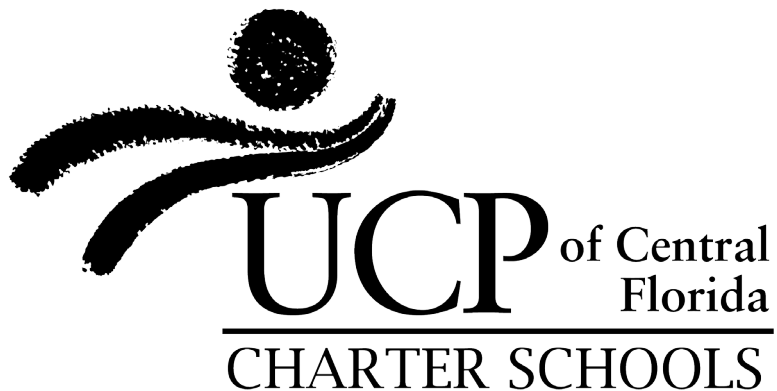


# UCP of Central Florida

Back to School  
Student Packet





# Stay Informed & Connected

Parents/ Guardians:

We want to keep all parents and caregivers of our UCP students informed on all school happenings and there are many ways to do so. We send out monthly e-newsletters, Miracles in Action, and an abundant amount of school information is posted on our social media channels - Facebook, Twitter and Instagram. If you are interested in receiving the e-newsletter, please sign up via our homepage ([www.ucpcf.org](http://www.ucpcf.org)) to subscribe.

Please take a minute to "Like" our Facebook page (UCP of Central Florida), "Follow" our Twitter handle (UCPofCFL) and our Instagram account (ucpofcentralflorida).

In addition to our social media platforms, our UCP website will host a plethora of information about all of our campuses, programs/services and resources.

Thanks and have a great year!

*UCP of Central Florida*

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## Important UCP Campus Phone Extensions

To reach any of the extensions below, please first dial the main UCP phone number (407) 852-3300, then the extension listed

### **East Orange/ Bailes Campus**

Front Desk -- ext. 1000  
Family Services Coordinator (Referrals) -- ext. 1004  
Education Program Manager -- ext. 1012  
School Administrator -- ext. 1003  
Assistant School Administrator -- ext. 1010  
Therapy Program Manager (Therapy) -- ext. 1402

### **Downtown/ BETA Campus**

Front Desk -- ext. 7313  
Family Services Case Manager (Referrals) -- ext. 7368  
School Administrator -- ext. 7367  
Assistant School Administrator -- ext. 7353  
Therapy Program Manager (Therapy) -- ext. 7322

### **Lake Mary/ Seminole Campus**

Front Desk -- ext. 2000  
Family Services Case Manager (Referrals) -- ext. 2004  
School Administrator -- ext. 2002  
Therapy Program Manager (Therapy) -- ext. 2001

### **Kissimmee/ Osceola Campus**

Front Desk -- ext. 6000  
Family Services Case Manager (Referrals) -- ext. 6013  
School Administrator -- ext. 6003  
Therapy Program Manager (Therapy) -- ext. 6008

### **West Orange/ Winter Garden Campus**

Front Desk -- ext. 5000  
Family Services Case Manager (Referrals) -- ext. 5002  
School Administrator -- ext. 5005  
Therapy Program Manager (Therapy) -- ext. 5001

### **Pine Hills Campus**

Front Desk -- ext. 4000  
Family Services Case Manager (Referrals) -- ext. 4005  
School Administrator -- ext. 4001  
Therapy Program Manager (Therapy) -- ext. 4002

### **Transitional Learning Academy**

Front Desk -- ext. 8323  
School Office Manager (Referrals) -- ext. 8392  
School Administrator -- ext. 8326  
Therapy Program Manager (Therapy) -- ext. 3317



# A Note from the Nurse

Dear Parent/Guardian:

Due to the requirements placed on the schools by Florida Statutes Chapter 232.22(2), the following policy regarding medications dispensed at UCP of Central Florida must be enforced.

Periodically, parents/ guardians and physicians request that the student take medications during school hours. Parents/ guardians are encouraged to develop a schedule so that the necessity for taking medications at school will be minimized or eliminated.

All medications shall be delivered to the classroom with the following information on the pharmacy container for prescription medications and in the factory sealed container for non-prescription medication:

1. Name and purpose of medication
2. Time the medication is to be given
3. Specific instructions on the administration of the medication
4. Physician name and phone number
5. Pharmacy name and phone number

Approximate duration of medication (i.e. end of school year, 10 days, etc.) and possible side effects are to be listed on the Medication Authorization Form.

Parents/guardians **must** bring all medications in the most current labeled container. Parents/guardians will be required to fill out a Medication Authorization Form before medication can be dispensed. **Notes from home will not be accepted as authorization for dispensing medication.** This applies to all prescription as well as non-prescription medication.

**If there is no Medication Authorization Form, the medication will not be dispensed and the parent/guardian will be contacted.** For safety and security reasons, medications must be transported to and from school by the parent/guardian. **Do not send medications to school with the child or siblings.**

Your cooperation in following this policy is greatly appreciated. We hope you recognize and appreciate the necessity of such a policy in order to ensure the health and safety of our children.

Thank you,

Janice Harlan, RN  
School Nurse Coordinator  
UCP of Central Florida

## General Rules:

- Licensed Health Care Provider & parent permission is required before prescription medication will be administered.
- Parents may choose to administer medication to their child.
- Prescription medication must be in the original pharmacy labeled container and must include the student's name, the name of the medication, dose, and the time that it is to be administered.
- Over-the-counter medication can only be accepted in a new and sealed container and administered by trained staff, with a physician's order. The container must be labeled with the student's name, age/weight specific dose and date of receipt.
- Each medication must be documented on a separate Medication Authorization Form (see attached).
- A new authorization form must be completed at the beginning of each school year.
- Topical medications require a written physician's order.
- Herbal and vitamin therapy requires a written physician's order.

## Medications WILL NOT be administered if brought to school

- Pre-dosed or pre-mixed in food or formula
- Pre-crushed
- Pre-cut (unless precision cut is done by the pharmacist, and in the original container).

The nurse or trained personnel will administer medication as prescribed by the physician.

Thank you for assisting us in providing safe medication administration for your child during the school day.



# Medication Authorization Prescriptions and Non-Prescriptions

My permission is hereby granted to: \_\_\_\_\_ to assist  
*School*

\_\_\_\_\_  
*Last First Middle* DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

My child is not currently on any medication \_\_\_\_\_ (Initial here)

Name of prescription medication: \_\_\_\_\_

Name of prescribing physician: \_\_\_\_\_

Amount to be given/Dosage (ex. 10 mg/tab): \_\_\_\_\_

Direction for administering (ex. by mouth): \_\_\_\_\_

Time to be given at school: \_\_\_\_\_

Date to begin: \_\_\_\_\_ Date to stop: \_\_\_\_\_

Reason or health problem \_\_\_\_\_

Possible reaction to medication: \_\_\_\_\_

**OVER-THE-COUNTER MEDICATIONS NEEDED LONGER THAN TWO WEEKS MUST HAVE A REVIEW AND APPROVAL OF THE SCHOOL NURSE AND MAY REQUIRE A PHYSICIAN'S ORDER. OVER-THE-COUNTER MEDICATIONS NEED TO BE DOSAGE SPECIFIC FOR AGE/WEIGHT.** Non prescription medications will only be accepted in the factory sealed original container the administration of the above medication or its possible side effects.

Medication is to be brought in its current labeled pharmacy container. For safety and security reasons, medication must be transported to and from school lby the parent/guardian. **DO NOT SEND MEDICATIONS TO SCHOOL WITH THE CHILD/SIBLINGS.** Notes from home will not be accepted as authorization for dispensing medication.

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

\_\_\_\_\_  
Work Phone Cell Phone Home Number



# Additional Medication

Students Name \_\_\_\_\_ Date \_\_\_\_\_

Campus \_\_\_\_\_

**In addition to medications given at school, please list ALL medications the student is given at home.**

Medication & Dose: \_\_\_\_\_

Medication & Dose: \_\_\_\_\_

Medication & Dose: \_\_\_\_\_

Medication & Dose: \_\_\_\_\_

Medication & Dose: \_\_\_\_\_

Medication & Dose: \_\_\_\_\_

Medication & Dose: \_\_\_\_\_

Medication & Dose: \_\_\_\_\_

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

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



# Parent & Student Expectations

Name of Child \_\_\_\_\_

Dear Parent/Guardian:

The following contains permissions and acknowledgments that must be signed in order for your child to receive services from UCP of Central Florida. Please read each statement carefully before signing. Your signature states your understanding of an agreement with UCP of Central Florida policies, procedures, and your acceptance of services.

## ATTENDANCE

I agree to make a commitment for my child to attend UCP of Central Florida based upon the agreed terms:

1. I agree to contact the campus in advance when my child will not be attending or will be late.
2. I agree to consistently pick up and drop of my child on time, based on the contract schedule.
3. I understand that if I am late picking up my child, I will be charged a late fee.
4. I acknowledge that if I am unable to maintain consistent, on-time attendance, my child may not be able to receive his/her charter and therapy services and his/her progress will be affected.
5. I acknowledge that UCP of Central Florida attendance requirement for children birth to Kindergarten is 75% attendance. If I am unable to maintain consistent on-time attendance, i understand my child may be discharged.
6. I acknowledge that I am responsible for the regular attendance of my children who are within the compulsory attendance age (6-16) as provided in Section 1003.21, Florida Statutes. Students have the responsibility to take advantage of their educational opportunities by attending all their classes on a daily basis and arriving to their school on time.
7. I acknowledge that if my child has a pattern of non-attendance, the school administration shall pursue the case in accordance with Section 1003.25, Florida Statutes. If interventions are unsuccessful, it shall be the responsibility of the school to file a petition of truancy with the court as provided in Section 1003.27, Florida Statutes.

## CODE OF CONDUCT

UCP of Central Florida is a "school of choice". This means your child has the option to attend a designated public school program, but you choose for your child to attend UCP instead. It also means that if you choose to have your child attend UCP Charter School, you accept the policies and expectations we have for both you and your child.

UCP of Central Florida recognizes the education of children is a process that involves a partnership between a child's parents, teachers, school administrators and other UCP of Central Florida team members. UCP of Central Florida team members will treat all parents and visitors on UCP property with courtesy and respect. UCP of Central Florida asks that parents and visitors treat the UCP team members with the same courtesy and respect.

### Parent Conduct:

Parents may contribute to educational and/or therapeutic progress by the following:

1. Maintaining a positive attitude toward education/therapy
2. Showing an interest in their child's progress through regular communication
3. Teaching their child to be neat, clean and dressed in an appropriate manner
4. Ensuring their child's regular daily attendance
5. Reporting and explaining promptly an absence to the school
6. Teaching their child respect for authority
7. Informing the school immediately of any condition or circumstances which may effect their child's ability to learn, to attend school regularly, or to participate in school activities.
8. Cooperate with school personnel in solving disciplinary problems
9. Cooperate with school personnel, therapist input, and health care professionals in regards to the well being of their child.

Failure to comply with the aforementioned code of conduct may result in your child's dismissal from our educational and/or therapy programs.



# Parent & Student Expectations Continued:

## **Authority of the Teacher:**

Section 1003.32, Florida Statutes, grants teachers and other school team members the authority for the control and discipline of students assigned to them, as well as on campus, and in other places where they may be assigned to supervise students. Students are expected and required to follow the requests and directives of all teachers, other school team members, school volunteers, and chaperon when on UCP property or at other places where they are under the supervision of UCP personnel.

Teachers shall make every reasonable effort to control classroom disruptions or misbehaviors by students. However, if a disruption or misbehavior persists, or if the disruption is severe, the teacher shall direct the student to an appropriate administrator for further assessment.

*Note:* Sections 1006.11 and 1003.32, Florida Statutes, grants school personnel the power to use reasonable force to protect himself or herself, the student, or others from injury. In addition, teachers may have violent, abusive, uncontrollable, disruptive, disobedient, or disrespectful students removed from the classroom for behavior management intervention and/or directed for information or assistance from appropriate school or UCP personnel.

*Note:* Section 1003.32(4), Florida Statutes, authorizes a teacher to remove a student whose behavior is determined by the teacher to interfere with the teacher's ability to communicate with the class or ability of the student's classmates to learn.

## **Student Responsibilities**

Students have a responsibility to:

1. Attend school regularly, on time, and report to all classes and scheduled activities
2. Treat others courteously and with respect
3. Treat school property and the property of others with respect
4. Respect the privacy of others
5. Have in their possession only those items allowed by law and/or School Board Rules or policies
6. Listen courteously to the opinions and points of view of others
7. Come to class with all necessary educational and therapeutic materials and be prepared to learn
8. Maximize their learning opportunities
9. Not interfere, impeded, limit, or restrict the educational opportunity of any other student(s)
10. Comply with all instructions and staff directions

## **Student Rights**

UCP of Central Florida recognizes that students have all of the rights provided by law including: the right to equal educational opportunities without regard to race, national origin, sex, disability, marital status, or sexual orientation.

UCP staff as well as students shall each be responsible to:

1. Create a safe and orderly environment in which to learn
2. Be treated with dignity and respect
3. Express opinions and personal points of view in a responsible and constructive manner
4. Be secure in their personal privacy
5. Limited access to their student records
6. Be informed of the rules of conduct
7. Receive reasonable and fair treatment

*Note:* These rights are not absolute and may be limited when necessary in order to prevent the disruption of the learning environment or the orderly operation of the school.

I understand and acknowledge that I have read and agree to adhere to UCP's Parent and Student Expectations.

---

Signature of Parent/Legal Guardian

---

Date





# Immunization, Handbook, Medical Care, Research, & Code of Civility Acknowledgments & Authorizations Form

**Name of Child** \_\_\_\_\_

The following contains the permissions and acknowledgments that must be completed in order for your child to attend education programs or receive services at UCP of Central Florida. **Please read each statement carefully before signing.** Your signature states your understanding of an agreement with UCP of Central Florida policies, procedures and your acceptance of financial responsibility for your child's services.

### Receipt of Parent Handbook

Disciplinary Practices are contained in the UCP of Central Florida Parent Handbook and also in the Student Code of Conduct. The parent's or legal guardian's signature verifies receipt, understanding and acceptance of all the policies in the Parent Handbook. Please complete the following:

I, \_\_\_\_\_ have received, understand and accept the UCP of Central Florida Parent Handbook Policies.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

### Physical & immunization Requirements and Disciplinary Practices Acknowledgment

Section 65C-22.006(2), F.A.C requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of your child's enrollment/start date.

Section 65C-22.006(4) ©2., F.A.C. requires that parents are notified in writing of disciplinary practices used by the child-care facility.

By signing below, you verify that you have received the above items and that all information on the enrollment form is complete and accurate.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

### Medical Care

In the event that UCP of Central Florida is unable to reach a parent/guardian, I/we authorize the personnel of UCP of Central Florida, its directors, or its staff to obtain medical treatment for my child and provide personal health information confidentially to the instructors and any medical personnel and emergency care facility administering treatment to my child.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

### Acknowledgment of Research Based Facility

I/we understand and acknowledge that UCP of Central Florida may have university students and staff on campus and/or in classrooms as part of research-based projects

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

### Code of Civility

I/we understand and acknowledge that I have read and agree to adhere to UCP's Code of Civility as stated in UCP's parent handbook

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

### Receipt of Know Your Day Care (if student is Pre-K or below)

The parent's or legal guardian's signature verifies receipt, understanding and acceptance of the Know Your Day Care Form. Please complete the following:

I, \_\_\_\_\_ have received, understand and accept the Know Your Day Care Form.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date





# Student Update Form

**Campus Attending:**

- Pine Hills
- Seminole
- West Orange
- EO/ Bailes
- Osceola
- Transitional Learning Academy
- Downttown/BETA

Legal Name of Child: \_\_\_\_\_ Other Names/Nicknames \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Title/Job \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Title/Job \_\_\_\_\_

Home Address: \_\_\_\_\_  
*Street* *City* *Zip*

Has your address changed in the last year?  No  Yes (if yes, complete below)

Please confirm if your child lives in the county where the school is located:

- Yes
- No

I am interested in my child receiving additional therapy services (in addition to therapy on their IEP) Please select all that apply:

- Occupational Therapy
- Physical Therapy
- Speech Therapy
- Behavior Therapy

**Funding Information: (You are responsible for notifying us immediately with changes)**

**My child currently has the following type of funding/insurance for therapy services:**

*(Include a copy of the front and back of your insurance card)*

- Children's Medical Services/ CMS
- Prompt Pay (\$45/30 minute session)
- Medicaid MediPass (Gold Card)
- Healthy Kids/ KidsCare
- Medicaid HMO: Name: \_\_\_\_\_
- Commercial Insurance: Name: \_\_\_\_\_

## IEP/Medicaid School Match Consent & Authorization

I authorize UCP and/or the school district to release and exchange my child's relevant information to agencies of the State of Florida which would allow UCP/School District to verify Medicaid eligibility, bill Medicaid and reimbursable certified school match services referenced on my child's IEP and receive Medicaid reimbursement for Exceptional Student Education (ESE) services it provides to my child while at school. I understand that my child will continue to receive services referenced on his/her IEP whether or not I give consent.

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





## Student Residency 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. 11435. ***This form is valid for (1) one full school year and must be completed again before succeeding school year.***

### Section A: Housing is Fixed, Regular, and Adequate

Please **DO NOT** complete this form, if you currently:

- Rent/own your home **OR** Live with someone by choice (not due to financial hardship)

### Section B: Housing is NOT Fixed, Regular, and Adequate (Complete all sections below and return to school)

Student(s) Current Nighttime Residence:

- In an emergency/transitional shelter (A)
- Temporarily with another family due to loss of housing, economic hardship, or similar reason (B)
- In a vehicle of any kind, trailer park or campground, abandoned building or other substandard housing (D)
- In a hotel/motel due to loss of housing, economic hardship, or similar reason (E)

Cause of Temporary Residence:

- Foreclosure (M)
- Natural Disaster Type: \_\_\_\_\_
- Other: (Please Explain) \_\_\_\_\_

How long have you been at this temporary residence? \_\_\_\_\_

### Section C: Student Information (All students including pre-school children living together as indicated above)

Student Name	Student ID#	M/F	DOB	Grade	School

Current Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Parent(s) / Legal Guardian(s): \_\_\_\_\_

### Section D: Unaccompanied Homeless Youth Must Complete This Section (U)

- Student is living with an adult that is not a parent or legal guardian.
- Student is living alone without an adult.

Caregiver Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Phone: \_\_\_\_\_

How long has the student been living alone?

\_\_\_\_\_

Additional protective rights and services may be available to qualified families. These rights include immediate school enrollment, free meals, school stability, and transportation to the school of origin (if over 2 miles).

- Please check if you allow this information to be released to social service agencies for possible assistance.

**The undersigned certifies that the information provided is accurate.**

\_\_\_\_\_  
**Signature of Parent/Legal Guardian (OR) Unaccompanied Homeless Youth**

\_\_\_\_\_  
**Date**

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.

#### UCP DISTRIBUTION

If it is determined that this student is eligible for McKinney-Vento Program services, copies go to:

**Your campus front desk assistant OR Family Services Case Manager**





# Just Ten Parent Volunteer Program Pledge Form

UCP of Central Florida's school culture embraces parents and families as partners in our success. All parents and guardians are expected to be highly involved in their children's education, both at school and home, by volunteering at least 10 hours during the school year. Your volunteer involvement is not just a wonderful addition to a successful school, it's essential. Please remember if you are volunteering at the campus - you need to complete the district background check.

I agree to support the students and staff at UCP of Central Florida by volunteering at least 10 hours during the school year.

### PLEASE PRINT

Student Name: \_\_\_\_\_ UCP Campus: \_\_\_\_\_

Parent Names: \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

Language(s) Spoken Other than English: \_\_\_\_\_

Primary Telephone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

### I would like to volunteer at UCP's:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Downtown Beta Campus      | <input type="checkbox"/> Pine Hills Campus  | <input type="checkbox"/> Transitional Learning Academy (TLA) |
| <input type="checkbox"/> East Orange/Bailes Campus | <input type="checkbox"/> Seminole Campus    | <input type="checkbox"/> Administrative Office               |
| <input type="checkbox"/> Osceola Campus            | <input type="checkbox"/> West Orange Campus | <input type="checkbox"/> Special Events                      |

**I would like to volunteer:**  Daily  Weekly  Monthly

### The following days are the most convenient for me to volunteer:

Monday  Tuesday  Wednesday  Thursday  Friday  Weekends (Events)

### The time of day that is most convenient for me to volunteer:

Morning (8 a.m - noon)  Afternoon (noon - 5 p.m)  After hours/at home

### I would like to volunteer with the following age group(s):

Infants  Toddlers  Pre-K  Elementary  Middle School  High School

### I am interested in volunteering in the following ways:

- Planning and coordinating UCP campus events
- Mentoring a new UCP parent
- Hosting a wish list drive for your campus
- Assisting campus staff as a lunch buddy, circle time, recess, etc.
- Offering administrative support
- Speaking at UCP events, or writing articles about my UCP experience for UCP newsletters or UCP blogs
- Helping to support UCP organization wide events such as golf tournaments, Faces Behind the Miracles Breakfast, Celebrity Poker Tournament, An Evening at the Palace Gala.
- Help with facility or clean up projects
- Helping with classroom preparations
- I would like to volunteer in other ways. Please contact me.







# Code of Student Conduct Acknowledgment Form

UCP Charter Schools follow the district Code of Student Conduct (specific to the District where the school is located). In order to conserve resources, schools will not distribute paper copies of the *Code of Student Conduct* (Code) to every student. You can locate an electronic copy of the Code online at the UCP website at: <http://www.ucpcf.org/parent> resources. If you require a paper copy of the Code, please check the box where indicated below, sign and return this sheet, and one will be provided to your student.

This code has been adopted to help your son/daughter gain the greatest possible benefit from his/her education. The Internet Use Policy found within the Code provides guidance to students on acceptable use of the UCP computer network. Please read and discuss the Code with your son/daughter.

**FAILURE TO RETURN THIS ACKNOWLEDGMENT FORM WILL NOT RELIEVE A STUDENT OF THE PARENT/  
GUARDIAN OF THE RESPONSIBILITY FOR COMPLIANCE WITH THE *CODE OF STUDENT CONDUCT* OR  
ACCOUNTABILITY FOR LOSS OR DAMAGE TO UCP PROPERTY.**

Please check if you require a printed copy of the 2018-2019 Code of Student Conduct.

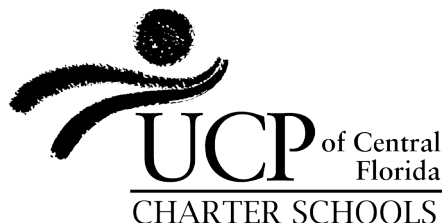
\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Printed Name of Parent/Guardian

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

\_\_\_\_\_  
Signature of Parent/Guardian

As a parent, The Family Educational Rights and Privacy Act (found in Section 1 of the *Code of Student Conduct*) affords you certain rights with respect to your student's education records. If you decide that you do not want the school to release your child's information, contact your school to complete the appropriate form.







# Photo, Video and Internet Release Form

## CONSENT, WAIVER AND RELEASE

For and in consideration of benefits to be derived from the furtherance of the educational programs of UCP of Central Florida, (I) (We), personally and on behalf of \_\_\_\_\_ the undersigned parent(s) or legal guardians of \_\_\_\_\_, a student/client entered in the UCP of Central Florida school or therapy system, do hereby consent, authorize and grant permission to UCP of Central Florida, its agents, employees or duly authorized representatives to take photographs, motion pictures or video tapes of said student/client, and do further consent to the publication, circulation and dissemination of said photographs, motion pictures or video tapes or any duplication or facsimile thereof for any purposes it may deem proper, including but not limited to use on the Internet. In granting such permission, (I) (We) hereby relinquish and give to UCP of Central Florida, all right, title and interest (I) (We) may have in the pictures, negatives, reproductions or copies, and further waive any and all right to approve the use of such photographs, motion pictures or video footage and further do waive any right to compensation for the publication or other use of said photographs, motion pictures or video footage and do release UCP of Central Florida, its agents, licensees, representatives and assigns from any and all claims of any nature whatsoever arising from their use without limitation, in perpetuity.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Permanent Address (Number/Street, City, State, Zip Code)

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Cell Phone

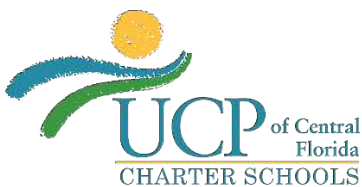
UCP Campus: \_\_\_\_\_

Teacher: \_\_\_\_\_

Classroom Name: \_\_\_\_\_

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





## Health Screening Permission Slip

Health Screenings are performed in compliance with Florida State Health Law and are to be maintained in your child's permanent school health records. Each year our school nurses/aides perform a variety of screenings that may include: hearing, Vision, Scoliosis, Height, Weight, etc.

Florida Statute requires screenings at a minimum to students in grades K, 1, 3 and 6 and students entering Florida schools for the first time in grades K through 5, and on an "as needed basis" to detect problems that can be a serious barrier to learning.

I give my child, \_\_\_\_\_ DOB: \_\_\_\_\_, permission to be screened for the recommended grade--health screenings or on a "as needed" basis at school.

**Do not screen my child.**

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

\_\_\_\_\_  
Date





**MULTILINGUAL STUDENT EDUCATION SERVICES**  
**English for Speakers of Other Languages (ESOL)**  
**PARENT'S RIGHTS LETTER**  
**FLORIDA'S COMMITMENT TO ALL ENGLISH LANGUAGE LEARNERS**

<b>Student Name:</b>	<b>Student ID#:</b>	<b>Grade:</b>
<b>School:</b>	<b>Date Entered US School:</b>	<b>Original Entry Date:</b>

All schools in Florida are committed to providing a quality educational program for all students. Public schools in Florida must ensure that students whose heritage/home language is other than English have equal access to all programs and services and are provided with comprehensible instruction. The following activities should take place during this enrollment, assessment and placement process.

**Home Language Survey:** At the time of enrollment, all students (parent/guardian) must respond to a home language survey. This is done so that your child is placed in the most appropriate educational program to ensure academic success and to comply with Florida State Law. (Section 233.058, 228.093, FS, Section I, 1990 LULAC et. al .vs. State Board of Education Consent Decree, and Rules 6A-6.0901 and 6A-6.0902, F.A.C.)

**Language Assessment:** If the survey indicates that a language other than English is spoken at the home, the student will be assessed to determine his/her level of English language proficiency and determine an appropriate educational program. If you marked yes to more than one question on the **Home Language Survey, your child will be temporarily placed in an English Language Learner's (ELL) Program pending language proficiency testing.**

**Instructional Program Placement:** Based on the language assessment results, students must be provided with comprehensible instruction and be placed in an appropriate educational program. Each district will provide a range of services based on the specific program implementation at the school.

**Parent Notification:** Parents must receive letters, notifications, and school information in a language they understand, unless clearly not feasible, to ensure informed parent consent and meaningful access to the educational program. As soon as the language proficiency test results are received, you will be notified as to whether or not your child will remain in the ELL Program. Final student placement must be determined within 30 days of entry in school.

**Parent Leadership Council:** Each district must provide parent advisory meetings so parents have an opportunity to participate in the educational program development process.

**Exit Criteria:** Students will exit ESOL services when they meet the established State exit criteria in English to determine proficiency in listening, speaking, reading, and writing. Students are assessed annually in English to determine progress and/or readiness to be exited from the program.

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

\_\_\_\_\_  
Date





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# INSTRUCTIONS FOR APPLYING

*\*If Applicable to Your Campus*

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*A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.*

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM **[State SNAP]**, **[State TANF]**, OR **[THE FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)]**, FOLLOW THESE INSTRUCTIONS:

**Part 1:** List only household members and the name of each child's school (if known).

**Part 2:** List the case number for any household member (including adults) receiving **[State SNAP]**, **[State TANF]**, or **[FDPIR]** benefits.

**Part 3:** Skip this part.

**Part 4:** Sign the form. The last four digits of a Social Security Number are **not** necessary.

**Part 5:** Answer this question if you choose.

Turn the form in to **[Name of contact]** at your school.

IF NO ONE IN YOUR HOUSEHOLD GETS **[State SNAP]**, **[State TANF]**, OR **[FDPIR]** BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, OR IN HEAD START FOLLOW THESE INSTRUCTIONS:

**Part 1:** List all household members and the name of each child's school (if known). If any child you are applying for is homeless, migrant, in Head Start or a runaway check the appropriate box and call **[your school, homeless liaison, runaway, head start or migrant coordinator]**.

**Part 2:** Skip this part.

**Part 3:** Complete only if a child in your household isn't eligible under Part 1. See instructions for All Other Households.

**Part 4:** Sign the form. The last four digits of a Social Security Number are not necessary if you didn't need to fill in Part 3.

**Part 5:** Answer this question if you choose.

Turn the form in to **[Name of contact]** at your school.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

**If all children in the household are foster children:**

**Part 1:** List all foster children and the school name for each child. Check the box indicating the child is a foster child.

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Sign the form. The last four digits of a Social Security Number are **not** necessary.

**Part 5:** Answer this question if you choose.

Turn the form in to **[Name of contact]** at your school.

**If some of the children in the household are foster children:**

**Part 1:** List all household members and the name of each child's school (if known). For any person, including children, with no income, you must check the "No Income" box. Check the box for each foster child. If any child you are applying for is homeless, migrant, in Head Start or a runaway check the appropriate box and if you have questions call **your school**.

**Part 2:** Skip this part.

**Part 3:** Complete only if a child in your household isn't eligible under Part 1. See instructions for All Other Households.

**Part 4:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

**Part 5:** Answer this question if you choose.

Turn the form in to **[Name of contact]** at your school.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

**Part 1:** List all household members and the name of each child's school (if known). For any person, including children, with no income, you must check the "No Income" box. If any child you are applying for is homeless, migrant, Head Start, a foster child or a runaway check the appropriate box and call **[your school or appropriate official]**.

**Part 2:** Skip this part.

**Part 3:** Follow these instructions to report total household income from this month or last month.

- **Section 1–Name:** List all household members with income.
- **Section 2 –**
  - **Gross Income and How Often It Was Received:** For each household member listed in section 1, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly.
  - **Earnings:** Be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you.
  - **Income received from welfare, child support, and alimony:** List the amount each person received.
  - **Income received from retirement benefits, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits:** List the amount each person received.
  - **All Other Income:** List Worker’s Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include benefits from WIC, Federal education and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart:

FEDERAL ELIGIBILITY INCOME CHART For School Year 2017-2018			
Household size	Yearly	Monthly	Weekly
1	22,311	1,860	430
2	30,044	2,504	578
3	37,777	3,149	727
4	45,510	3,793	876
5	53,243	4,437	1,024
6	60,976	5,082	1,173
7	68,709	5,726	1,322
8	76,442	6,371	1,471
Each additional person:	+7,733	+645	+149

**Part 4:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn’t have one).

The information contained within this application may be shared with other Federal/Local health programs for which your child(ren) may qualify, however your permission is required. This will not affect your eligibility for school meals. May school officials share the information within this application with other programs? Check the appropriate box.

**Part 5:** Answer this question if you choose.

Turn the form in to **[Name of contact]** at your school.

**UCP**

**2018-2019**

**FREE AND REDUCED-PRICE SCHOOL MEALS FAMILY APPLICATION**

<b>PART 1. ALL HOUSEHOLD MEMBERS</b>		<b>** RETURN THIS APPLICATION TO YOUR CHILD'S SCHOOL**</b>					
Names of <u>all</u> household members (First, Middle Initial, Last)	Student Age	Place a check in the box below if child is a foster, homeless, migrant, runaway, or Head Start child. If each child attending school is a foster, homeless, runaway, migrant or in Head Start, skip to part 4 to sign this form.					Place a check in the box if <b>NO</b> income
		Foster	Homeless	Migrant	Runaway	Head Start	

**PART 2. BENEFITS**

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES [State SNAP], [FDPIR] OR [State TANF Assistance], PROVIDE THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES BENEFITS AND **SKIP TO PART 4. IF NO ONE RECEIVES THESE BENEFITS, SKIP TO PART 3.**

NAME: \_\_\_\_\_ PROGRAM NAME \_\_\_\_\_ CASE NUMBER: (NOT EBT CARD NUMBER) \_\_\_\_\_

**PART 3. TOTAL HOUSEHOLD GROSS INCOME (BEFORE DEDUCTIONS).** List all income on the same line as the person who receives it. Check the box for how often it is received. **RECORD EACH INCOME ONLY ONCE.**

1. NAME (LIST <b>ONLY</b> HOUSEHOLD MEMBERS WITH INCOME)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED																			
	Earnings from work before deductions.	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Social Security, SSI, VA, retirement benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All other income (such as Unemployment) benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly
<i>(Example) Jane Smith</i>	<b>\$200</b>	<input checked="" type="checkbox"/>				<b>\$150</b>		<input checked="" type="checkbox"/>			<b>\$0</b>					<b>\$0</b>				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				

**PART 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)**

An adult household member must sign the application. **If Part 3 is completed, the adult signing the form 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 Statement on the back of this page.)

*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. I understand my child's eligibility status may be shared as allowed by law.*

Signature: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Last four digits of Social Security Number: \*\*\* - \* \* - \_\_\_\_ - \_\_\_\_  I do not have a Social Security Number

The information contained within this application may be shared with other Federal/Local health programs for which your child(ren) may qualify, however your permission is required. This will not affect your eligibility for school meals. May school officials share the information within this application with other programs?  No  Yes

**PART 5. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)**

Choose one ethnicity:

- Hispanic/Latino  
 Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

- Asian  American Indian or Alaska Native  Black or African American  
 White  Native Hawaiian or other Pacific Islander

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

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12

Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_\_\_ Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_

Reason for denial or withdrawal: \_\_\_\_\_  **Check if Error Prone Application**

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verifying Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*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 price 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 is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (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 to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.*

*In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.*

*Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.*

*To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:*

*mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue,  
SW  
Washington, D.C. 20250-9410*

*fax: (202) 690-7442; or*

*email: [program.intake@usda.gov](mailto:program.intake@usda.gov).*

*This institution is an equal opportunity provider.*

Date of Contact	Staff Initials	Name of Household Member Contacted	Detailed Information Received



# Diet Order Form

## Parental Request Form

### School Year 2018 - 2019

*This form is for a medically certified need for a special diet including food allergies.*

OCPS Food & Nutrition Services is committed to the mission and vision of our organization. We aim to serve nutritious meals to all children, including those having medically diagnosed or special dietary needs. By completing this dietary request form, you are acknowledging the following:

- Your child/student has a medically certified dietary need for special meal accommodations (*not for food preferences*)
- An official FNS Dietary Order Form has accompanied this document which should be completed and returned to the school when the child/student has a disability that impacts one or more major life activities and/or there is a need to modify the student's meals outside of standard federal regulations.

**Student Name:** \_\_\_\_\_ **Student ID** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**School Name:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

Does your child/student have food allergies?  Yes  No  
 Are the food allergies severe or life-threatening?  Yes  No

Does your child/student have a medical disability that limits at least one major life activity and require meal modifications outside of the traditional federal meal program?  Yes  No  
 Explain: \_\_\_\_\_

**Medical Release statement:** I, \_\_\_\_\_, the official parent/guardian of the child above do hereby consent to the exchange of pertinent dietary information between the physician and school as needed. All Information will be kept confidential.

Physician's Name: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_  
 Parent/Guardian Signature: \_\_\_\_\_

Indicate **all** food allergies and sensitivities. Describe all food and beverages that must be **avoided** by the student.

**Milk/Dairy:**  No fluid milk; Select an available substitute:

- Lactose-free milk  Soy milk  Water  
 No cheese, yogurt or ice cream  No foods made with milk such as baked goods, butter, etc.  No foods containing milk proteins or sugars such as casein, whey, or lactose  
 Other: \_\_\_\_\_

**Egg:**  No whole eggs  No egg whites  No eggs in baked goods  No mayonnaise or creamy salad dressings  
 Other: \_\_\_\_\_

**Wheat:**  No wheat (i.e. white or brown bread, pizza crusts, pasta, crackers, etc.)  No Rye, Oat, or Barley  
 Other: \_\_\_\_\_

**Soy:**  No tofu, textured vegetable protein, or soy sauce  
 No soybean oil  Other: \_\_\_\_\_

**Peanuts/Tree Nuts:**  Omit all foods containing  
**Fish/Shellfish:**  Omit all foods containing

**List any other or additional food allergies not yet specified:** \_\_\_\_\_

Indicate foods to omit: \_\_\_\_\_

Suggested substitutes: \_\_\_\_\_

I acknowledge that my child may be identified in the meal service line.

Print Name of Parent/Guardian: \_\_\_\_\_  
 Parent/Guardian Signature: \_\_\_\_\_  
 Contact Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_

