be consistent with the District's curriculum and Florida Standards. The term "educational purpose" includes academic activities and career development. Access has not been established as a public service or a public forum.

The School District of Osceola County has the right to place reasonable restrictions on the material accessed or posted through the system. Students are expected to follow the rules set forth in the *Code of Student Conduct*, the *Network Acceptable Use Policy*, and the law in their use of the Internet and network resources.

Students may not use the Internet for commercial purposes. Students may not offer, provide, or purchase products or services through the Internet using any district resources.

Student Internet Access and Digital Communication

All Osceola County students will be provided an account in Microsoft Office 365. This account will provide students with access to online email, office programs, online document editing capabilities, Minecraft, collaborative spaces, document and video sharing, and cloud storage. These resources will be managed by the district and used for instructional and educational purposes only. The district, as required by the Children's Internet Protection Act (CIPA), will permit only specific authorized access to these resources.

All students will have access to filtered Internet information resources through the classroom, media center, mobile computer labs or computer lab while on the District network.

If approved by administrators, students may contribute to a school web page. All content must be pre-approved by the appropriate staff.

Guest Network

The District defines a device as a personally owned laptop, tablet, netbook, e-Reader, iPod or iPad, or cell/smart phone. Students may now bring their own devices to their school to be used for educational purposes only. It is the student's responsibility to comply with Osceola County School District policies in accordance with the Student Internet and Network Use Procedures, Network Acceptable Use Policy, and Code of Student Conduct while utilizing a personal device on school grounds or in any building owned or operated by the School Board.

The student is fully responsible, at all times, for the personally owned device(s) brought to school. The School District is not liable for any loss/damage/theft of a personally owned device. A student bringing a device to school must use the guest wireless network. Students are not authorized to connect personally owned devices to the WIRED network. The student is responsible for the condition of the device brought to school, including updates, antivirus software, and repair. The student may only use personally owned devices for educational

purposes during school hours in classrooms/designated areas in which teachers have agreed to participate. Outside these classrooms/designated areas, all electronic devices should be turned off and not be visible. No device, personal or otherwise, may be used to record, store, or transmit any type of image, sound, or video from any classroom/designated area, except for approved projects with the express permission of the classroom teacher. If reasonable belief exists that the student has violated these procedures, or other school or district policies, the student's device may be inspected and/or confiscated. Subsequent or additional disciplinary action involving misuse of technology may extend to loss of technology privileges or further action as defined in the Code of Student Conduct. Students are not to share passwords or devices with other students.

Personal Safety

Students should promptly disclose to any teacher or administrator any messages received that are inappropriate or make them feel uncomfortable. Students will not post personal contact information about themselves or other people. Personal contact information includes: Student's full name (First and Last), address, telephone numbers, school address, work address, etc. This information may not be provided to an individual, organization, or company, including web sites that solicit personal information.

Illegal Activities

Students shall not attempt to gain unauthorized access to the School District of Osceola County network or to any other computer system through the Internet or go beyond authorized access. This includes attempting to log in through another person's account or access another person's files. These actions are illegal. Students are not to make deliberate attempts to disrupt the computer system or destroy data by spreading computer viruses or by any other means. These actions are illegal [F.S. 815 Computer-Related Crimes].

Students shall not use the School District network to engage in any illegal act, which includes, but is not limited to, arranging for a drug sale or the purchase of alcohol, engaging in criminal gang activity, threatening the safety of persons, or violating any provision of the *Code of Student Conduct*.

System Security

Students are responsible for individual network access and must take all reasonable precautions to prevent access by others. Under no conditions should a student provide passwords to another person. Students will immediately notify a teacher or administrator if a possible security problem has been identified. Any attempt by a student to look or scan for security problems will be construed as an illegal attempt to gain access to network resources.

Under no circumstances are students permitted to use any device to gain unauthorized access to student grades or other private student records.

Students will not install unauthorized software on computers or on file servers. Students will not use any equipment or software to bypass, destruct, modify, "hack", or abuse the School District of Osceola County network system or disrupt the network activities of others. Any student identified as a security risk or having a history of problems with computer and/or network access may be denied network access.

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA
STUDENT INTERNET AND NETWORK USE PROCEDURES

Inappropriate Language

Restrictions against inappropriate language apply to public messages, private messages, and any material posted online. Students will not use obscene, profane, lewd, vulgar, rude, threatening, or disrespectful language. Students will not harass another person. Harassment, as defined in the *Code of Student Conduct*, is the act of using unwelcome gestures, words, or written statements to annoy, demean, denigrate, defame, malign, or ridicule another person. Harassment can include, but is not limited to, sexual and racial harassment. If a student is told by a person to stop sending messages, he or she must stop.

Students shall not post false or defamatory information about a person or organization. Students will not post private information about another person.

Respecting Resource Limits

Students may use the system only for educational and career development activities. Students will not post chain letters or engage in "spamming". Spamming is sending an annoying or unnecessary message to a large number of people.

Plagiarism and Copyright

Students should not plagiarize works found on the Internet. Plagiarism is taking the ideas or writings of others and presenting them as your own. Students shall respect the rights of copyright owners. Copyright infringement occurs when anyone inappropriately reproduces a work that is protected by a copyright. Students should contact the school's media specialist with any copyright or plagiarism questions.

Inappropriate Access

In accordance with the Children's Internet Protection Act (CIPA), all School District web access is filtered; however, this does not preclude the possibility that inappropriate sites are not blocked. Students shall not use the School District network to access material that is profane or obscene (pornography), advocates illegal acts, or advocates violence or discrimination towards other people (hate literature). Students shall immediately notify a teacher or administrator if inappropriate information is mistakenly accessed. This will protect students against a claim of intentional violation of this policy.

Student Rights

Student rights to free speech, as set forth in the *Code of Student Conduct*, also apply to communication on the Internet. The School District network is considered a limited forum similar to a school newspaper, and therefore administrators may restrict speech for valid educational reasons. However, speech will not be restricted on the basis of a disagreement with the opinions a student expresses.

Enforcement

Routine maintenance and monitoring of the District's network systems may reveal a student has violated the District's Student Code of Conduct, Network Acceptable Use Policy, or state or federal laws. The District will cooperate fully with local, state, or federal officials in any investigation related to any illegal activities conducted on the District's network.

An investigation will be conducted if there is reasonable suspicion that a student has violated these procedures. The investigation will be reasonable and related to the suspected violation.

Due Process

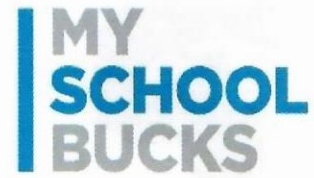
School administrators will cooperate fully with local, state, or federal officials in any investigation related to any illegal activities conducted during the use of the District's network. If the violation also involves a violation of the *Code of Student Conduct*, it will be handled in a manner described in that document.

Limitation of Liability

The School District of Osceola County makes no guarantee that the function or the services provided by or through the District's network will be error-free or without defect. The District will not be responsible for any damage suffered, including but not limited to, loss of data or interruptions of service. Students are responsible for making a backup copy of crucial files. The District is not responsible for the accuracy or quality of the information obtained through or stored on the network. The District will not be responsible for financial obligations arising through the unauthorized use of the network as the result of intentional misuse.

NOTE to parent/guardian regarding requests to exempt student from Internet access:

According to the District's *Network Acceptable Use policy (XI)* a parent/guardian **must** notify the principal, in writing, within **ten (10) calendar days** after receiving the *Student Internet and Network Use Procedures*, if they do not wish their child to access the Internet or use the guest network. The request for exemption shall expire at the end of each school year and must be submitted annually. This exemption does not apply to any required computer-based assessments. The parent/guardian understands that such requests will serve to exclude their child from accessing valuable educational resources via the Internet.



Skip the cash!

Due to COVID-19 and to help ensure the health and safety of all our students and staff, we ask that parents please utilize MySchoolBucks to pay for things like fundraising activities, parking spaces, class shirts and many more items. This will help minimize the amount of cash/check deposits that need to be handled throughout the day protecting your students and our staff.

Create your free MySchoolBucks account to conveniently and securely add money to your student's meal account online or with the mobile app.

Get Started Today:

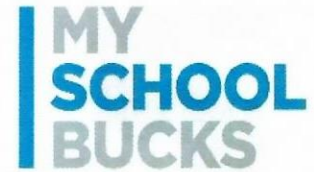
1. Go to Myschoolbucks.com or download the mobile app by scanning the QR Code at the bottom and select **School District of Osceola County**
2. Create your free account and add your students using their school name / student ID
3. Add funds using your credit / debit card or electronic check

If you need assistance with your account, you can find helpful how-to videos and answers to commonly asked questions by visiting myschoolbucks.com. Or, you can contact MySchoolBucks directly by logging into your account to start a chat conversation or give them a call at (855) 832-5226.

Thank you for your cooperation in this matter,

Poinciana High School





¡Olvídate del dinero en efectivo!

Debido a COVID-19 y para ayudar a garantizar la salud y seguridad de todos nuestros estudiantes y personal, pedimos que los padres por favor utilicen MySchoolBucks para pagar cosas como actividades de recaudación de fondos, espacios de estacionamiento, camisas de clase y muchos más artículos. Esto ayudará a minimizar la cantidad de depósitos en efectivo/cheques que deben ser manejados durante todo el día protegiendo a sus estudiantes y nuestro personal.

Cree su cuenta gratuita de MySchoolBucks para agregar dinero de forma cómoda y segura a la cuenta de comidas de su estudiante en línea o con la aplicación móvil.

Comience hoy mismo:

1. Vaya a Myschoolbucks.com o descargue la aplicación móvil escaneando el Código QR en la parte inferior y seleccione El Distrito Escolar del Condado de Osceola.
2. Crea tu cuenta gratuita y añade a tus alumnos usando su nombre de escuela / identificación del estudiante.p
3. Agregue fondos usando su tarjeta de crédito / débito o cheque electrónico.

Gracias por su cooperación en este asunto,

Poinciana High School



THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

817 Bill Beck Boulevard • Kissimmee • Florida 34744-4492
Phone: 407-870-4600 • Fax: 407-870-4010 • www.osceolaschools.net

SCHOOL BOARD MEMBERS

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407-577-5022
District 2 – Kelvin Soto – Chair
407-870-4009
District 3 – Tim Weisheyer – Vice-Chair
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Superintendent of Schools
Dr. Debra P. Pace

INSURANCE COVERAGE AS A PASSENGER ON A SCHOOL BUS

Dear Parent or Guardian:

Effective October 1, 1997 the Florida Legislature made school buses subject to statute 627.73 “Florida Motor Vehicle No-Fault Law”. This law requires the District to coordinate benefits with your personal automobile insurance.

If your student is a passenger on a School Bus that is involved in an accident and requires medical attention following the accident, the accident should immediately be reported to your automobile insurance agent and/or automobile insurance company. Medical bills must first be submitted to your auto carrier. Your “no-fault” insurance covers (80%) of medical and related expenses under this mandatory insurance and should pay any medical expenses incurred first.

The Osceola School Board provides medical payment insurance with limits of \$5,000 and will pay the twenty percent (20%) medical expense bills not covered by your “no-fault” insurance.

In an effort to assist you with this process, please feel free to forward information to:

The School District of Osceola County
Risk & Benefits Management
831 Simpson Road, Suite 100
Kissimmee, FL34744

1) the explanation of benefits showing amounts paid by your automobile insurance, and 2) the bills you have received from the hospital with unpaid balances. (If you do not own an automobile and therefore do not have automobile insurance, please let us know.) We will work with your insurance company and our insurance administrator to get these bills paid for you in a timely manner.

We hope that this notice will help you understand the procedures that you should follow and we look forward to assisting you in any way that we can.

Risk & Benefits Management

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COBERTURA DE SEGURO COMO PASAJERO EN UN AUTOBÚS ESCOLAR

Estimado Padre o Tutor:

Efectivo el 1ro de octubre de 1997, la Legislatura de Florida decidió que los autobuses escolares estén sujetos al Estatuto 627.73 “*Florida Motor Vehicle No-Fault Law*” (Ley de No Responsabilidad para Vehículos de Motor de Florida). Esta ley requiere que el Distrito coordine los beneficios con su seguro personal de automóvil.

Si su hijo es un pasajero en un autobús escolar involucrado en un accidente y requiere atención médica después del accidente, el accidente debe ser reportado inmediatamente al agente y/o compañía de su seguro de automóvil. La factura médica debe ser sometida primero a su seguro de automóvil. Su seguro de “no responsabilidad” cubre el ochenta por ciento (80%) de los gastos médicos y gastos relacionados bajo este seguro obligatorio y debe pagar primero por cualquier gasto médico incurrido.

El Distrito Escolar de Osceola provee seguro para el pago médico con un límite de \$5,000 y pagará el veinte por ciento (20%) de las facturas por gastos médicos que no estén cubiertos por su seguro de “no responsabilidad”.

Para poder ayudarle con este proceso, favor de sentirse en la libertad de enviar la siguiente información a:

The School District of Osceola County
Risk & Benefits Management
831 Simpson Road, Suite 100
Kissimmee, FL 34744

- 1) explicación de los beneficios mostrando las cantidades pagadas por su seguro de automóvil, y
- 2) las facturas que usted ha recibido del hospital con los balances que no han sido pagados. (Si usted no es dueño de un automóvil y por tal motivo no tiene seguro de automóvil, favor de comunicárnoslo.) Nosotros trabajaremos con su compañía de seguro y nuestro administrador de seguro para que estas facturas sean pagadas por usted lo más pronto posible.

Esperamos que este aviso le ayude a comprender los procedimientos que usted debe seguir y esperamos poder ayudarlo de cualquier forma que podamos.

Departamento *Risk & Benefits Management*

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

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Superintendent of Schools
Dr. Debra P. Pace

STUDENT ACCIDENT INFORMATION NOTICE:

Please carefully read this NOTICE and review the STUDENT ACCIDENT INSURANCE POLICY APPLICATION from Reliance Standard Insurance that your student brought home with this Student Handbook.

THIS IS REQUIRED BY THE SCHOOL DISTRICT - NOT THE INSURANCE COMPANY

Accidents, which occur while your child is going to or from school or while he/she is at school usually, are not the responsibility of the School District. For this reason parents/guardians should have insurance to assist in the expenses of medical care.

The “Student Accident Insurance” made available will not necessarily pay all possible expenses that may be incurred, but could help greatly, even if you have other insurance on your child/children. The cost of the “at-school” coverage (which includes traveling to and from school as well as any school sponsored and supervised activity) is only \$7.00 for Grades K-12 for the entire school year. Other options for broader coverage on a “24-hour” basis are available for increased premiums. (This program does not cover students participating in High School Athletics the District provides a separate policy for them.)

Because of tremendous increases in the cost of medical care and the number of people without insurance - of any kind - it is necessary for us to request that you, as parent/guardian, acknowledge the receipt of the “Student Accident Insurance” brochure. We will retain the signature page from this Handbook as evidence that you have reviewed this notice and accompanying “Student Accident Insurance” brochure - the coverage, the premium cost and you have decided whether or not you need to purchase this inexpensive protection for your child/children.

Thank you for your attention to this important matter!

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INFORMACIÓN SOBRE ACCIDENTE DEL ESTUDIANTE AVISO:

Favor de leer cuidadosamente este AVISO y revisar la SOLICITUD DE LA PÓLIZA DE SEGURO POR ACCIDENTE PARA ESTUDIANTE de *Reliance Standard Insurance* que su hijo llevó al hogar con este Manual del Estudiante.

ESTO ES UN REQUISITO DEL DISTRITO ESCOLAR- NO DE LA COMPAÑÍA DE SEGURO

Los **accidentes** que ocurren mientras su hijo va de camino desde y hasta la escuela o mientras él/ella está en la escuela, usualmente, no son responsabilidad del Distrito Escolar. Por tal razón, los padres/tutores deben tener un seguro que ayude con los gastos médicos.

El “Seguro de Accidente para Estudiantes” (*Student Accident Insurance*) disponible no necesariamente pagará todos los posibles gastos que puedan ser incurridos, pero podría ayudar grandemente, aún si usted tiene otro seguro para su(s) hijo(s). El costo de la cobertura “mientras está en la escuela” (la cual incluye viajar desde y hasta la escuela, al igual que cualquier actividad patrocinada y supervisada por la escuela) es tan solo de \$7.00 desde el jardín de infantes hasta 12mo grado por el año escolar entero. Por unas primas más altas, hay otras opciones disponibles para una cobertura más amplia basadas en “24 horas”. (Este programa no cubre a estudiantes que participan en deportes de escuela superior en donde el Distrito provee una póliza separada para ellos.)

Debido a los tremendos aumentos en el costo de servicios médicos y el número de personas sin seguro – de cualquier clase – es necesario que le solicitemos que usted como padre/tutor, confirme haber recibido el folleto de Seguro de Accidente para Estudiantes. Mantendremos la página de este Manual que contiene su firma como evidencia de que usted ha revisado este aviso y el Folleto de “Seguro de Accidente para Estudiantes” – la cobertura, el costo de la prima y que ha decidido si necesita o no comprar esta protección a bajo costo para su(s) hijo(s).

¡Gracias por su atención a este asunto tan importante!



All K-12 students in Osceola County

Dress for Success

according to the district-wide dress code policy:

Shirts:

PHS Polo Colors: Navy Blue, White, Red, Gray, & Black

Shirts can be long or short-sleeved navy blue or white collared, such as a polo, oxford, or dress shirt. Each school may also include one or two additional specified colors. A small logo is acceptable, but colored trim, stripes, or decorations are not allowed. School-sponsored shirts from the current school may be worn on Fridays or other select days as approved by the Principal.

Bottoms:

Bottoms must be navy blue, black, or khaki/tan long pants, skirts, walking shorts, slacks, skorts, jumpers, and similar clothing, and must be denim, corduroy, or twill fabric. A small logo is acceptable, but colored trim, stripes, or decorations are not allowed. The waistband must be worn at the waist, and undergarments must not be visible. Bottoms must extend to mid-thigh.



Here's
What To
Wear!

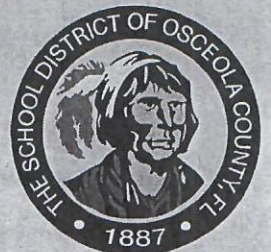
Shoes:

Elementary and middle school students must wear closed toe and heel shoes appropriate to the student's class schedule. High school students may wear sandals provided they don't interfere with the safety and welfare of the student.

Outer Garments:

NEW: No outer garments without zippers or buttons may be worn on school property unless the outer garment is a school-sponsored item. Inside the classrooms, outer garments must be removed, completely unzipped, or left open for the school uniform to be visible. Hoods must be removed from the head while on school property. School-sponsored sweatshirts from the current school may be worn over the approved school uniform.

School administrators have final authority to decide if clothing complies with district rules. The entire uniform dress code policy can be found at www.osceolaschools.net



Todos los estudiantes de kindergarten a 12mo grado del condado Osceola

visten como triunfadores

siguiendo la política del código de vestimenta del distrito:



Camisas: Colores de camisas para PHS: Azul Marino, Blanco, Roja, Gris, y Negro

Las camisas pueden ser de manga larga o corta de color azul marino o blanco y con cuello, como una polo, Oxford o camisa de vestir. Cada escuela puede incluir uno o dos colores específicos adicionales. Un pequeño logotipo es aceptable; sin embargo, no se permiten ribetes de color, rayas o decoraciones. Las camisas auspiciadas por la escuela actual se pueden usar los viernes u otros días según lo aprobado por el director.

Pantalones:

Los pantalones deben ser de color azul marino, negro o kaki, pantalones largos, faldas, pantalones cortos para caminar, falda pantalón, jumpers y ropa similar la cual debe ser de mezclilla (Mahón), pana o tela cruzada. Un pequeño logotipo es aceptable; sin embargo, no se permiten ribetes de color, rayas o decoraciones. Los pantalones deben ser usados y ajustados a nivel de la cintura y la ropa interior no deb estar visible. El ruedo debe extenderse hasta la mitad del muslo.



¡Aquí está cómo debe vestir!

Zapatos:

Los estudiantes de escuela elemental e intermedia deben llevar zapatos cerrados apropiados para el itinerario de clases del estudiante. Los estudiantes de escuela superior pueden llevar sandalias siempre y cuando no interfieran con la seguridad y el bienestar del estudiante.

Prendas exteriores de vestir:

NUEVO: En las instalaciones escolares, no se permite el uso de prendas exteriores de vestir sin cremalleras o botones a menos que la prenda exterior sea un artículo patrocinado por la escuela.

Dentro del salón de clases, las prendas exteriores deben quitarse, usarse con la cremallera completamente abierta o dejarse abiertas para que el uniforme esté visible. Las capuchas se deben quitar de la cabeza mientras estén en las instalaciones escolares. Las sudaderas patrocinadas por la escuela actual se pueden llevar sobre el uniforme escolar aprobado.

Los administradores de la escuela tienen la autoridad final para decidir si la vestimenta cumple con las reglas del distrito. Puede encontrar la política completa del código de vestimenta en www.osceolaschools.net



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Superintendent of Schools
Dr. Debra P. Pace

Dear Parent/Guardian,

The purpose of this letter is to explain how to help qualify your student for free fee test taking benefits. Each year, high school students enrolled in the School District of Osceola County participate in a variety of college readiness and career-oriented programs and exams to help pave their path to success. Some of these programs include the following:

- Advanced Placement Courses and Exams
- Preliminary SAT (PSAT)
- Scholastic Assessment Test (SAT)
- American College Testing (ACT)

As your student progresses through their high school career, these programs require more and more fees such as test taking fees, score report fees and college admission fees. To help offset the cost of these fees, your student may qualify for fee reduction and/or fee waivers for these programs. To qualify for fee reduction and/or fee waiver benefits, students must show economic need by meeting one of the following criteria.

- Their family's annual income falls within the Income Eligibility Guidelines set by the United States Department of Agriculture (USDA) Food and Nutrition Service.
- They're enrolled in a federal, state, or local program that aids students from low-income families (e.g., TRIO programs such as Upward Bound).
- Their family receives public assistance.
- They're homeless or live in federally subsidized public housing or a foster home.
- They're a ward of the state or an orphan.

If you feel your student may qualify for these benefits, please complete the form on the back of this letter and return to their school.

If you have any questions about these programs or the Alternate Income Verification form, please contact your student's high school.

The School District of Osceola County

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

ALTERNATE INCOME VERIFICATION FORM

Please list all students in your household who attend school, list the grade they entered/or will enter on their first day, and their school. Attach an additional sheet if entering more than six students.

Date of Birth	First Name	Last Name	Student ID	Grade	School

Address: _____ City _____ State _____ Zip _____

Circle your household size below, and then answer the following questions:

Household Size (Circle One)	Estimated Annual Income (As Reported to IRS)	Monthly Income	If Paid Two Times A Month per mo.	If Paid Every Two Weeks	Weekly Income
-1-	23,606	1,968	984	908	454
-2-	31,894	2,658	1,329	1,227	614
-3-	40,182	3,349	1,675	1,546	773
-4-	48,470	4,040	2,020	1,865	933
-5-	56,758	4,730	2,365	2,183	1,092
-6-	65,046	5,421	2,711	2,502	1,251
-7-	73,334	6,112	3,056	2,821	1,411
-8-	81,622	6,802	3,401	3,140	1,570
For each additional family member add	8,288	691	346	319	160

- [A] Is your income equal to, or less than, any of the amounts listed next to the number you circled? Y N
- [B] Is your family participating in the Supplemental Nutrition Assistance Program (SNAP) - Oregon Trail Card? Y N
- [C] Is your family participating in Temporary Aid to Needy Families (TANF)? Y N
- [D] Is your family receiving Food Distribution Program on Indian Reservations (FDPIR)? Y N
- [E] Do your students receive migrant, homeless, or runaway education services? Y N

Certification: I certify that the above information is, to the best of my knowledge, true and complete.

Parent Name: _____ Phone Number: _____

Parent Signature: _____ Date: _____

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Estimado Padre / Tutor,

El propósito de esta carta es explicar cómo ayudar a calificar a su estudiante para recibir los beneficios de tarifa gratuita para exámenes. Cada año, los estudiantes de escuela superior inscritos en el Distrito Escolar del Condado Osceola participan en una variedad de programas y exámenes de preparación universitaria y orientados a carreras profesionales para ayudarles a preparar su camino hacia el éxito. Algunos de estos programas incluyen los siguientes:

- Cursos y exámenes avanzados (*Advanced Placement*)
- *Preliminary SAT (PSAT)*
- *Scholastic Assessment Test (SAT)*
- *American College Testing (ACT)*

A medida que su estudiante progresa a través de su carrera en la escuela superior, estos programas requieren cada vez más tarifas, tales como tarifas de exámenes, tarifas de informes de puntajes y tarifas de admisión universitaria. Para ayudar a compensar el costo de estas tarifas, su estudiante puede calificar para la reducción de tarifas y / o exenciones de tarifas para estos programas.

Para calificar para la reducción de tarifas y / o beneficios de exención de tarifas, los estudiantes deben mostrar necesidad económica al cumplir con uno de los siguientes criterios.

- El ingreso anual de su familia se encuentra dentro de las pautas de elegibilidad de ingresos establecidas por el Servicio de Alimentos y Nutrición del Departamento de Agricultura de los Estados Unidos (*USDA*).
- Están inscritos en un programa federal, estatal o local que ayuda a estudiantes de familias de bajos ingresos (por ejemplo, programas TRIO como Upward Bound).
- Su familia recibe asistencia pública.
- No tienen hogar o viven en viviendas públicas subsidiadas por el gobierno federal o en un hogar de acogida.
- El estudiante está bajo la tutela del estado o es huérfano.

Si cree que su estudiante puede calificar para estos beneficios, complete el formulario al dorso de esta carta y devuélvalo a su escuela.

Si tiene alguna pregunta sobre estos programas o el formulario de Verificación de Ingresos Alternativos, comuníquese con la escuela superior de su hijo.

Distrito Escolar del Condado Osceola

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

FORMULARIO DE VERIFICACIÓN DE INGRESO ALTERNO

Favor de anotar a todos los estudiantes de su hogar que asisten a la escuela, escriba el grado en el que entraron/ o que van a entrar el primer día y su escuela. Adjunte una hoja adicional si va a anotar más de seis estudiantes.

Fecha de nacimiento	Nombre	Apellido	ID del Estudiante	Grado	Campus

Dirección: _____ Ciudad _____ Estado _____ Código Postal _____

Circule el tamaño de su hogar a continuación y luego conteste las siguientes preguntas:

Tamaño del Hogar (Circule uno)	Ingreso Anual Estimado (Como reportado a la agencia IRS)	Ingreso Mensual	Si recibe su pago dos veces al mes	Si recibe su pago cada dos semanas	Ingreso Semanal
-1-	23,606	1,968	984	908	454
-2-	31,894	2,658	1,329	1,227	614
-3-	40,182	3,349	1,675	1,546	773
-4-	48,470	4,040	2,020	1,865	933
-5-	56,758	4,730	2,365	2,183	1,092
-6-	65,046	5,421	2,711	2,502	1,251
-7-	73,334	6,112	3,056	2,821	1,411
-8-	81,622	6,802	3,401	3,140	1,570
Por cada miembro adicional de la familia añadida	8,288	691	346	319	160

- [A] ¿Es su ingreso igual o menor que alguna de las cantidades que aparecen al lado del número que usted circuló? Si No
- [B] ¿Está su familia participando en el Supplemental Nutrition Assistance Program (SNAP) - Oregon Trail Card? Si No
- [C] ¿Está su familia participando en el Programa de Asistencia Temporal para Familias Necesitadas (TANF)? Si No
- [D] ¿Está su familia recibiendo servicios del Programa de Distribución de Alimentos en Reservas Indígenas (FDPIR)? Si No
- [E] ¿Reciben sus hijos servicios educativos para estudiantes migrantes, sin hogar o que han abandonado su hogar? Si No

Certificación: Certifico que la información anterior es, según mi conocimiento, cierta y completa.

Nombre del Padre: _____ Número de Teléfono: _____

Firma del Padre: _____ Fecha: _____