



# TREASURE VILLAGE MONTESSORI

Welcome to 2020-2021 Phase B

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

*At the beginning of each school year the following packet is due to ensure our records are correct and up to date.*

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

Phone number: \_\_\_\_\_

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

Home address: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

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

Home address: \_\_\_\_\_

Emergency Contact #1 Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

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

Home address: \_\_\_\_\_

Emergency Contact #2 Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

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

Home address: \_\_\_\_\_

Any changes in your child's health: \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_



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## PHASE B MODERATE EXPOSURE PHASE

Increased Restrictions in Place; Moderate Exposure Phase This phase includes sustained transmission with the likelihood or confirmed exposure and potential for rapid increase in cases. Guidelines from CDC, the Governor, the Monroe County School Board, the Monroe County School District, and the TVM Board of Directors will be followed. General guidelines listed below.

- Virtual Field Studies for all students, when physical distancing cannot be guaranteed.
- Parents must participate in a drive through drop off in the mornings and pick up in the afternoon. Parents will not be allowed on campus during school hours without an appointment. All appointments for teachers and administrators will be scheduled by the office manager in the front office.
- Protocols include physical distancing in the classroom and through transition, handwashing, signage and extra cleaning measures will be in place.
- Lunches will be provided in outdoor settings for all grade levels. Physical distancing will be maximized.
- One way directional movement around the catwalk.
- Outdoor playground equipment will be cleaned on a daily basis.
- Daily temperature checks for all stakeholders entering the building. Students with temperatures registering at 100 or higher will be placed in a designated area and be rechecked 15 minutes later. If the temperature remains students/staff will be sent home in accordance to the sick policy.
- Masks/face coverings must be worn at all times.
- Limited school hours: there will be no morning care and after care options available. School hours will be 7:45-3:30 for all students. Extra curricular activities only approved if able to follow CDC guidelines.
- Students in VPK will only be on campus for a half-day schedule. 8:30-11:30am.
- Class size under 18 to maximize physical distancing.
- No recess, instead of recess, increased opportunities for structured play will be added to the schedule.



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## PLEASE REMEMBER TO INCLUDE ANY AND ALL FEES DUE

Treasure Village Montessori is a free, public charter school. However, there are programs and services available which may require a fee.

The following is a list of potential fees:

- Cultural Arts Fee
- Lunches
- Field Trips/ Field Trip Uniforms

Int. \_\_\_\_\_ CULTURAL ARTS FEE (\$100 Fee all students)

It is not uncommon for schools to charge a fee at the beginning of each school year in order to offset costs of programs that are offered to enrich the required standards. The cultural arts fee is designed to offset the cost of materials for art, Spanish and music, as well as the cost for certified PE instructors.

Int. \_\_\_\_\_ \*LUNCHES (KG- 5th Grade \$2.50/day 6th- 8th \$2.85/day)

\*This could change based on the required price given to us from Monroe county.

Most students bring a sugar-free, healthy lunch with plenty of snacks and drinks to school. However, students may purchase a healthy lunch provided by the local high school. These lunches are ordered and paid for on a daily basis by using a credit card or cash.

Int. \_\_\_\_\_ FREE AND REDUCED SERVICES

This service is created by the State via the Monroe County School District. It identifies families that may qualify for reduced fees and services depending on their economic status. The application to apply will be available at the beginning of the school year and cannot be posted on the website.

Int. \_\_\_\_\_ FIELD TRIPS

Field trips are scheduled by classes throughout the year and may require additional fees. These fees are paid directly to the teacher since field trips require immediate payment at the time of the trip, unless they are overnight trips. Students must wear a TVM polo on all trips. Please be sure to email or contact the teacher directly for details on field trip fees and forms of acceptable payments.



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## DISMISSAL

**Students will not be released within the final 30 minutes of the school day.**

**Please no dismissal changes after 2:00pm.**

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

## RELEASE FORM

The individuals listed on this form are able to pick up your child(ren) without written or verbal permission from the guardian. Other individuals not listed on this form will require written or verbal confirmation from the front office for every instance. Individuals listed on this page and any other person picking up students on an intermittent basis will be required to show a valid ID before leaving with your child.

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

## AUTHORIZATION TO WALK TO FOUNDER'S PARK OR HOME

With the collaborative efforts of Monroe County Police and Fire Rescue, we are able to assist students to Founder's Park afterschool. In the unlikely event that no one from the Monroe County Police or Fire Rescue is available to assist us with the students crossing, students will be brought back to school to call home so alternate arrangements can be made. Students will not be crossed without the assistance of Police or Fire Rescue. If you would like to authorize your child to walk to Founder's Park after school, please indicate by signing below. Students must indicate they are walking to their homeroom teacher during morning attendance. Police assist cross will not be available on early release days.

Student Name: \_\_\_\_\_ Parent signature: \_\_\_\_\_



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## PARENTAL CONSENT FORM

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

### FIELD TRIP

My child has permission to attend school sponsored field trips. All excursions will be supervised by a staff member from Treasure Village Montessori. Students will be driven to and from the trip site by a TVM Staff Member with a valid drivers' licenses in a TVM School Bus with seat belts fastened. Walking field trips will also be supervised by appropriate staff. Parents will be notified prior to each field trip in writing. Any child who is not able to attend the trip may remain with the proper supervision at the school, with advance notice by the parent.

### MEDICAL TREATMENT

As the parent or legal guardian, I hereby give consent to Treasure Village Montessori to provide all emergency medical or dental care prescribed by a duly licensed and relevant physician or dentist for my child. This care must be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Emergency Contact \_\_\_\_\_  
(Name, phone number, relationship to child)

Emergency Contact \_\_\_\_\_  
(Name, phone number, relationship to child)

### VOLUNTEER CLEARANCE NEEDED TO CHAPERONE FIELD TRIPS

Chaperoning during field trips is a wonderful way to earn your family volunteer hours as well as spend the day with your child. Parents wanting to chaperone during off campus field trips must complete the Security Level 2 clearance through the Monroe County School District. Level 2 is defined as a volunteer clearance that does not require constant school district personnel supervision. This clearance requires the applicant to register online and complete the fingerprint background check.

Please contact Ms. Amanda to request more information on how to complete your Level 2 clearance.

The volunteer will be responsible for the level 2 fingerprinting fee of \$43.75

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## TREASURE VILLAGE DRESS CODE

The TVM dress code policy is designed to provide students with a safe learning environment. This is a policy in which personal style and preference in attire are respected as long as appearance does not interfere with effective teaching and student success. We expect students to give proper attention to personal grooming and to dress appropriately for the school activities in which they participate. **It is recognized that the responsibility for compliance with the dress code rests with the parents and the student.** Attire for extended field trips will be announced beforehand and students are expected to comply.

### Dress Code Guidelines

- Students may not wear clothing or accessories that denote violent, crude, obscene, or racist images. Clothing promoting drug or alcohol use is also prohibited.
- For safety reasons, all students must wear closed-toed shoes. Note: Middle school students may wear open-toed shoes on non PE and non-field trip days.
- No hats will be allowed (including caps or bandanas) in the classroom, unless worn as an expression of a family's religious belief. Note: Students may wear hats/sunglasses outside in the courtyard or for PE.
- Shirts should cover the midriff.
- Undergarments are not to be exposed.
- Shorts, skirts, and dresses must provide full coverage.
- Strapless tops and dresses are prohibited.
- Uniforms are to be worn on PE days, on field trips, and for special events. No ripped or torn clothing on field trips.
- Only one piece bathing suits are allowed for swim class.
- Ripped jeans and shorts should not be excessive.
- All clothing must provide full coverage.

### Enforcement

Administration and enforcement of the dress code will be gender neutral and consistent. Teachers should focus on teaching without the additional burden of dress code enforcement. No student should be subjected to embarrassment, unnecessary discipline or shaming as a result of dress code infractions. The Principal is the final arbiter of student dress and grooming.

Consequences for non-compliance are as follows:

1st infraction: An incident form will be sent home to parents with a copy kept in school records.

2nd infraction: Parents will receive a phone call from the Principal.

3rd infraction: The third infraction will require a meeting between the parent and the Principal.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## HEALTH HISTORY/EMERGENCY CONTACT FORM 2020-2021

STUDENT'S NAME: \_\_\_\_\_

STUDENT'S PHYSICIAN: \_\_\_\_\_

PHYSICIAN PHONE NUMBER \_\_\_\_\_

### CHECK ANY THAT CURRENTLY APPLY TO YOUR CHILD

### PLEASE DESCRIBE

- |   |          |
|---|----------|
| 1. <input type="checkbox"/> Eye or Vision problems                        | 1. _____ |
| 2. <input type="checkbox"/> Ear/Hearing problems                          | 2. _____ |
| 3. <input type="checkbox"/> Lung/Breathing problems, asthma, etc.         | 3. _____ |
| 4. <input type="checkbox"/> Heart problems/surgery/blood pressure problem | 4. _____ |
| 5. <input type="checkbox"/> Kidney/bladder problems, surgery, etc.        | 5. _____ |
| 6. <input type="checkbox"/> Bone, joint or muscle problems                | 6. _____ |
| 7. <input type="checkbox"/> Neurological problems, seizures, etc.         | 7. _____ |
| 8. <input type="checkbox"/> Spine or back problems, surgery, etc.         | 8. _____ |
| 9. <input type="checkbox"/> History of emotional/mental health problems   | 9. _____ |

treatments or hospitalizations

- |   |           |
|---|-----------|
| 10. <input type="checkbox"/> Alcohol or drug abuse problems | 10. _____ |
| 11. <input type="checkbox"/> Diabetes (Type I or Type II)   | 11. _____ |

- |  |           |
|--|-----------|
| 12. <input type="checkbox"/> Cancer                                    | 12. _____ |
| 13. <input type="checkbox"/> ADD/ADHD                                  | 13. _____ |
| 14. <input type="checkbox"/> Sickle Cell Disease or bleeding disorders | 14. _____ |
| 15. <input type="checkbox"/> Cystic Fibrosis                           | 15. _____ |
| 16. <input type="checkbox"/> Autism Spectrum Disorders                 | 16. _____ |
| 17. <input type="checkbox"/> Lupus                                     | 17. _____ |

18. List **any chronic or long term condition** \_\_\_\_\_

19. List any surgery, date and reason \_\_\_\_\_

20. List any hospitalization in the past five years \_\_\_\_\_

21. List **any restrictions on activity/physical handicaps** \_\_\_\_\_

22. List **all daily medication your child takes** \_\_\_\_\_

23. List all **allergies to medications**, food products or insect stings your child has \_\_\_\_\_

Please specify those that are **severe** \_\_\_\_\_

Does your child have an Epi-Pen? \_\_\_\_\_ Will you be providing one for the school? [  ] Yes [  ] No



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My child (Full Legal Name): \_\_\_\_\_

has my permission to take part in the School Health Services Program. I understand that my child will receive emergency care in the school, if needed and health services at school that *may* include:

- \* First aid for minor injuries, accidents or illnesses
- \* Immunization status and health history reviews
- \* Vision, hearing, height-weight, dental and scoliosis screenings
- \* Age appropriate reproductive health counseling
- \* Assistance with administration of doctor ordered medications
- \* Health education on specific health topics and approaches to wellness
- \* Assistance with doctor ordered minor, complex or chronic health conditions or procedures

I authorize the School District of Monroe County, Florida to release and exchange my child's confidential information to agencies of the State of Florida to determine Medicaid eligibility and if applicable to bill Medicaid for reimbursable Certified School Match services referenced on my child's individual education 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 receive services referenced on his/her IEP whether or not I give consent.

I understand that in case of an accident or serious injury, I will be contacted. If I cannot be reached, I understand the contact person/s listed on this form as emergency contacts, will be contacted.

PARENT/GUARDIAN NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_





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## **VOLUNTEER REGISTRATION AND VISITOR INFORMATION**

ALL Visitors and Volunteers need to sign in at the front office of any school in the District.

In order to visit or volunteer, you need to be registered.

Volunteers/Visitors MUST sign in with a State ID at the Front Office and obtain a badge (this measure is to be in compliance with the FL Law and guidelines linked to the Jessica Lunsford Safety Act and the new Safety and Security House Bills). Only pre-arranged volunteers will be permitted to the classroom.

### **REGISTER WITH RAPTOR**

Registration begins at the Monroe County School District website; [www.keysschools.com](http://www.keysschools.com)

No paperwork is needed EXCEPT a copy of your driver's licence for background screening after your online application is complete.

At the top of the Districts website, under "community" click on "volunteer". This brings you to the "Become A Volunteer" page. At the bottom of the page click on the "New Volunteers; please click here to access the volunteer application page". Process through the pages.

When you get to the school preferences, select Treasure Village Montessori. After completion of the application, you will contact Ms. Amanda at [Amanda.Zischka@KeysSchools.com](mailto:Amanda.Zischka@KeysSchools.com) and indicate your application is complete so I can approve your request.



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## PARENT PORTAL

**The Focus Parent Portal is a tool designed to enhance communication and involvement for you in your child's education.**

The FOCUS Parent Portal is a tool designed to enhance communication and involvement for you in your child's education. This portal will allow you to monitor your child'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. In order to create a Parent Portal Account, you will need these three things:

1. Your child's 10-digit ID number - this information is available from your child, from their portal page, or on their report card.
2. The last 4 digits of your child's Social Security Number. The SSN must be on file with the school in order for online registration to be completed.
3. Your child's date of birth.

REGISTER HERE: <https://monroe.focusschoolsoftware.com/focus/auth/>

Once you create your FOCUS Parent account, you will need to contact the school to complete the verification process. If you do not have the information listed above, or your child's SSN and/or date of birth are not in the FOCUS system, you will need to register in person at your child's school. Once you have created your FOCUS Parent Portal account, you will be able to view your child's grades and attendance information by visiting the FOCUS login page



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## **BRING YOUR OWN DEVICE TO SCHOOL**

TVM is officially a Bring Your Own Device (BYOD) school. Students are allowed to bring approved electronic devices to campus for use in the classroom as an educational tool. Use of the devices is at the discretion of the teacher and only students who have returned the acceptable use policy will be approved to use personal electronic devices. Any device not used in accordance with the guidelines outlined below is subject to the rules of the family handbook, including removal of the device by the teacher. All discipline decisions involving electronic devices will be decided by administration.

### ***Definition of "Technology"***

For purposes of BYOD, "Device" means a privately owned wireless and/or portable electronic hand held equipment that includes, but is not limited to, existing and emerging mobile communication systems and smart technologies, portable internet devices and portable information technology systems that can be used for word processing, wireless Internet access, image capture/recording, sound recording and information transmitting/receiving/storing, etc.

### ***Internet***

Only the internet gateway provided by the school may be accessed while on campus. Personal internet connective devices such as but not limited to cell phone network adapters are not permitted to be used to access outside internet sources at any time. Students MUST LOG IN using their MCS D login information.

### ***Security and Damages***

Responsibility to keep the device secure rests with the individual owner. TVM is not liable for any device lost, stolen or damaged on campus. If a device is stolen or damaged, it will be handled through the administrative office. It is recommended that appropriate skins (decals) and other custom touches are used to physically identify your device from others. Additionally, protective cases for technology are encouraged.

### ***B.Y.O.D. Student Agreement***

The use of technology to provide educational material is not a necessity but a privilege. **A student does not have the right** to use his or her cell phone or other electronic device unless permitted by the teacher for use in an educational setting. When abused, privileges will be taken away. When respected, they will benefit the learning environment as a whole.

Students and parents/guardians participating in BYOD must adhere to the Student Code of Conduct, as well as all MCS D Board policies, particularly the MCS D Internet Acceptable Use Policy and Internet Safety.

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## BYOD Permission Form

Detach and return this portion to Ms. Amanda

My Child and I have read and agree to the BYOD policy established at TVM and will abide by all guidelines established.

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

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

\_\_\_\_\_  
Date



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## Student Residency Questionnaire

<b>School Data Entry:</b>		
Date: _____	Print your Name: _____	
Codes: Hs _____	C _____	UY _____

This survey is intended to address the requirements of the ESSA: McKinney Vento Act Title IX, Part A. The answers to the questions below will assist in determining if your child qualifies for additional educational support services. *Please respond to Section A, Section B, Section C, and fill in parent/guardian name, address, and phone. PLEASE PRINT VERY CLEARLY, COMPLETE ONE PER SCHOOL and return the survey to your child's teacher. ¿Habla Ud. Español? Por favor llene la encuesta al otro lado de este papel.*

**Section A: Name of Child(ren) in this school\*:**  
 \*If you have children attending another school, including pre-kindergarten, please fill out a form at that school for them.

First Name _____	MI _____	Last Name _____	Grade _____	School _____
First Name _____	MI _____	Last Name _____	Grade _____	School _____
First Name _____	MI _____	Last Name _____	Grade _____	School _____

Place an "X" in the appropriate box to answer "YES" or "NO".

Section B: QUESTIONS	YES	NO	Hs CODE
1. My family or one of my school age children lives in a campsite, emergency or transitional shelter.			A
2. My family temporarily lives with another family (doubled up).			B
3. My family lives in a location not ordinarily used as a sleeping space such as a car, park, public space, abandoned building, bus station, storage facility, substandard housing or boat at anchor without facilities (running water and/or electric)			D
4. My family lives in a motel or hotel due to lack of alternate accommodations.			E
5. Are you a laborer who moves from place to place to get temporary work harvesting seasonal crops?			C CODE
<b>Section C: If you answered "Yes" to questions 1-5, place a check next to the reason below that applies. We lost our home due to:</b>			
1)Mortgage Foreclosure			M
2)Wildfire			W
3)Man-made Disaster (Major)			D
4)Natural Disaster (Earthquake, Flooding, Hurricane, Tropical Storm, Tomado) Circle One			EFHST
5)Pandemic (Major)			P
6)Other-Please name (i.e. Unemployment/underemployment, forced eviction, domestic violence, lack of affordable housing/health care, mental illness, long term poverty, etc.)			N
Section D: QUESTIONS	YES	NO	Hs CODE
1. A child/youth in my home is an unaccompanied youth (not in the physical custody of a parent/guardian).			Y

Parent or Guardian Name (Print): \_\_\_\_\_

Street Address (Location of House): \_\_\_\_\_

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

Street City State Zip

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Directions for school Data Entry:**  
 For students with a YES response to questions 1-5, enter information into FOCUS under Homeless using the drop-down arrow and select from Homeless Student PK-12 & Homeless Cause. Also select Yes or No under the Homeless Unaccompanied Youth and Homeless Date (enter the date when the form was signed by parent/guardian or student) which serves as the Identification Date. This is VERY important for free lunch. Complete school data entry date at the bottom of the page and indicate the name/entered by.  
 PLEASE SCAN THIS FORM INTO FILEBOUND. Updated: 7/1/2020



# TREASURE VILLAGE MONTESSORI

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**MARK T. PORTER**  
Superintendent of Schools



#### Members of the Board

District # 3  
**MINDY CONN**  
Chairperson

District #4  
**JOHN DICK**  
Vice-Chairperson

District # 1  
**BOBBY HIGHSMITH**

District # 2  
**ANDY GRIFFITHS**

District # 5  
**DR. SUE WOLTANSKI**

## IMPORTANT INFORMATION FROM THE MONROE COUNTY SCHOOL DISTRICT FOOD SERVICE DEPARTMENT

*Parents/Guardians, the Free/Reduced School Meal Benefits Application is available at:*

<https://frapps.horizonsolana.com/MONC02>

*If you think that your children may qualify for meal benefits, **NOW** is the time to complete an application.*

**YOU ARE REQUIRED TO COMPLETE AN APPLICATION FOR ANY CHILDREN THAT MAY QUALIFY, REGARDLESS OF WHETHER THEY ATTEND SCHOOL IN PERSON OR PARTICIPATE VIA DISTANCE LEARNING.**

*Please note that an application needs to be completed **EVERY YEAR**. Your child's meal benefit status from the 2019-2020 school year will carry over but **WILL EXPIRE ON SEPTEMBER 24<sup>TH</sup>**.*

*If you have any questions please contact the Food Services Student Eligibility Coordinator at (305) 293-1400 x 53356.*



# TREASURE VILLAGE MONTESSORI

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## MONROE COUNTY SCHOOL DISTRICT HONOR CODE

Each student in the Monroe County School District is expected to uphold high standards of honesty and integrity.

Mission Statement — Monroe County School District is committed to the education of students. Students of the Monroe County School District are expected to commit to their studies by upholding integrity and ethical conduct to build trust and have respect for their person. Monroe County School District Honor Code helps to nurture an academic community in which a code of values is expected. All students and staff members of the Monroe County School District are expected to uphold the highest standards of academic integrity.

Academic Dishonesty — Academic dishonesty may include but is not limited to the following:

- Cheating — copying work or giving your own work to another, unauthorized use of study aides, collaboration during testing, obtaining and distributing testing materials or giving and/or receiving information pertaining to a test before, during, or after the test.
- Plagiarism — representing others' ideas or expressions published or unpublished without giving the proper credit or citation.
- Falsification or Misrepresentation of Data — this includes buying, selling, giving, and/or receiving information from other sources and claiming as your own.
- Défacing School Property — any property that belongs to Monroe County School District including textbooks, books, computer hardware, or software.
- Lying to a School Official — when being interviewed by a School Official during a possible violation of the Honor Code.

Academic dishonesty can take place on a test, quiz, essay, term paper, lab report, or any form of creative expression.

Consequences of Honor Code Infractions - Violation of the Honor Code may result in a zero for the test, assignment, or project, and parental notification of the violation. The school administrator will meet with the student to make the final determination regarding the upholding of the Honor Code.

I have read, understand, and agree to the conditions of the Monroe County School District Honor Code.

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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



# TREASURE VILLAGE MONTESSORI

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Treasure Village Montessori (TVM) Charter School  
 Contract of Commitment 2020-2021 *Modified due to COVID-19*

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

As TVM stakeholders, we have made a personal decision to become a part of a public school of choice. In consideration of that, we agree to honor the TVM Contract of Commitment. By doing so, we acknowledge that we are all an integral part of student and school success.

Student Agreement	Parent Agreement	School Agreement
<p>As a student, I will strive for success by:</p> <ul style="list-style-type: none"> <li>• Coming to school regularly and on time.</li> <li>• Always trying to do my best.</li> <li>• Working with my parents, teachers and classmates to be a good citizen and a good student.</li> <li>• Behaving appropriately and respectfully so that others can learn without being distracted.</li> <li>• Completing my class work and homework.</li> <li>• Demonstrating respect for myself, others and my environment.</li> <li>• Taking responsibility for my own decisions and actions including making positive changes to improve my behavior when necessary.</li> <li>• Abiding by all TVM Policies and Procedures, located in the family handbook.</li> </ul>	<p>As a parent, I will help my child be successful by:</p> <ul style="list-style-type: none"> <li>• Ensuring that my child is at school every day, when not sick, and is dropped off and picked up on time.</li> <li>• Monitoring for illness every morning before school. If sick, my child will not attend school in person.</li> <li>• Providing a home environment that values education and encourages my child's best performance in school.</li> <li>• Working collaboratively with the school and my child to develop strong work and study habits.</li> <li>• Communicating regularly with my child and the staff, including attending all scheduled parent conferences.</li> <li>• Being an active participant in school events that involve my child including parent nights, student showcase, etc.</li> <li>• Ensuring that we do not have any outstanding financial obligations to the school.</li> <li>• Abiding by all TVM and Monroe County Policies and Procedures, located in the family handbook (found online).</li> </ul>	<p>At TVM, we will promote student success in learning by:</p> <ul style="list-style-type: none"> <li>• Providing differentiated lessons that are relevant and meet high expectations.</li> <li>• Adhere to the Montessori philosophy of learning.</li> <li>• Integrating technology into lessons which are interesting, challenging and rewarding.</li> <li>• Working collaboratively with students and parents to develop strong organizational skills, study skills and work habits.</li> <li>• Communicating regularly with parents regarding academic and social progress via parent conferences, newsletters and emails.</li> <li>• Ensuring that the school environment is safe and conducive to learning by upholding all policies and procedures established at the school.</li> <li>• Promoting and celebrating our diversity and culture in classrooms and throughout the building.</li> <li>• Identifying clear expectations for students' behavior and citizenship.</li> <li>• Abiding by all TVM Policies and Procedures, located in the employee handbook.</li> </ul>
<b>Student Signature Below:</b>	<b>Parent Signature Below:</b>	<b><i>The Staff Members of TVM Charter</i></b>

The signatures above verify that we understand and agree to the Contract of Commitment of Treasure Village Montessori Charter School. We understand that failure to comply with the Contract of Commitment may lead to a child's dismissal from TVM.

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



# TREASURE VILLAGE MONTESSORI

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## HOME LANGUAGE SURVEY

*Monroe County School District*  
HOME LANGUAGE SURVEY

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

Student's Name \_\_\_\_\_

Please complete the following information

First Language Learned By Child	Language Used Most Often at Home	Language Most Frequently Spoken By Child
_____	_____	_____

National Origin: \_\_\_\_\_  
(Country where child was born)

**If the child was not born in the United States, write the Date of Entry into a United States School (\*DEUSS):**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month / Day / Year

Please answer YES or NO:

1. Did the student have a first language other than English? YES NO
2. Is a language other than English used at home? YES NO
3. Does student most frequently speak a language other than English? YES NO

*School Staff Only: \*DEUSS date 3 years or less and born outside the US, enter in the S705 date of entry and codes 8Z14 for Immigrant non ELL and 8414 for Immigrant and ELL.*





# TREASURE VILLAGE MONTESSORI

Welcome to 2020-2021 Phase B

## AUTHORIZATION/PAYMENT FOR SERVICES

TVM is a public, non-profit school with limited funding; therefore, it is imperative that fees are paid in full and in a timely manner, in order to ensure there is no interruption in services provided by the staff. The following is a list of acceptable payment options.

- Checks/Cash
- Credit Card (Visa/MasterCard)
- Automatic Debit

If you choose either credit or debit payment options, please complete the following information. Please note there will be a \$5 set up fee in order to keep a credit card on file. Please schedule an appointment with the Finance Director should you have any questions or concerns.

### **Credit Card Payments (Visa/MasterCard only)**

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

CC # \_\_\_\_\_ Security Code \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing address: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

### ***Regardless of what payment option you choose, you must complete and sign the following:***

I/We \_\_\_\_\_, as the parent(s)/guardian(s)  
of \_\_\_\_\_ (child/ren) authorize charges for  
services.

I understand that payment must be made either on the date of service, or within 15 days of billing which is normally the first of each month. Furthermore, I agree to pay all balances in full each month, and if payment is not made, I agree to pay late fees and any costs incurred for collection of fees owed to Treasure Village Montessori. If a balance exceeds 30 days, any and all services or programs will be suspended, including but not limited to field trips, after-care, after-school classes (i.e. piano, art), and the dissemination of academic information will be held until such time as all fees are paid in full.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_