

# **N.F.E.L. Bell Schedule (Regular)**

**1<sup>st</sup> period: 7:50- 8:50**

**2<sup>nd</sup> period: 8:53- 9:38**

**3<sup>rd</sup> period: 9:41 – 10:26**

**4<sup>th</sup> period: 10:29 – 12:15**

**5<sup>th</sup> period: (A): 12:15- 12:40**

**5<sup>th</sup> period: (M) Lunch  
12:40- 1:05**

**6<sup>th</sup> period: 1:07- 2:15**

# N.F.E.I Elementary Classes Supply List 2011

## **Materials:**

Facial tissues  
Glue sticks  
Baby wipes  
Multi-colored pens and colored pencils ( 1pack each)  
#2 pencils (1 pack)  
Paper towels (2 rolls)  
Wide ruled notebook paper (2 packs)  
Crayons (1 box)  
A yellow highlighter (one)  
Computer Paper (1pack)  
Composition Note Books (4)  
Bottles of soap

Thank You,  
Elementary Teachers

North Florida Educational Institute  
 Northside II Bus Route  
**Driver: Mr. Scott**

<b>Bus Stop</b>	<b>Pick Up Time</b>	<b>Drop Off Time</b>
DePaul @ Monaco	5:40 a.m.	
11050 Harts Rd.	5:45 a.m.	
Sunken Meadow Ct		
Mission Point	5:50 a.m.	
Biscayne Downs	5:53 a.m.	
Pine Estates @ Tulsa.	6:00 a.m.	
Parkers Place	6:05-6:07 a.m.	
Copper Hill	6:17-6:20 a.m.	
Rolling River	6:25-6:30 a.m.	
Richardson Rd. @ U.S. 1	6:35-6:40 a.m.	
Richardson Rd @ Rhode Island	6:43	
Moncrief @ Ken Knight Dr	6:46	
Fredricksburg & Sibbald	7:00 a.m.	
Roanoke & Priory	7:03-7:05 a.m.	
Sand Locke @ Roanoke	7:04-7:05 a.m.	
Waynesboro & Colchester	7:08 a.m.	
10 <sup>th</sup> & Clyde	7:15 a.m.	
Prospect & Lem Turner	7:17-7:20 a.m.	
Tallulah	7:23-7:23 a.m.	

**Driver: Mr. Scott – 904-401-9003** If you know your child (ren) will not be attending school on a given day, please notify the driver and school in advance. Students should be at the stop 10 minutes prior to pick up time. Times are subject to change.

North Florida Educational Institute  
 Eastside Bus Route  
**Driver: Ms. Joyce**

<b>Bus Stop</b>	<b>Pick Up Time</b>	<b>Drop Off Time</b>
Island Pointe Broward	6:15	
Edgewood. & Jerome BBQ	6:21	
Edgewood @ Iris	6:26	
2072 Tuskegee Rd	6:30	
41 <sup>st</sup> & Almeda	6:35	
45 <sup>th</sup> & Almeda	6:38	
45 <sup>th</sup> @ Moncrief	6:41	
Hilltop Apts.	6:43	
36 <sup>th</sup> @ Moncrief	6:48	
Leonard Circle	6:51	
Fairfax @ 21 <sup>st</sup> Str	6:54	
Day Care / Myrtle	6:59	
Chase & 31st	7:02	
1277 Broad Street	7:08	
Centennial Apts.	7:11	
10 <sup>th</sup> & Pearl	7:16	
17 <sup>th</sup> & Silver	7:20	
21 <sup>st</sup> & Pearl	7:27	
Brentwood Apts.	7:29	
Brentwood & Brick	7:31	
Linwood	7:36	
59 <sup>th</sup> & Pearl	7:41	
<b>PAL</b>	<b>P.M. ONLY</b>	<b>3:40 p.m.</b>
<b>Bridge 8<sup>th</sup> &amp; Pearl</b>	<b>P.M. ONLY</b>	<b>3:54 p.m.</b>

**Driver: Ms. Joyce 904-** If you know your child (ren) will not be attending school on a given day, please notify the driver and school in advance. Students should be at the stop 10 minutes prior to pick up time. Times are subject to change.



## Welcome Letter 2011-2012

### *This year's theme: "No Excuses!"*

***"Welcome back Eagles!" The time has come parents and students to get our minds ready and prepare ourselves for a new school year. Please review the new changes that will be implemented this year that you will need to be aware of:***

**Student Handbook:** Please be advised that several changes regarding the school policies have changed. Parents/Guardians and students must read the Student Handbook in its entirety.

**Dress Code Policy:** Students will be required to wear khaki or navy blue pants, shorts or skirts. They will also wear all white polo shirts or navy blue shirts with the school logo. Uniform shirts may be purchased from the front office. The cost of the shirts is \$13 for S, M, and L and \$15 for XL and up. \*Remember, only clear or mesh backpacks are allowed.

**ID Badges:** All students will be required to wear an ID badge during school hours. This is for their safety as well as the safety of the school. If a student fails to adhere to the ID badge policy, their failure will result in suspension.

**Cell Phones:** Cell phones are not permitted in school, however, if a student brings a cell phone, they are required to keep it **turned off** during school hours, (refer to student handbook). **Any student who refused to adhere to the cell phone policy will have their phone confiscated until the end of the year. More than one cell phone offense may lead to the student's suspension from school.**

**School Hours:** The school hours are now from 7:50 am to 2:15 pm. Students will not be permitted to enter the campus before 7:30 am.

**Tutoring:** Tutoring will be offered after school from 2:20 pm. to 3:00 pm. **Parents will be responsible for providing their child with transportation.**

**Parent/Teacher Conferences:** Conferences will be held before school during the hours of 7:10 am to 7:40 am and after school during the hours of 2:30 pm to 3:00 pm. **Remember, having a positive attitude and being able to effectively communicate is an essential part of the student's success. Contact the office at (904)764-0084 to schedule a conference.**

**Medication:** All medication must be signed in to the main office before school. If your child has a medical condition, make sure to provide the office with the appropriate documentation.

**We look forward to a productive school year Eagles... Welcome Back!**

## FREE AND REDUCED-PRICE SCHOOL MEALS FAMILY APPLICATION

PART 1. ALL HOUSEHOLD MEMBERS			
Names of <u>all</u> household members (First, Middle Initial, Last)	Name of school for each child/or indicate "NA" if child is not in school	Check if a foster child (legal responsibility of welfare agency or court)  * If all children listed below are foster children, skip to Part 5 to sign this form.	Check if NO income
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Part 2. BENEFITS**

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES [State SNAP], [FDPIR] OR [State TANF Cash Assistance], PROVIDE THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES BENEFITS AND SKIP TO PART 5. IF NO ONE RECEIVES THESE BENEFITS, SKIP TO PART 3.

NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

**PART 3. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CHECK THE APPROPRIATE BOX AND CALL [your school, homeless liaison, migrant coordinator at phone #] HOMELESS  MIGRANT  RUNAWAY**

**PART 4. TOTAL HOUSEHOLD GROSS INCOME.** You must tell us how much and how often.

1. NAME (List only household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	Earnings From Work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All Other Income
<i>(Example) Jane Smith</i>	\$199.99/weekly	\$149.99/every other week	\$99.99/monthly	\$50.00/monthly
\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____

**PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)**

An adult household member must sign the application. If Part 4 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act 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.*

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_

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

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

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

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

**PART 6. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)**

<i>Choose one ethnicity:</i> <input type="checkbox"/> Hispanic/Latino  <input type="checkbox"/> Not Hispanic/Latino	<i>Choose one or more (regardless of ethnicity):</i> <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander
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**DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.**

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

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

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

Reason: \_\_\_\_\_

Temporary: Free \_\_\_ Reduced \_\_\_ Time Period: \_\_\_\_\_ (expires after: \_\_\_ days)

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

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

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