

**Pinellas County Schools  
STUDENT CLINIC CARD  
& RELEASE FORM**

Medications given at school     Health Care Plan on File     Student has IEP     504 Plan

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
School

Instructions: This form must be completed by parent and returned to school for each student. **PLEASE PRINT**

|   |                                   |                                |                                 |                                      |  |
|---|-----------------------------------|--------------------------------|---------------------------------|--------------------------------------|--|
| Students legal name (Last, First, Middle)   |                                   |                                |                                 | Student Nickname                     |  |
| <input type="checkbox"/> Male   | <input type="checkbox"/> White    | <input type="checkbox"/> Black | Date of birth                   | Grade                                | Name of brothers, sisters at this school |
| <input type="checkbox"/> Female   | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Asian |                                 |                                      |  |
|   |                                   |                                | <input type="checkbox"/> Indian | <input type="checkbox"/> Multiracial |  |
| Address - street number & name, City, ZIP   |                                   |                                |                                 | Apt #                                | Home phone number                        |
| Mother's name/legal guardian (circle one)   |                                   | Cell phone                     | Home phone<br>Work phone        | Work/Home E-mail                     |  |
| Father's name/legal guardian (circle one)   |                                   | Cell phone                     | Home phone<br>Work phone        | Work/Home E-mail                     |  |
| Stepparent's name (if applicable)   |                                   | Cell phone                     | Home phone<br>Work phone        | Work/home E-mail                     |  |
| Name(s) of persons(s) who will be responsible if parent cannot be reached and who is/are authorized to remove child from school during school day without further parental consent: |                                   |                                | Relationship                    | Cell phone                           | Home phone<br>Work phone                 |
| 1.  |                                   |                                |                                 |                                      |  |
| 2.  |                                   |                                |                                 | Cell phone                           | Home phone<br>Work phone                 |
| Physician's name  |                                   |                                |                                 | Preferred hospital                   | Date last physical exam                  |
| Dentist name  |                                   |                                |                                 | Telephone #                          | Date Last Dental visit                   |
| Health problems - Please list any health problems that the school needs to be aware of.   |                                   |                                |                                 |                                      |  |
| Medications - Is your child currently taking any medications (at home or in school)? <input type="checkbox"/> Yes <input type="checkbox"/> No Please List                           |                                   |                                |                                 |                                      |  |
| Allergies - List any your child may have <input type="checkbox"/> mild <input type="checkbox"/> severe  |                                   |                                |                                 |                                      |  |

Is there any court order restricting access to the student and/or student records?  Yes  No  
If yes, provide the school with a certified copy.

I give my permission for my child's stepparent to have access to student records and to sign forms related to my child.  
 Yes  No

In case of accident or serious illness, the school will contact the parent. If the school is unable to contact the parent or person designated above, the school will contact the physician or dentist or will make necessary arrangements for immediate treatment.

Payment of the fees will be assumed by parent/guardian.

I have reviewed and understand the conditions of the Student Clinic Card.

I authorize  I do not authorize

the School District of Pinellas, Florida, to release and exchange my child's confidential information to agencies of the State of Florida which would allow Pinellas Schools to verify Medicaid eligibility, bill Medicaid for reimbursable Certified School Match services referenced on my child's individual educational plan (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.**

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

\_\_\_\_\_  
Date

**PINELLAS COUNTY SCHOOLS  
K-12 STUDENT REGISTRATION FORM**

|   |  |  |  |  |                        |                            |                   |
|---|--|--|--|--|------------------------|----------------------------|-------------------|
| STUDENT'S LEGAL NAME (LAST)   |  | (FIRST)  | (MIDDLE)   | PHONE NUMBER   | MALE ___<br>FEMALE ___ | SCHOOL NAME                |                   |
| STUDENT'S ADDRESS - NUMBER, STREET & APT. # OR LOT #  |  |  |  | CITY   | ZIP CODE               | GRADE                      | DATE              |
|   |  |  |  |  |                        | <b>FOR OFFICE USE ONLY</b> |                   |
| DATE OF BIRTH   |  | PLACE OF BIRTH (CITY, STATE)   | LATINO ETHNICITY ___ YES ___ NO (MUST CHECK ONE) ___ WHITE<br>___ INDIAN ALASKAN ___ ASIAN ___ BLACK ___ HAWAIIAN PACIFIC ISLANDER |  | PROOF OF ADDRESS       | BIRTH CERTIFICATE          |                   |
| HAS STUDENT EVER ATTENDED A PINELLAS COUNTY SCHOOL? ___ YES ___ NO IF YES, SCHOOL NAME _____<br>IF NO, NAME, CITY AND STATE OF LAST SCHOOL ATTENDED _____ |  |  |  |  |                        | PHYSICAL                   | RECORDS REQUESTED |
| HAS STUDENT EVER BEEN RETAINED? ___ YES ___ NO<br>If so, what grade(s)?   |  | DOES STUDENT RECEIVE SPECIAL EDUCATION SERVICES (IEP)?<br>___ YES ___ NO |  |  |                        | ENTRY CODE/DATE            | IMMUNIZATION      |
| *STUDENT SOCIAL SECURITY NUMBER (OPTIONAL)  |  |  |  | PARENT/GUARDIAN EMAIL ADDRESS  |                        | HOME PHONE/<br>CELL PHONE  | WORK PHONE        |
| MOTHER'S NAME/LEGAL GUARDIAN (CIRCLE ONE)   |  |  |  | HOME ADDRESS (IF DIFFERENT FROM STUDENT)   |                        | HOME PHONE/<br>CELL PHONE  | WORK PHONE        |
| FATHER'S NAME/LEGAL GUARDIAN (CIRCLE ONE)   |  |  |  | HOME ADDRESS (IF DIFFERENT FROM STUDENT)   |                        | HOME PHONE/<br>CELL PHONE  | WORK PHONE        |
| NAME OF STEP PARENT (IF APPLICABLE)   |  |  |  | HOME ADDRESS (IF DIFFERENT FROM STUDENT)   |                        |                            |                   |
| NAME OF EMERGENCY CONTACT   |  |  | EMERGENCY CONTACT PHONE  | CHILD LIVES WITH: <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> STEPMOTHER<br><input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> STEPFATHER |                        |                            |                   |
| IS THERE ANY COURT ORDER RESTRICTING ACCESS TO THE STUDENT AND/ OR STUDENTS RECORDS? ___ YES ___ NO<br>IF YES, PROVIDE THE SCHOOL WITH A CERTIFIED COPY.  |  |  |  |  |                        |                            |                   |

PURSUANT TO FLORIDA STATUE 1006.07:

HAS YOUR CHILD EVER BEEN EXPELLED FROM A PREVIOUS SCHOOL? \_\_\_ YES \_\_\_ NO

HAS YOUR CHILD EVER BEEN ARRESTED RESULTING IN A CHARGE, OR HAVE THERE BEEN ANY JUVENILE JUSTICE ACTIONS? \_\_\_ YES \_\_\_ NO

HAS YOUR CHILD EVER BEEN REFERRED FOR MENTAL HEALTH SERVICES? \_\_\_ YES \_\_\_ NO

IF YES, PLEASE PROVIDE DETAILS. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Section 229.559, Florida Statutes, requires the school district to request Social Security numbers from students registering in public schools. Social Security numbers are not required as a condition of enrollment or graduation. If you do not wish to provide the school with the student's social security number, you must inform the school in writing so that an alternate identification number can be assigned, as per state statute.

\_\_\_\_\_  
**SIGNATURE OF PARENT/LEGAL GUARDIAN** **DATE**

PINELLAS COUNTY SCHOOLS  
**MEDIA RELEASE FORM**

During the school year, Pinellas County Schools may produce, reproduce, broadcast or publish student names, likenesses and/or voices on multiple media formats, including but not limited to:

- WPDS-Ch. 14
- Written publications
- District websites
- School websites
- Teacher websites
- Social Media Sites
- Marketing Materials

All documents on district-sponsored websites are required to conform to school board policies, including Policy 7.33, Use of Electronic Resources.

In addition, news media, including representatives of television, radio, newspaper and magazines, are periodically permitted on school board property and may take notes, still photographs, sound recordings and/or video that may include your child. These items may appear or be used in news or feature stories by print, television or radio media.

Pursuant to Section 540.08 and Section 1002.22, Florida Statutes, the school board is required to obtain express written permission before using any student's name or likeness in the above described manner. If you do not object to the use of your child's name, picture or voice for any purpose mentioned above, please sign the form below granting your consent pursuant to Section 540.08(1) and Section 1002.221(2)(a), F.S. If you have any questions, please contact the principal of your child's school.

If the student or parent/guardian wishes to rescind this permission, he or she may do so at any time with written notice. Unless rescinded, this permission will remain in effect in subsequent years.

REGARDING: \_\_\_\_\_  
(name of student)

NAME OF SCHOOL: \_\_\_\_\_

**I grant permission to use the above student's name, likeness and/or voice in the manners described above.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Student's signature (if 18 or older)

\_\_\_\_\_  
Parent or guardian's signature (if student is under 18)

# SEMINOLE MIDDLE SCHOOL PTSA



*everychild. one voice.*<sup>®</sup>

## Welcome Back SMS Families!

No matter where or how our students are learning, SMS PTSA is still supporting our school and community. Our events may look different, but we are still providing teachers with mini grants, planning spirit nights and finding creative ways to connect with our families. We do not feel right having our families fundraise this fall, so please consider making a donation to help us continue to support our school!

## 2020/2021 PTA Board

Kyra Mugharbel – President

Alison Mazzei – Treasurer

Susan Serra – Secretary

Katie Ristorcelli – Fundraising

Karl Wiemer – Website & Awards

Jen Kunish – Memberships

Angela Lovelace & Elizabeth Sorenson – Spirit Nights

## Stay Connected



Seminole Middle School PTSA



[seminolemiddleschoolpta@gmail.com](mailto:seminolemiddleschoolpta@gmail.com)



[www.seminolemiddleschoolpta.org](http://www.seminolemiddleschoolpta.org)

## **SPIRIT WEAR**

You can access the store by going to:

<https://seminolemiddle.new.memberhub.store/store>

Or return the form to school to place an order.

## AmazonSmile

While shopping on Amazon, please consider using AmazonSmile. A portion of each purchase will come back to the PTSA. Directions to do this from a mobile device can be found on our Facebook page.

## **PTSA Memberships**

Please return the form to school or visit us at

<https://seminolemiddle.new.memberhub.store/store> to

purchase your PTSA membership today!



## **BOXTOPS for Education**

Please send in any BoxTops you have collected and also make sure to download the app to upload your receipts to our school. If you need help with this please reach out to us.

## Seminole Middle School Shirt & PTSA Membership Form

To order a 2020-2021 SMS t-shirt and/or a PTSA Membership, please fill out this order form and return it to Seminole Middle School with **payment attached**.

*Please enter the quantity in the box under the correct size and color. \*Add \$2.00 for XXL and XXXL sizes.*

| Short Sleeve COTTON T-Shirt   |    |    |    |    |    |    | \$10 each, 2 for \$15 |              |                      |              |
|---|----|----|----|----|----|----|-----------------------|--------------|----------------------|--------------|
|  | YM | YL | AS | AM | AL | XL | XXL<br>+\$2           | XXXL<br>+\$2 | Total # of<br>Shirts | Total<br>Due |
| <b>Black</b>  |    |    |    |    |    |    |                       |              |                      |              |
| <b>Maroon</b>   |    |    |    |    |    |    |                       |              |                      |              |
| Short Sleeve DRYWICK T-Shirt  |    |    |    |    |    |    | \$12 each, 2 for \$20 |              |                      |              |
|  | YM | YL | AS | AM | AL | XL | XXL<br>+\$2           | XXXL<br>+\$2 | Total # of<br>Shirts | Total<br>Due |
| <b>Black</b>  |    |    |    |    |    |    |                       |              |                      |              |
| <b>Maroon</b>   |    |    |    |    |    |    |                       |              |                      |              |

**1 Cotton and 1 Drywick for \$18**

## SMS PTSA Membership Form

Purchasing a PTSA Membership requires **NO** volunteer commitment!

Please make sure your email is clearly written, your membership will be emailed to you.

**Memberships are \$10 per adult or \$5 for an SMS Student**

Name: \_\_\_\_\_ \$10 Membership \_\_\_ \$5 Membership \_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ \$10 Membership \_\_\_ \$5 Membership \_\_\_

E-Mail \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ \$10 Membership \_\_\_ \$5 Membership \_\_\_

E-Mail \_\_\_\_\_ Phone: \_\_\_\_\_

Please include any **DONATION** you wish to make here \$ \_\_\_\_\_

Student Name: \_\_\_\_\_

7<sup>th</sup> Period Teacher: \_\_\_\_\_

**TOTAL ENCLOSED FOR ALL ITEMS PURCHASED \$** \_\_\_\_\_

**(MAKE CHECKS PAYABLE TO SMS PTSA)**

# SEMINOLE MIDDLE SCHOOL



## Welcome Back SMS Family and Community Volunteers!

At the end of July, ALL PCS Volunteer profiles were placed as: **INACTIVE**  
Returning volunteers must re-activate in the Volunteer System **prior** to volunteering.  
Please re-activate your volunteer account today! Instructions are below.

1. Sign into the Volunteer System, please use the Google Chrome browser and go to: <https://focus.pcsb.org/volunteer>
  - a. Enter your username and password:  
User ID: **v. Last name first initial (Example: Melissa Stone, v.stonem)**  
Password: **Last name (Capitalize the first letter only) followed by the 4-digit BirthYEAR. (Example: Stone1990)**
2. Common last names may have additional characters or symbols as part of the user ID. If your user ID and password has not been confirmed to you by an email, or you cannot remember your login please contact the Family & Community Liaison at the school.
3. Please answer the criminal offense questions and be sure to click I **AGREE** with the confidentiality statement to **SAVE** your answers. You can then be sure your personal information is up to date before logging out in the lower right-hand corner of the screen.

***Please don't forget to log your volunteer hours all year long!***

**IMPORTANT NOTE:** Do NOT re-activate using any mobile device. To do so may inadvertently answer the criminal offense questions incorrectly, which would delay your clearance.

### For more information contact:

Michelle Alfred  
SMS, Family and Community Liaison  
727-547-4520 x2045  
alfredm@pcsb.org



[www.pcsb.org/volunteer](http://www.pcsb.org/volunteer)

# SEMINOLE MIDDLE SCHOOL

## Welcome New SMS Family and Community Members

Exciting opportunities for Pinellas County students, parents and teachers are happening every day, thanks to the efforts of families and community members. Volunteers and community partners are making a difference, to help students develop the skills, knowledge and attitudes that are the hallmark of a quality education.

### Get Involved with our Future

Volunteer, Mentor, Tutor, Speakers, PTA/PTSA, School Advisory Council, Business & Community Partnerships and Family Engagement and more...

We hope we can count on your support! Complete the online registration and upload your driver's license or a photo legal ID. Your application will be processed, and you will receive an email approval with a User ID and password to log your volunteer hours.

If you cannot upload your driver's license, please complete the application and contact the Family & Community Liaison at the school.

The volunteer registration URL is: [www.pcsb.org/volunteerregistration](http://www.pcsb.org/volunteerregistration)



## Already a Registered Volunteer at Another School?

If you registered to volunteer at another school, and are new to Seminole Middle, please contact the Family and Community Liaison listed below with your First Name, Last Name, and Birthdate. They will be able to associate your existing volunteer profile to Seminole Middle.

### For more information contact:

Michelle Alfred  
SMS, Family and Community Liaison  
727-547-4520 x2045  
alfredm@pcsb.org



[www.pcsb.org/volunteer](http://www.pcsb.org/volunteer)

# Stay Engaged & Informed With These Communication Tools!

## 1. Weekly Updates From Principal Moss

A recorded phone call that is delivered to your main phone number and email in Parent Portal. These “call outs” happen each week and include a written version that is sent to the primary email on file in Parent Portal.



## 2. Seminole Middle Website – <https://www.pcsb.org/seminole-ms>

Visit our website weekly to stay informed of upcoming events, find necessary forms, and more. The Announcements Tab in the center of the home page contains news and current events. The Calendar lists important dates and upcoming events. The Quick Link section gives easy access to the most popular links of information.



## 3. SMS Facebook Page - <https://www.facebook.com/SeminoleHawks/>

Seminole Middle School has a Facebook Page to help celebrate the accomplishments of our students, keep families informed of events and happenings through social media, and connect our school with the surrounding community.



## 4. Peachjar Flyers - <https://accounts.peachjar.com/login>

Create an account using the link above to receive Peachjar flyers if you are not receiving them, or ensure your email in FOCUS is correct/accurate.





# Adopt-A-Class Program

## Become a Partner in Education!

Seminole Middle School's Adopt-A-Class program allows an individual, business, or organization to sponsor a class, program, or department of their choice with a tax-deductible donation. By becoming an Adopt-A-Class Partner, you will help ensure our students have the resources they need to be successful.

100% of the money donated goes directly to the class, program, or department designated\*. Donation amounts vary, and every amount is welcome and appreciated! You determine how much you wish to donate. Whether you give \$10, \$20, \$100, or more – it all goes toward supporting our students' educational success.

Our Adopt-A-Class Partners will receive thank you letters from the students impacted and our principal; recognition on our school website, marquee, and school display; and an invitation to our annual Volunteer Appreciation Event. Partners in Education will also receive a certificate of appreciation at the end of the school year.

### ***Adopt-A-Class and Become a Partner in Education TODAY!***

On the bottom of this letter, you will find the Adopt-A-Class form. Fill in all the necessary information and return this form, along with your donation (made payable to Seminole Middle) in a sealed envelope. Mail or deliver to Seminole Middle School, Attention: Michelle Alfred, Family and Community Liaison, 8701 131<sup>st</sup> Street North, Seminole, FL, 33776.

Name of Adopter: \_\_\_\_\_  
(as you would like it published, or check here  if you want your donation to be anonymous)

Mailing Address: \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Contact Number(s): \_\_\_\_\_

Email: \_\_\_\_\_

What Class/Program/Department are you Adopting: \_\_\_\_\_

Student Name(s): \_\_\_\_\_ Donation amount: \$ \_\_\_\_\_

**Thank you for your support of our students and school!**

MAIL OR DELIVER TO:  
Seminole Middle School

Attention: Michelle Alfred, Family and Community Liaison  
8701 131<sup>st</sup> Street North, Seminole, FL 33776

Please contact Mrs. Alfred, at [alfredm@pcsb.org](mailto:alfredm@pcsb.org), or 727-547-4520 with any questions.

*\*If your donation is not completely used by the end of the year, the funds go directly to support other school enhancements.*

# Seminole Middle School Welcomes You!

## Home of the "HAWKS" 2020-2021

### Family and Community Volunteer Interest Form

SMS Volunteers are an invaluable part of our school community. Volunteer efforts are reflected in happy and successful students. We encourage you to take a moment to consider volunteering and let us know where you might enjoy giving some of your time to support our students and our school. Please provide us with the information below.

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

Address: \_\_\_\_\_

Home/Work/Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Best Day(s) and Time(s) to Volunteer: \_\_\_\_\_

Student Name(s): \_\_\_\_\_

#### LET US KNOW WHICH EVENTS/ACTIVITIES INTEREST YOU!

**At this time, all volunteer/mentor opportunities will be conducted virtually. When the determination is made to update this process, you will be contacted with information about the area(s) you select.**

I am interested in learning more about:

Mentoring \*one-hour training required\*    Tutoring in Subject Area(s): \_\_\_\_\_

➡ For the following areas, please mark all that interest you. ⬅

|  |                                 |                             |
|--|---------------------------------|-----------------------------|
| HAWK Store Attendant                         | School Advisory Council (SAC)   | Field Trip Chaperone        |
| Finance Park Chaperone                       | Picture Day Assistant           | PTA/PTSA                    |
| Special Events                               | Band Events/Activities          | Clerical/Office Assistant   |
| 8 <sup>th</sup> Grade End of Year Activities | Athletic Events/Team Assistants | Cafeteria Assistant         |
| Chorus Events/Activities                     | PBIS/Grade Level Celebrations   | Orchestra Events/Activities |
| Clubs/Student Groups Assistants              | Hospitality                     | Clinic Assistant/Screenings |

Please Note: This is not a volunteer registration form. New volunteers will register by completing a Volunteer Registration Form and providing a copy of a government issued photo ID to the SMS Family and Community Liaison. Volunteers that have registered with their prior school and have remained active, can contact the SMS Family and Community Liaison to connect your volunteer profile to our school. Please contact Michelle Alfred, Family and Community Liaison at SMS if you have any questions (727-547-4520, [alfredm@pcsb.org](mailto:alfredm@pcsb.org)).



## Change a Child's Life: *Be a Mentor to a Student*

**Pinellas County Schools** mentoring programs provide students with an additional presence of a caring, consistent and committed adult in their lives.

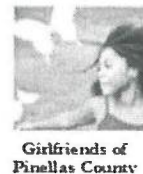
***Listen...encourage...be a friend!***

### **It's easy to get involved!**

- ◆ Attend a one-hour mentor workshop/orientation\*
- ◆ Complete a volunteer registration form and provide a copy of your driver's license
- ◆ Be matched with a student
- ◆ Enjoy time with a student for 30 minutes at lunch once a week during the school year\*
- ◆ Get all the resources to help develop a fun and meaningful relationship

***Help a child in our community who need us most to reach their full potential.  
To sign up for a workshop go to [pcsb.org/mentor](http://pcsb.org/mentor).***

**Contact our Family and Community Liaison, Michelle Alfred, 727-547-4520, [alfredm@pcsb.org](mailto:alfredm@pcsb.org)**



Michelle Alfred, SMS Family & Community Liaison  
[alfredm@pcsb.org](mailto:alfredm@pcsb.org)  
727-547-4520 x2045  
[pcsb.org/mentor](http://pcsb.org/mentor)

*\*Mentor workshops and mentoring sessions with students will be held using video conferencing tools until further notice.*

