

**BridgePrep Academy
of Tampa**

2418 West Swann Avenue
Tampa, FL 33609
(813)258-5652

www.BridgePrepTampa.com



Dr. Sara Troche-Pastrana
Principal

Ms. Britney Colquitt, M. Ed.
Assistant Principal

KINDERGARTEN - EIGHTH GRADE

FIRST DAY PACKET

2022 -2023

SCHOOL YEAR

Please READ, REVIEW, & RETURN

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IMPORTANT FIRST DAY MEMO
BridgePrep Academy Tampa
Welcome to the 2022-2023 School Year

Greeting BridgePrep Family,

Welcome to the 2022-2023 school year! I am certain it will be a huge success just as the previous years have been for us academically and socially. We are thrilled and honored to have your family as part of our learning environment.

Attached you will see our official “FIRST DAY PACKET.” This packet is critical to our success, communication, and safety of your child. PLEASE take a moment and review all pages provided. Return pages that need signatures, clarifications, and pertinent information to your homeroom teacher. Other pieces with general information may be kept at home with you for resource purposes.

This First Day Packet is due back August 17th. Without this packet we cannot provide aftercare services, lunch service, field trips, and / or ensure proper dismissal process for your child.

Please return your completed packet to your child’s homeroom teacher. Should you have any questions, please reach out to your teacher, or call the front office. Critical information regarding dismissal, allergies, emergency contacts, and other items that may conflict in keeping your child safe should be reported in writing to your child’s teacher (email or hardcopy), and our front office immediately.

Thank you for your timely response. Your child’s safety is of our utmost importance!

Much appreciation,
Dr. Sara Troche-Pastraña
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2022-2023 Student Calendar

| | |
|---|------------------------------------|
| Students' First Day of School | August 10, 2022 |
| Labor Day Holiday/Non-Student Day | September 5, 2022 |
| End of 1st Grading Period | October 12, 2022 |
| Non-Student Day (Church Greek Festival) | November 04, 2022 |
| Veterans Day/Non-Student Day | November 11, 2022 |
| Fall Break/Non-Student Days | November 21 - 25, 2022 |
| Students Return to School | November 28, 2022 |
| End of 2nd Grading Period (End of 1st Semester) | December 23, 2022 |
| Winter Break/Non-Student Days | December 26, 2022- January 9, 2023 |
| Students Return to School | January 10, 2023 |
| Martin Luther King, Jr. Holiday/Non-Student Day | January 16, 2023 |
| Non-Student Day | February 17, 2023 |
| Strawberry Festival Day-BPA Tampa School Day | March 6, 2023 |
| End of 3rd Grading Period | March 24, 2023 |
| Spring Break/Non-Student Days | March 13 - 17, 2023 |
| Students Return to School | March 20, 2023 |
| BPA Tampa Student Day / Holiday (Makeup for April 14th) | April 7, 2023 |
| NO EARLY RELEASE MONDAY | April 10, 2023 |
| BPA Tampa Early Release Day | April 12, 2023 |
| BPA Tampa Non-Student Day | April 14, 2023 |
| Last Day of School/End of 4th Grading Period (End of 2nd Semester) | May 26, 2023 |

Please Note

* Hurricane Day(s) if needed: October 17th, November 11, 22-23, and 25 2022

Student Early Release Days

One-hour Early Release: Early Release Day schedule has not been finalized

Last day of school: 2.5 hours early

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BRIDGEPREP ACADEMY TAMPA IMPORTANT CONTACT INFORMATION

Please be advised that it is parent / guardian's responsibility to advise the school of any change in address or telephone information. The school must also be notified in changes of who is authorized to pick up your child in writing and on the emergency card. If you do not advise the school of these changes, the school will not be able to contact you in the case of an emergency or in another situation which requires parent contact.

Please remember to keep the school informed.

Thank you,
Bridgeprep Tampa School Office

PRINT

Student Name: _____ Grade: _____

Parent Name: _____ Date: _____

Parent Signature: _____

Email: _____

Phone Number (prefer A Cell for SDHC text options): _____

Address (mailing State and District Reports): _____

PLEASE MARK N/A IF NO AVAILABLE INFORMATION. PLEASE ENSURE ACCURACY AND COMPLETION
ONE COPY IN THE OFFICE ANOTHER WITH THE HOMEROOM TEACHER

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TRANSPORTATION FORM

CAR RIDERS

Students, who are being transported to school by car, will need to be dropped off in the morning at 7:30 AM for breakfast by the GYM covered entrance, or at 7:50 AM by the schoolhouse steps through the car loop. They can be picked up through the car loop at 1:45 PM on Mondays (KG-1st), 2:30 PM (2nd-8th) or 3:30 PM (2:45 PM for Kg & 1st) Tuesdays – Fridays.

Individuals authorized to pick up car riders will need to have car tag displayed on their dashboard to have school personnel release the student to the driver. Drivers without car tag will need to report to the front office to provide identification before the student is released. We advise drivers without car tags to park in the lot in front of the church and walk to the front office as students will not be released to individuals without a car tag.

WALKERS

For the safety of all students, BridgePrep Academy of Tampa has implemented a strict dismissal policy for all walking and bike riding students. Walkers and Bike riders will be dismissed at 1:45 PM on Mondays and 3:30 PM (2:45 PM for Kg & 1st) Tuesdays – Fridays. They will be the first students dismissed. Parents are required to pick up all Kg-4 students at the church gate facing Swann Ave. Whenever possible we strongly recommend parents to designate an adult to walk with students. As a reminder, walkers should not walk home for more than 1 mile. Students that have siblings in grades 5th – 8th grade may wait at the gate to walk their sibling. This form must be completed by a parent or guardian prior to the student being dismissed as a walker.

CHILD NAME _____ GRADE _____
SIBLING _____ GRADE _____
SIBLING _____ GRADE _____
SIBLING _____ GRADE _____

My child will be walking to the following address _____

Parent signature _____ Date _____

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BRIDGEPREP ACADEMY OF TAMPA

MEDIA RELEASE

Throughout the school year, there may be events that will be photographed and videotaped; these images may be projected on the school's website and or other media. Please provide consent in showcasing your child and her or his academic achievements and work.

____ I give permission for my child to appear on the school website or other media.

____ I do not give permission for my child to appear on the school website or other media.

Student Name _____ Grade _____

Parent Name _____ Grade _____

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Student Internet Access Permission

Student Agreement

I have read, understand, and will abide by the terms and conditions for the use of Telecommunication for the School District of Hillsborough County. I further understand that any violation of the Terms and Conditions of Hillsborough County Board Policies will not be tolerated. Violations may result in losing access privileges, school disciplinary action, and/or appropriate legal action.

Student Signature _____ Date _____

Parent or Guardian

As a parent or guardian of the above student, I have read and understood the terms and conditions for the use of Telecommunication for the School District of Hillsborough County. I understand the access is solely for educational purposes and that reasonable precautions to supervise internet usage, and to filter inappropriate information have been taken. However, I also recognize that it is impossible for the district to restrict unsupervised access to all information and material, and I will hold them responsible for materials acquired on the network. I give permission for my child to use the internet in school and certify that the information contained on this application are true and correct.

Parent/Guardian Signature _____ Date _____

Parent Guardian Name _____

Parent/Guardian Phone Number _____

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Dear BridgePrep Family,

At BridgePrep Academy of Tampa, we use multiple technological tools to teach and assess our children. On any given day, your child will be using a computer in multiple classes to guide, project achievement, and assemble the learning environment accordingly.

Therefore, it is crucial that a pair of headphones are available for optimal success. Without headphones, your child's performance can be affected, and academic outcomes may not be favorable without proper sound. We ask that you provide a personal set of headphones (labeled with child's name) to ensure safety, cleanliness, and academic success.

This memo is documentation of headphones request in support for academic achievement as measured by computer-based assessments, adaptable learning for all children.

Please sign and return this form to your child's homeroom teacher.

I, _____, agree to provide headphones for my child.

I, _____, do NOT agree to provide headphones for my child, and will need assistance in obtaining the requirement.

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BLANKET PERMISSION SLIP

Dear Parents,

Field trips are considered an important part of your child's learning. It is a requirement that your child obtain a signed field trip form to participate and go on field trips. In the event your child fails to return a signed field trip permission form at the time of the field trip, this form would allow us to permit your child to go on the field trip. We will attempt to contact you by phone to alert you of the use of this form if this happens.

_____ YES, my child may attend school field trips and this form may be used in the event a signed field trip form was not returned.

_____ NO, my child may not attend school field trips unless a specified form is signed (for each individual field trip).

Teacher's Name _____ Grade _____

Student's Name _____

Parent/ Guardian's Name _____

Parent/Guardian Signature _____ Date _____

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PAVE HOURS

(Parents Active in Volunteering in Education)
Parent Teacher Committee

Dear BridgePrep Families,

Congratulations! Upon enrolling your child, you are automatically an “Official Member” of our PTC (Parent Teacher Committee). If you are not familiar with the PTC at BridgePrep, I’d like to take a moment to explain the program and how it will help support our school this year. We are excited and honored to have you in our community!

Areas of Possible Support & Volunteer Options:

1. Programs and Events – These people will help design and implement programs for our students and parents such as a Winter Concert, Talent Show, Parent and Grandparent breakfasts, dances and so on. The focus here are our students!
2. Recruitment – This group of people will brainstorm and come up with ways to recruit new students to the school and create an awareness in our community. The focus here is to provide more to our students and their learning environment.
3. Operational Support – This group will assist the administration and teachers by offering hours to aid in the office, in the classroom, before, during and or after school.
4. Enrichment – These volunteers will identify and provide programs that will enrich our curriculum from sports and athletics to music and art during after school hours. Example: soccer classes, cheerleading classes, crafts, a musical instrument, sign language club and so on. These instructions would require a fee for participation that would financially support the school and activity.
5. Fundraising – This branch would implement and carry out fundraising events throughout the year. This focus is to raise money for schools’ operations, students’ celebrations, and much more. This helps fund our school.

Upon enrollment, each family has agreed to volunteer at least 20 hours a year per family enrolled & sign the Parent-Student Handbook contract. Each area is a micro-focus on the many variables that make our school successful; signing up for one of the following allows us to know your preferred area of focus and will assist us in seeking support. I look forward to being a part of a family-oriented team and seeing how much we can accomplish together!

Thank you so much for your support and I look forward to working with each of you.

Sincerely,
Dr. Troche



PAVE HOURS

(Parents Active in Volunteering in Education)
Parent Teacher Committee

I would prefer but am not limited to the following subcommittees to be an active participant in the PTC (Please sign & provide information for one choice).

1. Programs and Events – These people will help design and implement programs for our students and parents such as a Winter Concert, Talent Show, Parent and Grandparent breakfast, a Spring Dance and so on. The focus here are our students!
Signature _____
Print First _____ Print Last _____
Email _____ Phone # _____
2. Recruitment – This group of people will brainstorm and come up with ways to recruit new students to the school and create an awareness in our community. The focus here is to provide more to our students and their learning environment.
Signature _____
Print First _____ Print Last _____
Email _____ Phone # _____
3. Operational Support – This group will assist the administration and teachers by offering hours to aid in the office, in the classroom, before, during and or after school.
Signature _____
Print First _____ Print Last _____
Email _____ Phone # _____
4. Enrichment – These volunteers will identify and provide programs that will enrich our curriculum from sports and athletics to music and art during after school hours. Example: soccer classes, cheerleading classes, crafts, a musical instrument, sign language club and so on. These instructions would require a fee for participation that would financially help support the school.
Signature _____
Print First _____ Print Last _____
Email _____ Phone # _____
5. Fundraising – This branch would implement and carry out fundraising events throughout the year. This focus is to raise money for schools’ operations, students’ celebrations, and much more. This funds our school.
Signature _____
Print First _____ Print Last _____
Email _____ Phone # _____



HEALTH HISTORY INFORMATION

Student: _____ Student #: _____ Grade: ____ Date: _____

Dear Parent/Guardian:

Please provide the school with the following information so that we may have a better understanding of your child's health needs while at school.

1. Is your child under the care of a physician for any health condition(s)? If so, please list.
2. Has your child had a problem with any of these health conditions in the last year? ___Yes ___No
Physician's name _____ Phone # _____
3. Should your child's activities at school be restricted in any way? (Please note that some restrictions may require a physician's letter of explanation)
4. Does your child take medication regularly?

Medication name _____ Dosage _____
Reason for medication _____

5. What action do you want the school to take when your child is sent to the school clinic for a health problem?

Emergency Contact #

Name _____ Relationship _____ Phone # _____
Name _____ Relationship _____ Phone # _____

6. Please list any other information that might be helpful in caring for your child.



SDHC IMMUNIZATION REQUIREMENTS FOR SCHOOL ENTRY

Students in Kindergarten through twelfth grades who are making their initial entry into a Florida school must present a record of a physical examination completed within the last twelve months.

- For students entering Pre-Kindergarten*, the immunization record must show that the student has met the minimum state requirements for vaccines:
 - 3-5 doses DTaP (diphtheria-tetanus-pertussis)
 - 3-5 doses Polio (Kindergarten)
 - 1-2 doses MMR (measles-mumps-rubella)
 - 3 doses Hepatitis B
 - 1-2 doses Varicella (chickenpox)**

*** Note: Immunizations listed below are not required, but recommended:**

- Haemophilus influenza type b (Hib)
- Pneumococcal conjugate (PCV13)
- Hepatitis A (Hep A)

** Varicella vaccine is not required if Varicella disease is documented (the year the child had the disease must be included) by a Licensed Physician, Advanced Registered Nurse Practitioner or Physician Assistant.

- **Immunization Requirements for Kindergarten Through Sixth Grade**

Students entering kindergarten must submit an updated immunization record and a school entry physical examination

- 5 doses DTaP (diphtheria-tetanus-pertussis)
- 4-5 doses Polio (Kindergarten)*
- 2 doses MMR (measles-mumps-rubella)
- 3 doses Hepatitis B
- 2 doses Varicella (chickenpox)**

***Note KG:** If the fourth dose of polio vaccine is administered prior to the fourth birthday, a fifth dose of polio vaccine is required for kindergarten entry only.

**Varicella vaccine is not required if Varicella disease is documented (the year the child had the disease must be included) by a Licensed Physician, Advanced Registered Nurse Practitioner or Physician Assistant.

- **Immunization Requirements for students entering seventh through twelfth grade**

Students entering seventh grade must submit an updated immunization record with a Tdap. All students from seventh through twelfth grade immunization record must that the student has met the minimal state requirements:

- 5 doses DTaP (diphtheria-tetanus-pertussis)
- 4 doses Polio (IPV or OPV)
- 2 doses MMR< (measles-mumps-rubella)
- 3 doses Hepatitis B
- 1 dose Tdap (tetanus, diphtheria, pertussis)
- 2 doses Varicella (chickenpox) or has had the disease as documented by a healthcare provider**

***Note:** 1 dose Tdap (tetanus- diphtheria- pertussis) for seventh grade is required. An updated DH 680 form to include Tdap must be obtained for submission to the school.

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Health Guidelines

If your child is injured or becomes ill at school, you will be notified immediately, PLEASE KEEP US CURRENT REGARDING YOUR PHONE NUMBERS BOTH AT HOME AND WORK. This information is vital should an emergency arise.

ILLNESS

1. If you suspect your child is not well, please keep her/him at home, regardless of her/his desire to come to school. We ask that you do this out of consideration for her/his classmates.
2. If your child has had a fever, his/her temperature should be normal for twenty-four (24) hours before returning to school.
3. If your child has a cold, is coughing, and has a runny nose, please consider that she/he may be contagious to others. Please keep her/him home or plan for her/his care until she/he recovers.
4. If your child has a rash, please keep him/her home, and contact your doctor to find out the cause.
5. Our school staff only administer prescription medication prescribed by a doctor to children upon completion of a medication request form.

MEDICATION POLICY

Every attempt must be made by the student's parent and physician to have medication administered at home during non-school hours. When this is not possible, a completed Medication Authorization Form must be provided for each medication to be administered during school hours.

No medication may be administered by school personnel unless the parent presents the school with a completed Medication Authorization Form, signed by the physician and parent.

The Medication Authorization Form must be renewed each school year and placed in the student's cumulative folder.



GUIDELINES FOR ADMINISTRATION OF MEDICATION

It is recognized that medications may be essential for some students. When possible, all medications should be administered at home. If medication must be given at school, the following procedures are required:

1. A signed statement by the parent/guardian requesting the administration of medication must accompany all medication. The Parent Authorization for Administration of Medication form must be completed before receipt of the medication. New authorization forms will be required when any changes with the orders occur. All medication/procedure forms must be updated annually.
2. Medication must be sent to school by a parent/guardian. It is not safe for children to deliver medicine to the school. This policy prevents safety concerns of lost or stolen medicines, students sharing medicines with friends, and students taking medicine unsupervised.
3. Medication must be in the original prescription container with the: 1) name of drug, 2) date prescribed, 3) dosage prescribed, and 4) time of day to be taken, any special directions, with student's and physician, APRN, or PA names clearly marked. Medication must remain in the container in which it was originally dispensed. Most pharmacies will provide an extra empty labeled bottle for school for parents if requested when the prescription is filled. A separate prescription bottle should be provided for field trips. No more than a month's supply of controlled medication may be brought in at a time. All new prescription refills must remain in original container with current expiration date.
4. All medications and/or supplies received must be documented with the parent/guardian, employee, and witness on the Medication and Supply Intake Form (SB 87031). The amount and date received are to be recorded. The parent/guardian is also required to sign Medication and Supply Intake Form when picking up medication/supplies.
5. The parent/guardian should arrange for a separate supply of medication for the school. Medication will not be transported between home and school. Exceptions by Florida statutes 1002.20(h)(i)(j)(k) which require a Parent Self Administration Form and a Physician Self Administration Form for: asthma inhalers, EpiPens, pancreatic enzyme supplements, and diabetes supplies and equipment.
6. When any medications are added or discontinued, a new authorization form is required.
7. When medication dosages or times are changed, a new signed authorization form with the correct information must be completed and a new label from the pharmacist or physician, APRN, or PA order/prescription indicating the change must be sent to the school. A fax is acceptable.
8. Medication will be always stored in a locked cabinet at the school. Exceptions by statutes are asthma inhalers, EpiPens, pancreatic enzyme supplements, and diabetic supplies and equipment. Students who self-carry require a Parent Self Administration Form and a Physician Self Administration Form.

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Dear Parents:

The Family Educational Rights and Privacy Act (FERPA) afford parents and students over 18 years of age (“eligible students”) certain rights with respect to students’ educational records.

They are:

1. The right to restrict the release of directory information which includes, name, address, telephone number (if listed), participation in officially recognized activities and sports, degrees and awards received, and the most recent previous educational agency or institution attended. If you do not want this information released, please complete the Directory Opt-Out Form and return it to the school within 30 days after the first day of classes.
2. The right to restrict the release of a student’s name, address and telephone number listing to military recruiters and institutions of higher education as required by federal law. This request applies to our students in the senior high schools. SDHC is required to advise you of this requirement and afford you the opportunity to notify the school. If you do not want this information released, please complete the Directory Information Opt-Out Form and return it to the school within 30 days after the start of classes.
3. The right to inspect and review the student’s educational records upon request, Parent or eligible students should submit a written request to the school principal that identifies the record(s) they wish to inspect. The principal will make inspected, Copies of the records may be requested and obtained.
4. The right to request the amendment of the student’s educational record that the parent or eligible student believe is inaccurate, misleading, or inappropriate. Parents or eligible student may ask to amend a record they believe is inaccurate, misleading, or inappropriate. A written request to the principal should clearly identify the part of the record they want changed and specify why it is inaccurate or misleading. If the principal decides not to amend the record as requested, the parent of eligible student will be notified of the decision and advised of their right to a hearing regarding the request for amendment. Additional information regarding the hearing process procedure will be provided to the parents or eligible student with notification of the right of hearing.
5. The right to consent to disclosure of personally identifies information contained in the student’s education records, except to the extent that FERPA authorizes disclosure without consent. One exception which permits disclosure without MSCPS as an administrator, supervisor, instructor or support staff member (including health or medical staff and law enforcement unit personnel.) A school official has a legitimate educational interest in the official needs to review an educational record in order to fulfill his/her professional responsibility.
6. The right to file a complaint with the U.S. Department of Education concerning alleged failure by SDHC to comply with the requirement of FERPA. The name and address of the office that administers FERPA is:

Family Policy Compliance Office U.S.

Department of Education 400 Maryland Avenue, SW

Washington, DC 20202-4605

If you have any questions or concerns, please feel free to contact our office.

Sincerely

BridgePrep Academy