Steve Dioniso,
Superintendent

School Board
Ian Vincent, Chairman,
Lee Swift Vice-Chairman
Kim Amontree
Wendy Atkinson
Bob Segur

CHARLOTTE COUNTY Public Schools

Dear Parent / Guardian,

This letter contains important information regarding the Focus Parent Portal that is available to you to assist you in monitoring your student's progress in school by providing timely access to both assignments and grades that are entered by the teacher throughout the grading period.

This communication tool will improve your ability to assist your child and to communicate with the teacher if necessary.

If you already have a Focus Parent Portal account you are all set for the upcoming school year. If you forgot your Password, please click on the forgot password link on the intitial login page. Please remember usernames and passwords are case sensitive.

If you do not have an account set up please follow the steps below to create your Focus Parent account.

To create a parent portal account, please go to the following URL

https://focus.yourcharlotteschools.net/focus/auth/

Once you have opened this page, you will have three options to choose from to set up your **Focus Parent Portal** account.

If you have any questions or further assistance please contact **Lemon Bay High School** at 941-474-7702.

Using Google Chrome or Mozilla Firefox as your Internet browser gives FOCUS Parent Portal software optimal functionality.

Rev 11-14-18

CHARLOTTE COUNTY PUBLIC SCHOOLS
REGULAR SCHOOL CALENDAR
2019-2020

2019/2020	M	T	W	T	F	Accummulated Student Days	Accummulated Teacher Days	Holiday/Day
JULY 2019	1	2	3	4	5			July 4 - Independence Day
	8	9	10	11	12			
	15	16	17	18	19			
	22	23	24	25	26			
	29	30	31					
AUG 2019				1	2			Aug 6 - First day for Returning Teachers
	5	6	7	8	9		4	Aug 6-9 - Each School PPC Designates 1 day as PD Day #1
	12	13	14	15	16	5	9	Aug 12 - First Day for Students
	19	20	21	22	23	10	14	
14, 19	26	27	28	29	30	14	19	Aug 30 - District PD Day #2 - No School for Students
SEPT 2019	2	3	4	5	6	18	23	Sept 2 - Labor Day - Emplovee Day Off
	9	10	11	12	13	23	28	Sept 9-20 FSA Gr 10 Writing Retakes
	16	17	18	19	20	28	33	Sept 9-27 EOCs/FSA Gr 10 ELA Read Retakes
	23	24	25	26	27	33	38	Sept 27-Oct 11 - FTE
20, 20	30					34	39	
OCT 2019		1	2	3	4	38	43	
	7	8	9	10	11	43	48	
	14	15	16	17	18	47	53	Oct 15 - End of Qtr 1 (45 Days)
	21	22	23	24	25	52	58	Oct 18 - Teacher Work Day - No School for Students
22, 23	28	29	30	31		56	62	
NOV 2019					1	57	63	
	4	5	6	7	8	62	68	
	11	12	13	14	15	67	73	Nov 11 - Veteran's Day (Observed)
	18	19	20	21	22	72	78	
18, 19	25	26	27	28	29	74	81	Nov 27 - 29 Thanksgiving Break / Nov 28 - (Pd Holiday #1)
DEC 2019	2	3	4	5	6	79	86	Dec 2-20 EOCs
	9	10	11	12	13	84	91	
	16	17	18	19	20	89	96	Dec 20 - End of Qtr 2 (44 days)
	23	24	25	26	27	89	97	Dec 23 - Jan 6 - Winter Break
15, 16	30	31				89	97	Dec 25 - (Pd Holiday #2)
JAN 2020			1	2	3	89	98	Jan 1 - Pd Holiday #3
	6	7	8	9	10	92	102	Jan 6 Hurricane MakeUp #3 Teachers/Jan 7 Hurricane MakeUp #3 Students
	13	14	15	16	17	96	107	Jan 7 - Teachers Return - Teacher Work Day - No School for Students
	20	21	22	23	24	100	111	Jan 8 - Students Return
16, 19	27	28	29	30	31	105	116	Jan 17-PD Day #3 - No School for Students, Jan 20 - Martin Luther King Jr Day
FEB 2020						105	116	Jan 24-Feb 7 - FTE
	3	4	5	6	7	110	121	
	10	11	12	13	14	115	126	
	17	18	19	20	21	119	130	Feb 17 - President's Day
19, 19	24	25	26	27	28	124	135	Feb 24-Mar 13 FSA Gr 10 ELA Writing & Read Retakes, Algebra 1 Retak
MARCH 2020	2	3	4	5	6	129	140	
	9	10	11	12	13	134	145	Mar 13 - End of Qtr 3 (45 Days)
	16	17	18	19	20	134	145	Mar 16-20 - Spring Break
	23	24	25	26	27	138	150	Mar 23 - Teacher Work Day - No School for Students
16, 17	30	31				140	152	
APRIL 2020			1	2	3	143	155	April 1-14 FSA Gr 4-10 ELA Writing/Gr 3 ELA Reading
	6	7	8	9	10	147	160	April 10 - Teacher/Student Day Off - Pd Holiday #4
	13	14	15	16	17	152	165	
	20	21	22	23	24	157	170	
21, 22	27	28	29	30		161	174	
MAY 2020					1	162	175	May 4-15 FSA GR 4-6 ELA Read Gr 3-6 Math/NGSSS GR 5& 8 Science
	4	5	6	7	8	167	180	May 1-29 FSA GR 7-10 ELA Read, Gr 7& 8 Math/EOCs
	11	12	13	14	15	172	185	May 25 - Memorial Day
	18	19	20	21	22	177	190	May 28 - Last Day for Students / End of Qtr 4 (46 Days)
19, 20	25	26	27	28	29	180	194	May 29 -Last Day for Teachers/Work Day Hurricane Make Up #1 for Students
JUNE 2020	1	2	3	4	5			June 1 - Hurricane Make Up #1 for Teachers, #2 for Students
	8	9	10	11	12			June 2 - Hurricane Make Up #2 for Teachers
	15	16	17	18	19			
	22	23	24	25	26			
	29	30						

Student days off/Teacher work day
Paid holidays
Teacher/student day off
End of grading period/end of semester
Hurricane make-up day

***Other hurricane make-up days may need to be taken during the year in the event that hurricane make-up days are used.**

Board Approved

CHARLOTTE COUNTY Public Schools

PARENT/GUARDIAN/CAREGIVER CONSENT FORM

(Appendix 11)

STUDENT NAME: _____ **GRADE:** _____
(Please Print) **Last** **First** **Middle**

Directions: Initial the beginning of the following statements. All initialed areas must be completed.

_____ **BUS AGREEMENT FOR PRE-K, KINDERGARTEN, AND FIRST GRADE STUDENTS**
I understand the policy which requires that any Pre-K, kindergarten or first grade child be accompanied to the bus stop five minutes before pick-up time and met at the bus stop at the assigned return home time. I understand the bus driver will not allow my child to get off the bus unless I am physically present at the designated stop and able to take immediate custody of my child as they depart.

I understand that I must notify the school in writing of the person who will escort my child to and from the bus stop. The designated person must be an adult daycare provider, a sibling in fifth grade or above, or an adult family member.

_____ **PERMISSION TO PHOTOGRAPH/VIDEO TAPE** **YES** ☐ **NO** ☐ **(Check one)**
I give my permission to allow my child to be photographed or video taped for use in news stories and/or promotional materials that relate to the Charlotte County Public Schools. My consent applies only to the use of such materials for non-profit, non-commercial purposes.

_____ **INTERNET PERMISSION** **YES** ☐ **NO** ☐ **(Check one)**
I give my permission to allow my child to be photographed or video taped for use in news stories and/or promotional materials that relate to the Charlotte County Public Schools and are displayed on the Internet. My consent applies only to the use of such materials for non-profit, non-commercial purposes.

_____ **SCREENING, FURTHER ASSESSMENT PERMISSION** **YES** ☐ **NO** ☐ **(Check one)**
I give permission for screening and further assessment of my child as necessary. (Below you will find a list of tests that may be given to your child on an individual basis if they are needed. **(This does not apply for group testing such as PSAT/NMSQT, FSA, NGSSS, and other state mandated tests.)**

INTELLIGENCE TESTS: Kaufman Brief Intelligence Test (K-BIT)
DIAGNOSTIC TESTS: Progress Monitoring Assessments: iReady, USA Test Prep. Speech and Language Screening, FLKRS
OBSERVATIONS: School based personnel, student support personnel, ESE/Psychological Services personnel

_____ **HEALTH SCREENING PERMISSION** (eyes,ears,height,weight,scoliosis GR6 only) **YES** ☐ **NO** ☐ **(Check one)**

_____ **RELEASE OF MEDICAL INFORMATION:** **YES** ☐ **NO** ☐ **(Check one)**
I hereby authorize for my child's health information and parental contact information (collected from school provided health services) to be shared with emergency personnel, health department officials, and EMR systems.

_____ **AUTHORIZATION FOR EMERGENCY CARE/TRANSPORTATION:** **YES** ☐ **NO** ☐ **(Check one)**
The school will call for emergency medical care as deemed necessary. Emergency transportation to a health care facility, as determined by paramedics, is authorized. Medical and other information will be disclosed without consent from the parent/eligible student in case of health emergencies, as permissible by FERPA. I understand that I am responsible for all expenses incurred.

_____ **RELEASE OF DIRECTORY INFORMATION**

Under Federal Law, directory information (which may include name, address, phone number, date of birth, honors and awards) about students can be released. This information MUST be released to the military unless parents opt out.

____ I am opting out and do not want any information about my child released to anyone (newspapers, etc.) except to those who have a legal right.
____ I am opting out and do not want any information about my child released to the military.

Parent/Guardian/Caregiver Signature: _____

(MUST ANSWER)
Have either of the parents/guardians moved within the last three years from another county/state due to working in agriculture, fishing or dairy activities? **YES** ☐ **NO** ☐ **(Check one)**

SURVEY PARTICIPATION
I give permission for my child to participate in surveys such as the Florida Youth Substance Abuse Survey and other surveys relevant to the health, safety, and welfare of students. I understand that surveys of this type contain no personally identifiable information. I also understand that I may contact the school if I wish to review any survey.

YES ☐ NO ☐ **(Check one)** Parent/Guardian/Caregiver Signature: _____

Parent Name (print): _____ Parent Signature: _____ Date: _____

CHARLOTTE COUNTY Public Schools

Approved Reassignment: ___

EMERGENCY CARD

Student's **Last Name, First Name:** _____ School Year: _____

Date of Birth: _____ Gender _____ Grade: _____ Teacher: _____

Ph# to receive Automated Calls & Text Messages: _____

Ph# Parent/Guardian/Caregiver: _____ **Ph#: Parent/Guardian/Caregiver:** _____

Primary Email: _____ **Secondary Email:** _____

Student's Primary Address: _____ Zip _____

Address Belongs to: ___ Mother ___ Father ___ BOTH ___ Guardian ___ Caregiver Other: _____

Mailing Address (if different): _____ Zip _____

Parent/Guardian/Caregiver Name: _____ Relationship: _____ Work Phone: _____

Parent/Guardian/Caregiver Name: _____ Relationship: _____ Work Phone: _____

Custody Alert NO ☐ **YES*** ☐ ***Note: DOCUMENTATION REQUIRED:** If there is a custody issue, please provide court documents. Please know that without court documents; your child can be released to another custodial parent.

NAME of CUSTODIAL PARENT/GUARDIAN: _____

Emergency Contacts, if Parent/Guardian/Caregiver Unavailable

Name _____ Relation _____ Phone _____ Cell _____

Name _____ Relation _____ Phone _____ Cell _____

Name _____ Relation _____ Phone _____ Cell _____

Siblings: Name: _____ School: _____ Name: _____ School: _____

Name: _____ School: _____ Name: _____ School: _____

AFTER SCHOOL ARRANGEMENTS *Notify school **immediately** if these arrangements change **in writing or in person.**

_____ WALKER _____ RIDE BUS # _____ _____ CAMP/Daycare

_____ PARENT PICK-UP _____ OTHER (please state)

MEDICAL CARE

NAME OF PHYSICIAN _____ PHONE _____

NAME OF DENTIST _____ PHONE _____

Physician Diagnosed Medical Conditions _____

Physician Diagnosed Allergies _____

***It is the responsibility of the parent/guardian to notify the school nurse of any physician diagnosed medical conditions/allergies.** The school will call for emergency medical care as deemed necessary. Emergency transportation to a health care facility as determined by paramedics is authorized. Medical and other information will be disclosed for health emergencies. I understand that I am responsible for all expenses incurred.

_____ _____

Signature of Parent/ Guardian/ Caregiver Date Preferred Hospital

STUDENT/PARENT ACKNOWLEDGEMENT FORM
2019-2020

The *Code of Student Conduct* has been developed to help your child gain the greatest possible benefit from his/her school experiences. This *Code* defines the responsibilities and the rights of students attending Charlotte County Public Schools, as well as clearly identifies the consequences for student actions which violate this code.

The school is in need of your help and cooperation. Students, parents, and schools working together can maintain a safe and purposeful atmosphere in the schools where students can learn to their full potential.

Since parents/guardians share responsibility for the actions of their children, they should also become familiar with the rules and expectations described in this handbook. Please read and discuss this important document with your child, then sign this form and return it to your child's school, where it will be kept on file.

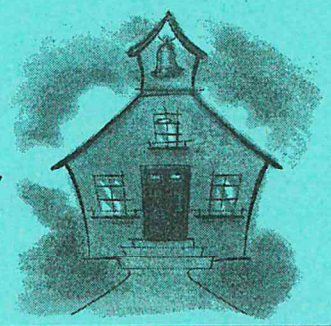
I also agree to the rules and terms of network and internet use as outlined in the agreement in this *Code of Student Conduct.*

_____
Student Name (Print)

_____ _____
Student Signature Date

_____ _____
Parent/Guardian Date

Note: Failure to return this acknowledgement form will not release a student or the parents/guardians of the student from responsibility for knowledge of the contents of the *Code of Student Conduct* and will not excuse noncompliance with the *Code of Student Conduct* by the student.



*****PLEASE COMPLETE OTHER SIDE*****

CHARLOTTE COUNTY PUBLIC SCHOOLS
STATEMENT OF ACADEMIC HONESTY AND PLAGIARISM

This form must be presented to each student in grades K-12. Forms for students in grades K-2 need a parent signature only. In grades 3-12, both the student and the parent must sign the form. The signed form will be kept on file in the office of the school's dean or appropriate administrator.

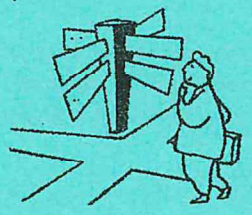
The School Board of Charlotte County strongly believes that academic honesty must be practiced by all its students. Therefore, instances of cheating in any form will be considered a critical breach of character and integrity as well as a serious violation of the *Code of Student Conduct*.

Cheating is defined in the Charlotte County Public Schools in the following way:

> "The inappropriate and deliberate distribution or use of information, notes, materials, or work of another person, used as your own, in the completion of an academic exam, test or assignment."

Cheating violations may result in the loss of eligibility for local scholarships, loss of honors, awards, and membership in extra-curricular activities. In addition, a student whose actions enable others to cheat (e.g., stealing or selling a test) will be considered to have committed a particularly serious violation of the *Code of Student Conduct* which will result in **the strongest of consequences related to the nature of the incident including, but not limited to loss of assignment credit if applicable, referral to law enforcement.**

My signature on this form indicates that I have read and understand the School Board's policy concerning academic honesty.



_____
Student Name (Print)

_____ _____
Student Signature Date

_____ _____
Parent Signature **Date**

2019-20 CCPS CODE OF STUDENT CONDUCT POLICIES RELATED TO STUDENT ATTENDANCE AND MAKEUP WORK:

All absences are considered unexcused until the school receives explanation, written or oral, from the parent/guardian. The *Written Parent/Guardian Absence Notification Form* can be found on our school website and in the front student office. Please complete and submit this form to the front student office. If you prefer to call in your student's absence, you may call 941-474-7702 and press 1 or dial ext. 3031 to report a student absence. ***It is only necessary to send in the written form OR to call in to report your student's absence. It is not necessary to do both.***

At the high school level, **students with excused absences will be permitted and encouraged to make up work, tests, and quizzes and will not receive an academic penalty unless the work is not made-up within the allowable time frame.** Two days for each absence shall be given to complete all work. Exams, tests and quizzes shall be rescheduled at the discretion of the teacher. Long term projects shall be due on the date the student returns to class.

In the case of unexcused absences, a teacher *may deduct up to 30%* from the earned grade for work made up.

If a pattern of non-attendance develops, the principal or designee may require documentation to excuse an absence. The principal or designee has the authority to determine whether or not an absence is excused. Excessive excused absences for illness may result in the student being required to provide a doctor's note or other substantiating medical evidence.

- *Please see pages 16-22 of the CCPS Code of Student Conduct for specific guidelines and policies pertaining to attendance and makeup work.*

2019-20 LBHS TARDY TO SCHOOL POLICY:

2 Attendance Codes are in Focus to reflect students late to school for monitoring purposes.

ELATESCL = Student is late to school and considered excused. Parent/guardian has called in and the student has not exceeded 5 call-ins per quarter. Full make up privileges should be granted with no academic penalty.

ULATESCL = Student is late to school and is considered unexcused due to lack of parent notification or excessive call-ins (more than 5 per quarter) without formal documentation being provided.

School Board

Ian Vincent, Chairman
Bob Segur, Vice-Chairman
Kim Amontree
Wendy Atkinson
Lee Swift

Steve Dionisio
Superintendent

CHARLOTTE COUNTY Public Schools

July 1, 2019

Dear Parent / Guardian:

If you have already submitted an online application, or if you have received a letter from Charlotte County Public Schools *after* July 1, 2019 stating your family has been approved for free meals through "Direct Certification" please disregard this letter and application.
Children need healthy meals to learn. Charlotte County Public Schools offers healthy meals every school day. Breakfast costs $1.20 at Charlotte High School and Lemon Bay High School. Lunch costs $2.80 at Charlotte High School and Lemon Bay High School. Your children may qualify for free meals or for reduced price meals. Reduced price is 30¢ for breakfast and 40¢ for lunch. **For students who owe money, please see Champ's Café's "Unpaid Meal Charge" policy by logging onto www.yourcharlotteschools.net, Departments, District Support Services, Food & Nutrition Services, scroll down to Child With No Money.**

To apply for free or reduced price meals on line, go to www.yourcharlotteschools.net, **Departments, District Support Services, Food & Nutrition Services**, scroll down to Free and Reduced-Price Meals or use the Free and Reduced Price School Meals Application that can be downloaded at the same web site. Meal Applications are also available in the Principal's Office at your child's school. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to Champ's Café, 1016 Education Avenue, Punta Gorda, FL 33950. Information submitted on an application may be verified at any time during the year.**

If my child	Provide the following information:
Receives TANF (Temporary Aid for Needy Families) or Food Stamps (SNAP)	• List each child's name, school, and grade • TANF case number or Food Stamp number and the name of the household member who receives SNAP • Signature of adult household member. • A social security number is not necessary. • Free meal benefits will be extended to all children in a household when the application lists a SNAP number.
Does not receive Food Stamps or TANF	• List each child's name, school, and grade – list all children together, if any or all children listed are foster children, please list the personal use income of the child. • List names of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children. • Amount and source of each household member's income received * • Signature of an adult household member and that adult's last four digits of the social security number. If the adult household member signing the application does not have a social security number, check the box or write "none."
Direct Certification	• If you receive notification that your child has been directly certified to receive **FREE** meals for the School year, you **DO NOT** need to apply for meal benefits.

***List the types of income your household got and how often you got them.**

Employment income: List the **gross income** each person earned **OR** each person's normal income. **Gross income is the amount earned before taxes and deductions—it is not the same as take home pay**. It should be listed on your pay stub, or your boss can tell you. **Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).**

Other Income: List the total amount each person got from **all other sources and how often it was received**. Include welfare, child support, alimony, pensions, retirement, social security, worker's compensation, unemployment, strike benefits, supplemental security income (SSI), veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Other income includes cash amounts received or withdrawn from any source, including savings, investments, trust accounts, and other resources, which are available for payment of a child's meals. Report net income for self-owned business, farm, or rental income.

Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

1. **Do I need to fill out an application for each child?** No. Complete one Free and Reduced Price School Meals Application for all students in your household.
2. **Who can get free meals?** Children in households getting Florida Food Stamps, TANF or Food Distribution Program on Indian Reservations. Also, your children can get free price meals if your household income is within the free limits on the Federal Income Guidelines.
3. **Can Foster Children get free meals?** Yes, Foster children will receive free benefits regardless of the child's personal use income or the income of the household. Foster children may be included as a member of the foster family if the foster family chooses to also apply for benefits. If the foster family is not eligible for free or reduced-price meals, it does not prevent a foster child from receiving free meal benefits.
4. **Can Homeless, Runaway, and Migrant Children get free meals?** Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call (941) 255-7480 to see if they qualify.

CHARLOTTE COUNTY PUBLIC SCHOOLS FREE AND REDUCED-PRICE MEAL APPLICATION 2019-2020

PART 1. NAMES OF CHILDREN IN **CHARLOTTE COUNTY SCHOOLS ONLY**. USE BLACK OR BLUE INK ONLY!

Last Name	First Name	SCHOOL	BIRTHDATE	FOSTER CHILD	HOMELESS	MIGRANT	RUNAWAY	✓ NO INCOME
1.								
2.								
3.								
4.								
5.								

PART 2. IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES FLORIDA SNAP, FDPIR OR FLORIDA 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, COMPLETE PARTS 3 AND 4. ***A case number is NOT your card number - a case number starts with a "1".***

Name:_____ Case Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Children in households participating in WIC ***MAY*** be eligible for free or reduced price meals.

WIC - CHILDREN IN HOUSEHOLDS PARTICIPATING IN WIC *MAY* BE ELIGIBLE FOR FREE OR REDUCED-PRICE MEALS.

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 INCOME IS RECEIVED. (How often do you get a paycheck and what is the **GROSS** income?) RECORD EACH INCOME ONLY ONCE.

IMPORTANT - LIST THE NAMES OF **ALL OTHER** HOUSEHOLD MEMBERS; INCLUDE YOUNGER AND OLDER SIBLINGS, GRANDPARENTS, OTHER RELATIVES, AND NON RELATIVES IN THE HOUSE. **FAILURE TO LIST ALL HOUSEHOLD MEMBERS MAY CAUSE A DELAY IN THE PROCESSING OF YOUR APPLICATION.**

GROSS INCOME (BEFORE TAXES) AND HOW OFTEN IT IS RECEIVED OR Check here if no income ✓

	Earnings from work **BEFORE DEDUCTIONS** - This is **not** take home pay.	✓ Weekly	✓ Every 2 weeks	✓ Twice monthly	✓ Monthly	Welfare, child support, alimony received - **do not list what you pay out.**	✓ Weekly	✓ Every 2 weeks	✓ Twice monthly	✓ Monthly	Social Security, SSI, VA, Pensions, Retirement Benefits, etc.	✓ Weekly	✓ Every 2 weeks	✓ Twice monthly	✓ Monthly	Income such as Unemployment benefits	✓ Weekly	✓ Every 2 weeks	✓ Twice monthly	✓ Monthly
1.																				
2.																				
3.																				
4.																				
5.																				
6.																				
7.																				

TOTAL NUMBER OF PEOPLE LIVING IN YOUR HOUSE: **ADD PART 1. AND PART 3.** - HOW MANY PEOPLE? _____

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 complete, the adult signing the form also must list the last four digits of his/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 may be shared as allowed by law.

Signature:_____ Printed Name:_____ Date:_____

Mailing Address:_____ Apt. #_____ Phone Number:_____

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 Florida Kid Care and 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? ☐ Yes ☐ No

FOOD SERVICE OFFICE USE ONLY Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice Monthly x 24, Monthly x 12

Total Income:_____ House Size:_____ Per:_____ Week; _____ Every 2 Weeks; _____ Twice Monthly; _____ Monthly; _____Yearly

Determining Official:_____ Date:_____ Confirming Official:_____ Date:_____

Follow-Up Official:_____ Date:_____ Eligibility FREE REDUCED-PRICE DENIED

PLEASE COMPLETE ONLY ONE APPLICATION PER FAMILY!

IF YOU DON'T QUALIFY NOW, YOU MAY RE-APPLY AT ANY TIME.

If you have any questions, please call (941) 575-5400 x 109

Apply online: champs.yourcharlotteschools.net

Champ's Café
1016 Education Ave.
Punta Gorda, FL 33950

Apply online !

For FREE or Reduced-Price Breakfast and Lunch for your child, apply online:

champs.yourcharlotteschools.net

No need for a paper application if you apply online!

Track online !

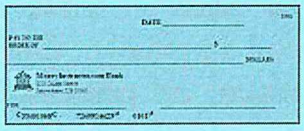
FREE !

Sign up on www.PayPAMS.com to view your child's account at Champ's Café and track their balance ***at no charge!***

Just enter your child's **birthdate** and **school**!

Pay online !

Parents and Guardians who desire to use their credit or debit card to pay for meals can use www.PayPAMS.com (Parent Account Management System) at a cost of **$1.95 per student transaction** when you make an online payment. There is no annual subscription fee, and ***Champ's Café*** still welcomes cash or checks, too!



VISA MasterCard DISCOVER

To register to make online debit or credit card payments at a cost of $1.95 per student transaction:

1. Go to PayPAMS.com and click on the **'Register Now'** button on the home page.
2. Select your **state: Florida,** then select your **school district: Charlotte.**
3. Create a **username** and **password** and enter your **contact information.**
4. Add **children** to your account.
5. **Make payments** or set up automatic payments based on low balance.

Helpful Hints:

- It takes 1 to 2 school days for a payment to replenish your child's account at Champ's Café.
- When a payment is processed, a confirmation number will be displayed and an email will be sent verifying that the payment was processed. If a confirmation number is not displayed, the payment was not processed.
- Low Balance Automatic Payments Trigger: PayPAMS recommends triggering automatic payments when the student meal account balance falls below $12.00.
- More questions? Click on 'Help' or 'Contact Us' on the PayPAMS.com home page.

Pre-pay School Meals at www.paypams.com or using the PayPams Mobile App

paypams

ANDROID APP ON Google play | Available on the App Store

Pay Now

Account Balance

Automatic Payments

Email Notifications

Add/Remove Students

Payment History

Cafeteria Purchases

CURRENT USERS TIPS FOR THE BEGINNING OF THE SCHOOL YEAR

Login to the site at least one week before the beginning of the school year. Check that your credit/debit card on file has not expired, your email address is updated, and that your automatic payment plan's stop date has not expired.

Forgot Password: If you previously registered with PayPAMS but forgot your password, go to PayPAMS.com, click 'Login' then click on the 'Forgot Password' link. If you were unable to retrieve your password through the 'Forgot Password' link, contact customer support from the 'Contact Us' page. Do not register again. Note: passwords are case sensitive.

Balance Transfer from Year to Year: Any remaining student meal account balance will automatically transfer to the next school year.

Important note: If your child moved from one school to another within the same school district, it may take a day or two from the beginning of the school year to transfer the remaining balance from the old school to the new school. During that time period, the balance on PayPAMS may show as $0.00. If you are not sure if your child's account had a remaining balance from the previous school year, we recommend you make a payment.

Refunds: PayPAMS processes refunds only for the exact payment amount. If the student has already used some of the money, or has graduated, please contact the school district.

Moved to a different school district: If you moved to a different school district, you can keep the same username and password information. Login to your account, go to 'Contact Us' and select subject 'Moved from District'. Do not register again. Note: PayPAMS cannot transfer money from one school district to another. Contact your previous school district for refunds.

NEW USERS SIGN UP NOW

1. Go to PayPAMS.com and click on the **'Sign Up Now!'** button on the home page.
2. Select **your state**, then select your **school district.**
3. **Create a username and password** and enter your contact information.
4. **Add children** to your account.
5. **Make payments or set up automatic payments** based on low balance.

HELPFUL TIPS WHEN REGISTERING

1. **Username:** Create a unique username. If the system indicates that the username is taken, select a different username.
2. **Duplicate Accounts:** If the system indicates that an account already exists with the same phone number or email address, contact customer support from the 'Contact Us' page.
3. **Meal Account Balance and Cafeteria Purchases:** It takes 1-2 school days before balances and cafeteria purchases information for new registrants can be displayed. However, you can make payments immediately upon registration. If you cannot view balances two days after you added the student to the account, contact customer support from the 'Contact Us' page.

STUDENT ACCIDENT INSURANCE

Accidents aren't supposed to happen, but they do.

School recess, one-day field trips and general day-to-day activities can all lead to injuries. Having coverage during school hours, or around the clock can insure your loved ones get the care they need without financial hardship to your family.

ELIGIBILITY

Any enrolled student is eligible for coverage.

K-12 ACCIDENT PLANS THAT ARE AVAILABLE THROUGH YOUR SCHOOL:

- School Time Accident Only
- 24-Hour Accident Only
- Interscholastic Sports
- 24-Hour Dental

ADULT/VOTECH ACCIDENT PLANS THAT ARE AVAILABLE THROUGH YOUR SCHOOL:

- School Time Accident Only
- 24-Hour Dental

PAYMENT: Parents or guardians of students are responsible for enrollment and premium payment.

HOW TO ENROLL

Enrolling is easy and only takes a few minutes.

Go to **https://www.SchoolInsuranceAgency.com**.

1. Choose Public or Private
2. Select your County if Public
3. Select your School
4. Select your plan, Pay and Print ID card

OR Print the enrollment application from our web site and mail it to our office with your check, credit card or money order . No ID card will be returned on mail in applications.

FOR A FULL LIST OF BENEFITS AND EXCLUSION GO TO:
https://www.SchoolInsuranceAgency.com

FOR QUESTIONS, CALL *1-800-541-8256*

School Insurance Agency
120 53rd Ave. W. Bradenton, Fl. 34207

Manta Ray T-shirt Order Form

Show your Manta Pride with a Manta Ray shirt!

Please indicate below the quantity of each size that you would like to order. You can return this form with **check made payable to LBHS** in the front office. We will deliver the shirt to you child's class as soon as it leaves the press.

Student Name:_____

First Period Teacher: _____

Please write the quantity of each size. Adult sizes only!

_____S _____M _____L _____XL _____2XL _____3XL

Total Number of Shirts _____ @ $20 each = _____