

2026-27 REGISTRATION CHECKLIST



Welcome to Bevis! All registration paperwork must be complete for your student to start school on **August 10, 2026.**

OPTIONAL: You may wish to share information that will help us better serve your child i.e. psychological reports, court orders, special health concerns. This information will become a part of your child's confidential student records.

NEW KINDERGARTEN STUDENT: (Must be 5 by September 1, 2026)

****NEW IN 2026**** Students new to Hillsborough County Public Schools will register online. Scan the QR code to register! **REQUIRED DOCUMENTS**– These documents can be uploaded in the online registration portal or dropped off in the school office.

- ___ 2 proofs of residency (i.e. electric bill, lease, property tax bill)
- ___ Birth Certificate
- ___ Physical Examination on Florida Form DH3040 dated on or after August 11, 2025
- ___ Immunization Records on Florida Form DH680
 - OR medical exemption from Florida Department of Health
 - OR religious exemption on HRS form 681 available at the Florida Department of Health

Grades 1-5 STUDENT COMING FROM ANOTHER HILLSBOROUGH COUNTY PUBLIC SCHOOL

- ___ Completed Student Release and Emergency Information Card (SER)
- ___ Student Residency Form with 2 proofs of residency (i.e. electric bill, lease, property tax bill)

Grades 1-5 STUDENT COMING FROM A PUBLIC OR PRIVATE SCHOOL OUTSIDE OF COUNTY

****NEW IN 2026**** Students new to Hillsborough County Public Schools will register online. Scan the QR code to register! **REQUIRED DOCUMENTS** – These documents can be uploaded in the online registration portal or dropped off in the school office.

- ___ Report Card or Transcript from the last school attended
- ___ 2 proofs of residency (i.e. electric bill, lease, property tax bill)
- ___ Birth Certificate
- ___ Physical Examination on Florida Form DH3040 dated on or after August 11, 2025
- ___ Immunization Records on Florida Form DH680
 - OR medical exemption from Florida Department of Health
 - OR religious exemption on HRS form 681 available at the Florida Department of Health

Questions about registration? Email Sarah O'Toole at sarah.otoole@hcps.net

Technical Issues? Call HCPS Tech Support 813-744-6673

PLEASE PRINT FIRMLY

AUTHORIZATION FOR STUDENT RELEASE AND EMERGENCY INFORMATION CARD

PLEASE PRINT FIRMLY

THIS BLOCK FOR SCHOOL USE ONLY		DISTRICT STUDENT NUMBER		ENTRY CODE	
SCHOOL YEAR _____		SCHOOL NAME _____		ENTRY DATE _____	
TEACHER OR HOMEROOM _____		GRADE _____		STATE STUDENT NUMBER _____	
EMERGENCY INFORMATION: This card must be completed by the parent or legal guardian. NAME OF STUDENT (LAST) _____ (JR, 2D, 3D, 4T) _____ (FIRST) _____ (MIDDLE) _____ DATE OF BIRTH MM DD YY _____				☐ MALE ☐ FEMALE	
MAILING ADDRESS -- (STREET NUMBER & NAME, CITY, ZIP CODE) _____				HOME PHONE _____	
RESIDENTIAL ADDRESS -- (IF DIFFERENT FROM MAILING ADDRESS) (STREET NO. & NAME, CITY, ZIP) (IF RURAL LOCATION, PLACE DIRECTIONS ON REVERSE) _____					
PARENT/LEGAL GUARDIAN (LAST, FIRST, INITIAL) _____			PARENT/LEGAL GUARDIAN (LAST, FIRST, INITIAL) _____		
EMPLOYER NAME _____			EMPLOYER NAME _____		
BUSINESS PHONE/EXTENSION _____		MOBILE NUMBER _____		BUSINESS PHONE/EXTENSION _____	
EMAIL _____		MOBILE NUMBER _____		EMAIL _____	
RELATIONSHIP TO STUDENT: (CIRCLE ONE) P - PARENT G - LEGAL GUARDIAN A - GUARDIAN AD LITEM		RELATIONSHIP TO STUDENT: (CIRCLE ONE) O - OTHER S - SURROGATE N - NO PARENT/GUARDIAN REQUIRED		RELATIONSHIP TO STUDENT: (CIRCLE ONE) P - PARENT G - LEGAL GUARDIAN A - GUARDIAN AD LITEM	
PERSON(S) TO CONTACT IF PARENT CANNOT BE REACHED NAME (STUDENT MAY BE RELEASED TO THIS PERSON) _____		DAYTIME PHONE _____		PERSON(S) TO CONTACT IF PARENT CANNOT BE REACHED NAME (STUDENT MAY BE RELEASED TO THIS PERSON) _____	
HOSPITAL PREFERENCE _____		PHYSICIAN NAME & PHONE NUMBER _____		DENTIST NAME & PHONE NUMBER _____	
CURRENT HEALTH PROBLEMS ASTHMA ☐ DIABETES ☐ SEIZURES ☐ HEART CONDITION ☐ ALLERGIES ☐ OTHER _____		EXPLANATION OF HEALTH PROBLEM(S) AND/OR MEDICATION(S) STUDENT IS TAKING _____			
<p>In the case of accident, serious illness, or emergency, the school may contact Emergency Management Services (EMS), 911. If EMS must transport your child, payment of fees will be assumed by the parent/legal guardian. The school will make every effort to contact the parent/legal guardian. If the school is unable to contact the parent/legal guardian, every effort will be made to notify other persons listed on the emergency card.</p> <p>I have reviewed and understand the conditions of this document and I understand that if I desire to have my child released to persons other than those listed above, I must provide a list of those persons in writing, with addresses and telephone numbers, to the principal of the school.</p>					
Signature of Parent/Legal Guardian _____				Date _____	

REGISTRATION INFORMATION

*** Notice ***

HCPS collects Social Security Numbers for the purposes of creating a unique numerical identification within the HCPS system and for required reporting to the Department of Education. Enrollment will not be denied to a student because the student or student's parent/legal guardian does not provide a Social Security Number.

Student's Social Security Number _____ - _____ - _____

Birthplace _____ City _____ State _____ Country _____

First-time Hillsborough County Student

Yes _____ No _____ Did the student relocate/move to Hillsborough County from ANOTHER county, state or country within the past year?

If yes, City _____ State _____ Country _____

(Last School attended by the Student) _____ Public _____ Private _____ Home Education (Include the dates attended and complete address information below)

School Name _____ Dates Attended _____

Street Address _____ City _____ State _____ Zip Code _____ County _____

If the student ever attended a Hillsborough County Public School, name of school _____

Home Language Survey

Yes _____ No _____ Is a language other than English used in the home?

Yes _____ No _____ Did the student have a first language other than English?

Yes _____ No _____ Does the student most frequently speak a language other than English?

Primary language spoken in the home by the Parent/Legal Guardian _____ Student's Native Language _____

State/Federal Mandated Information

Yes _____ No _____ Is either head of household a law enforcement officer, firefighter, or judge/justice?

Yes _____ No _____ Is either parent in the military, employed as a federal civilian, or residing in a housing project?

Yes _____ No _____ Did your family ever travel to look for work on a farm or do paid farm labor?

Yes _____ No _____ Is the student a single parent with either custody or joint custody of a minor child?

Yes _____ No _____ Has the student ever been expelled, arrested resulting in a charge, or had juvenile justice actions?

Yes _____ No _____ Has the student ever had any referrals to mental health services?

Date student first entered a United States school: Month (MM) _____ / Day (DD) _____ / Year (YYYY) _____

If foreign born, how many years has the student attended a school in the United States? _____

Yes _____ No _____ Is the student of Hispanic or Latino ethnicity?

Check all applicable races _____ American Indian or Alaska Native _____ Asian _____ Black/African American

_____ Native Hawaiian or other Pacific Islander _____ White

Students with Individual Educational Plans (IEPs) have protections under Part B of the IDEA, and are entitled to a free appropriate public education. As parent/legal guardian, I give permission for the school district to release, exchange, review, and utilize my child's personally identifiable information to assist in the provision of school health services, and for this information to be disclosed to the Agency for Health Care Administration to facilitate verification of Medicaid eligibility; and/or, as applicable, to seek reimbursement from Medicaid for services provided at school. I understand that my child will continue to receive all services per his/her IEP, at no charge, whether or not I give consent. I understand that I may withdraw my consent at any time, and that my state/private benefits are not affected.

Signature of Parent/Legal Guardian _____

Date _____

Colleen Bevis Elementary

Registration Information

Student's Name _____

Kindergarten students only - Did your child attend VPK? ____ Yes ____ No

VPK School Name: _____

Has your child ever been retained? ____ Yes ____ No

Please list any medical information the school should be aware of:

Has your child ever had any referrals to mental health services?

____ Yes ____ No

Comments _____

Is your child enrolled in any special education programs? ____ Yes ____ No

If yes, please indicate program and provide paperwork:

____ Gifted

____ Speech / Language

____ SLD / VE Resource

____ English as a 2nd Language

____ SLD / VE Full Time

____ 504 Plan

____ Other _____

What do we need to know about your child to help him/her have a good learning experience? **We do not take specific teacher requests.** Every effort will be made to place your child in the learning environment you describe.

School Board
Karen Perez, Chair
Nadia T. Combs, Vice Chair
Lynn L. Gray
Stacy A. Hahn, Ph.D.
Patricia "Patti" Rendon
Jessica Vaughn
Henry "Shake" Washington



Superintendent
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Chief of Schools
Rick Grayes, Ed.D.

Region Superintendent
Ovett Wilson

Principal
Rebecca Reeve

Colleen Bevis Elementary School
Five Star School

RELEASE OF RECORDS

Date: _____

To: _____

Student Name: _____ D.O.B. _____

The student listed above has enrolled in our school. Please send the following records:

- | | |
|---|---|
| _____ Florida Student Number | _____ Transcript of Grades and Grading System |
| _____ Immunization Records & Copy of Physical | _____ Standardized Test Scores |
| _____ Birth Certificate | _____ Intellectual / Psychological Evaluations |
| _____ Copy of Home Language Survey | _____ 504 Plan |
| _____ Withdrawal Form with Transfer Grades | _____ Social History |
| _____ Attendance Information | _____ Special Education Records, to include
most recent IEP and initial eligibility
documentation |
| _____ Discipline Report | |

Please include any other records that may assist in proper placement of the student. If the requested records are not available at your school, please let us know. Thank you for your cooperation. These records will be for professional use of authorized Hillsborough County Public School personnel only.

Authorized Personnel Name: Sarah O'Toole

Authorized Personnel Email: Sarah.OToole@hcps.net

Authorized Personnel Contact Phone Number: 813-740-4000 ext. 224

Parent signature indicates approval for email or fax of records _____

Parent Signature



Hillsborough County
PUBLIC SCHOOLS
Preparing Students for Life

Form A

Student Residency Form

Complete this form (A) if the parent/guardian can provide proof of residency with two (2) documents.

- If the family has experienced a loss of housing, complete Form B.
- If the family is co-residing with another person or family and has zero (0) documents to prove residency, complete Form C.

Student Name:	Date of Birth:	Student Number:	Grade:
School Name:			
Student's Street Address / City / State / Zip Code:			

Please check one of the following:

☐	Own residence	☐	Rent residence
☐	Licensed foster care placement (Update D Screen/SIS)		

Please check the two (2) documents from the list below provided to the school for verification of residence:

☐	Current Florida Driver's License or State ID	☐	Declaration of Domicile
☐	Utility Bill or Utility Deposit Receipt	☐	Transitioning Active-Duty Military Orders
☐	Lease Agreement	☐	Mortgage Statement
☐	Rent Receipt	☐	Property Tax Receipt
☐	Homestead Exemption	☐	Warranty Deed
☐	Migrant Address Verification Letter (Migrant eligible students only) <i>No other documentation required.</i>		

Per HCPS Policy 2431, students are not guaranteed the ability to participate in the athletic program if they transfer schools. Contact the Assistant Principal for Administration for more information.

The undersigned certifies that all information contained in this form is accurate and that a copy of the McKinney-Vento Eligibility Assessment has been provided by the school.

Under penalties of perjury, I declare that I have read the foregoing [document] and that the facts stated in it are true. A person who knowingly makes a false declaration is guilty of the crime of perjury by false written declaration, a felony of the third degree (FS 95.525).

Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date



STATE OF FLORIDA
School Entry Health Exam

To Parent/Guardian: Please complete and sign Part I — Child's Medical History.

State law for school entry requires a health examination by a legally qualified professional. Additional requirements may be determined by local school districts.

(Please Print)		
Name of Child (Last, First, Middle)		Birth Date
Address (Street)		Sex
City and ZIP Code		Grade
Home Telephone Number		School
Parent/Guardian (Last, First, Middle)		

PART I — CHILD'S MEDICAL HISTORY

To Parent/Guardian: Please check answers to questions 1 through 8 below in the column on the left.

(Please explain any "Yes" answers in the space provided below.)

1. Yes ☐ No ☐ Any concerns about general health (eating and sleeping habits, weight, etc.)?
2. Yes ☐ No ☐ Any other specific illness or social/emotional or behavioral problems?
3. Yes ☐ No ☐ Any allergies (food, insects, medication, etc.)?
4. Yes ☐ No ☐ Any prescription medication (daily or occasionally)?
5. Yes ☐ No ☐ Any problems with vision, hearing, or speech (glasses, contacts, ear tubes, hearing aids)?
6. Yes ☐ No ☐ Any hospitalization, operation, or major illness (specify problem)?
7. Yes ☐ No ☐ Any significant injury or accident (specify problem)?
8. Yes ☐ No ☐ Would you like to discuss anything about your child's health with a school nurse?

To Parent/Guardian: Please explain any "Yes" answers from above.

I am the parent/guardian of the child named above. I give permission for the information on PARTS I and II of this form provided about my child to be reviewed and utilized only by the staff of this school and any school health personnel providing school health services in the district for the limited purpose of meeting my child's health and educational needs.



Signature of Parent/Guardian

Date

Partnership for School Readiness Recommendations for Prekindergarten and Kindergarten

To Parent/Guardian: Please obtain the services listed below in order to find any problems. Please work with your health care provider to correct or treat any problems that may reduce your child's ability to learn in school. (These services are recommended but not required.)

1. Comprehensive Vision Examination (3-5 years of age) Date of Exam: _____ Results of Exam: _____ Health Care Provider: _____ (check one) Optometrist ☐ Ophthalmologist ☐	Please describe any corrective action for any problems detected and any accommodations required.
2. Comprehensive Dental Examination Date of Exam: _____ Results of Exam: _____ Dentist: _____	Please describe any corrective action for any problems detected and any accommodations required.
3. Hearing Screening Date of Exam: _____ Results of Exam: _____ Health Care Provider: _____	Please describe any corrective action for any problems detected and any accommodations required.

THIS SIDE SHOULD BE COMPLETED BY YOUR CHILDS PHYSICIAN



School Entry Health Exam
Page 2 of 2

Name of Child (Last, First, Middle)	Birth Date
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PART II — MEDICAL EVALUATION

To be completed and signed by the Health Care Provider ONLY:

The child named above has had a complete history and physical exam on the following date:
(Exam must be within one year of enrollment)

Month _____ Day _____ Year _____

Screening Results:

Height: _____ Weight: _____ BMI%: _____ B/P: _____ Hct/Hgb: _____ Lead: _____ Urinalysis: _____

Vision - Without Glasses	Right 20/ _____	Left 20/ _____	Passed ☐	Failed ☐	Referred ☐	Hearing - Right	Passed ☐	Failed ☐	Referred ☐
Vision - With Glasses	Right 20/ _____	Left 20/ _____	Passed ☐	Failed ☐	Referred ☐	Hearing - Left	Passed ☐	Failed ☐	Referred ☐

Gross dental (teeth and gums)	☐ Normal	☐ Abnormal		Refer/Tx: _____
Head/scalp/skin	☐ Normal	☐ Abnormal		Refer/Tx: _____
Eyes/Ears/Nose/Throat	☐ Normal	☐ Abnormal		Refer/Tx: _____
Chest/Lungs/Heart	☐ Normal	☐ Abnormal		Refer/Tx: _____
Abdomen	☐ Normal	☐ Abnormal		Refer/Tx: _____
Postural assessment	☐ Normal	☐ Abnormal		Refer/Tx: _____

TB risk assessment done ☐ (Please review Targeted Testing Guidelines listed below.)

This child has the following problems that may impact the educational experience:

☐ Vision ☐ Hearing ☐ Speech/Language ☐ Physical ☐ Social/Behavioral ☐ Cognitive

Specify: _____

☐ This child has a health condition that may require emergency action at school, e.g. seizures, allergies. Specify below.
(This form will be stored in the child's Cumulative Health Folder and may be accessed by both school and health personnel.)

Recommendations (Attach additional sheet if necessary): _____

(Please Check One)

- ☐ This child may participate fully in school activities including physical education.
- ☐ This child may participate in school activities including physical education with the following restriction/adaptation.

(Specify reason and restriction) _____

Signature/Title of Health Care Provider	Date	Address (Please print or stamp)
☒ _____	____/____/____	
Name (Please print or stamp)		

Tuberculosis Targeted Testing Guidelines for Health Care Providers

Tuberculosis Infection Risk:

Review the following risks and administer a Mantoux TB skin test if child is in one or more categories. The TB test is administered confidentially as part of the health examination. Do not record administration of any TB test or related information on this form.

- Recent immigrant (< 5 years), frequent visitor to TB endemic areas
- Close contact to active TB case
- Frequent contact with adults at high-risk for disease, HIV+, homeless, incarcerated, illicit drug user
- HIV+ or have other medical conditions that increase the risk to progress from infection to disease, e.g., chronic renal failure, diabetes, hematologic or any other malignancy, weight loss > 10% of ideal body weight, on immunosuppressive medications

Active TB Disease Risk:

- Does the child exhibit signs/symptoms of tuberculosis (e.g. cough for three weeks or longer, weight loss, loss of appetite)?
- If symptoms are present, work-up or refer for TB disease evaluation.



2026-2027 Student Academic Calendar School Board Approval 6/17/2025

Students' First Day of School	Monday, August 10, 2026
Labor Day/Non-Student Day	Monday, September 7, 2026
End of 1st Grading Period	Friday, October 9, 2026
Non-Student Day	Monday, October 12, 2026
Veterans Day/Non-Student Day	Wednesday, November 11, 2026
Fall Break/Non-Student Days	Monday, November 23 - Friday, November 27, 2026
Students Return to School	Monday, November 30, 2026
End of 2nd Grading Period/1st Semester	Friday, December 18, 2026
Winter Break/Non-Student Days	Monday, December 21, 2026 - Friday, January 1, 2027
Non-Student Day	Monday, January 4, 2027
Students Return to School	Tuesday, January 5, 2027
Martin Luther King, Jr./Non-Student Day	Monday, January 18, 2027
Florida State Fair/Non-Student Day	Friday, February 12, 2027
Presidents' Day/Non-Student Day	Monday, February 15, 2027
Strawberry Festival/Non-Student Day	Monday, March 1, 2027
End of 3rd Grading Period	Friday, March 12, 2027
Spring Break/Non-Student Days	Monday, March 22 - Friday, March 26, 2027
Non-Student Day	Monday, March 29, 2027
Students Return to School	Tuesday, March 30, 2027
Non-Student Day	Friday, April 16, 2027
Last Day of School End of 4th Grading Period/2nd Semester	Friday, May 28, 2027

Tentative Hurricane Make-Up Day(s) if needed: October 12, November 11, November 23-25, January 4.

Student Early Release Day schedule has not been finalized.
The last day of school is a 2.5-hour early release.

Bell Schedule

7:00am	Carline begins / Breakfast served in the cafeteria
7:15am	Classrooms Open
7:35am	First Bell
7:40am	Tardy Bell Rings
1:45pm	Kindergarten Students Move to Dismissal Locations
1:55pm	Dismissal Bell

Bell Schedule – Early Release Mondays

7:00am	Carline begins / Breakfast served in the cafeteria
7:15am	Classrooms Open
7:35am	First Bell
7:40am	Tardy Bell Rings
12:45pm	Kindergarten Students Move to Dismissal Locations
12:55pm	Dismissal Bell

Sign Out Procedure

Should you need to sign your student out early, please bring your ID to the front office. We will call you student down after you arrive.

- For the safety of our students, there are no sign outs after 1:15pm. (12:15 on early release days)
- If someone other than the student's parent/guardian is signing out a student, they **MUST BE LISTED** on the student's emergency card.

Dismissal Procedures

Bevis students can be dismissed as a biker/walker, car rider, school bus (FH Ridge Townhomes, Bayberry Glen and Preserve only), High – 5* or a local daycare*. To ensure a safe dismissal, please choose **ONE** regular dismissal plan for your student.

In the event it is necessary to change your student's dismissal plan, please call the front office before 1:15pm (12:15 on early release days) to ensure there is sufficient time to communicate the change to your student.

Thank you for your help in ensuring we have a safe dismissal!!

*Families should reach out directly to High-5 or daycare providers to register. NOTE: Not all daycare providers provide transportation.

AFTER SCHOOL CARE FACILITIES THAT CURRENTLY PICK UP STUDENTS AT
COLLEEN BEVIS ELEMENTARY

High Five Inc.

Meets at Bevis Elementary
405 Beverly Blvd (office address)
Brandon, FL 33511-5507

Phone: (813) 689-0908

www.high5inc.org

Children's Academy Fishhawk

10560 Browning Road
Lithia, FL 33547

Phone: (813) 689-6819

Creative World School

5525 Osprey Ridge Drive
Lithia, FL 33547

Phone: (813) 684-3777

Fishhawk Early Learning Center

5632 Osprey Park Place
Lithia, FL 33547

Phone: (813) 662-5978

www.fhelc.com

Victory Martial Arts Academy

15272 Fishhawk Blvd.
Lithia, FL 33547

Phone: (941) 807-7030

Email: sensei@vmadojo.com

Kids R Kids

5815 Kids Crossing Dr.

Phone: (813) 654-7000

Kidsrkids.com

Lady Bird Academy of Fishhawk

16470 Hammock Crossing Drive
Lithia, FL 33547

Phone: (813) 548-0670

Sidekicks Family Martial Arts Center

16132 Churchview Dr.
Lithia, FL 33547

Phone: (813) 661-2224

(813) 308-0306

Camp Cristina

9840 Balm Riverview Road
Riverview, FL 33569

Phone: (813) 677-8400

BEVIS ELEMENTARY DRESS CODE & UNIFORMS



POLO-STYLE SHIRTS

Any white, navy, or hunter green polo-style shirt may be worn. Embroidered and feminine cut styles available through our Bevis PTA uniform vendor.



UNIFORM SHIRTS

Kelly green screen printed short sleeve and long sleeve shirts available through our Bevis PTA uniform vendor.



DRI-FIT UNIFORM SHIRTS

Navy or royal blue screen printed dri-fit shirts available through our Bevis PTA uniform vendor.



FRIDAY SPIRIT SHIRTS

Special shirt that is revealed at Open House. This shirt changes each year to reflect the school's theme. This shirt can only be worn on Friday. This is available for purchase through our Bevis PTA uniform.



SHORTS, PANTS, CAPRIS, SKIRTS, SKORTS, DRESSES or JUMPERS

Any navy or khaki bottom may be worn. Jeans, jean capris, jean shorts, or jean skirts may be worn on Friday only.



OPTIONAL HOODED SWEATSHIRTS & FLEECEs

Our Bevis PTA uniform vendor sells Bevis logoed hoodies and fleeces.





Colleen Bevis Elementary School Supply List for 2026—2027

CORE SUPPLIES: May be purchased on your own or through SCHOOL TOOL BOX ONLINE

*Online Ordering will be available on the School Tool Box Website: www.schooltoolbox.com starting May 15 through July 15 **ONLY**.

The following is a recommended list of supplies for grade levels. All grades: No mechanical pencils or manual pencil sharpeners.

KINDERGARTEN

Please send each student with a **BACKPACK** (no wheels), **HEADPHONES** and a refillable **WATER BOTTLE** (with lid)

May be purchased on your own or through SCHOOL TOOL BOX
ONLINE for home delivery.

- ☐ 4 boxes of Crayola crayons 24 count, regular NOT washable
- ☐ 2 boxes Ticonderoga pencils 12 count
- ☐ 1 black and white PRIMARY journal books
- ☐ 2 large pink erasers
- ☐ 1 pair of Fiskar scissors
- ☐ 4 plastic folders with pockets and prongs (red, blue, green, & yellow)
- ☐ 10 large Elmer's glue sticks
- ☐ 1 hard plastic pencil box (5x8 hard plastic)
- ☐ (1) 1" (one inch) WHITE 3 ring binder with clear view pocket on front cover (ONLY 1" size)
- ☐ 1 CLEAR 3 ring zippered pencil pouch for binder
- ☐ 1 box Crayola washable markers 8 count

FIRST GRADE

Please send each student with a **BACKPACK** (no wheels), **HEADPHONES** (no earbuds) and a refillable **WATER BOTTLE** (with lid)

May be purchased on your own or through SCHOOL TOOL BOX
ONLINE for home delivery.

- ☐ 1 pencil pouch 3 ring with zipper and grommets
- ☐ 1 hard small pencil box (5 x 8 hard plastic)
- ☐ (1) Avery 1" (one inch) WHITE 3-ring view binder with clear view pocket on front cover
- ☐ (1) BLUE 3 subject notebook wide ruled
- ☐ (3) 1 subject spiral notebooks wide ruled (red, green, yellow)
- ☐ 1 Primary Composition Journal (Creative Story Tablet)
- ☐ 3 boxes Crayola crayons 24 count
- ☐ (1) box Crayola markers 12 count
- ☐ 12 small Elmer's washable glue sticks
- ☐ 2 boxes Ticonderoga pencils 12 count
- ☐ 1 pair of Fiskar scissors 5"
- ☐ 2 Staedtler white mars plastic erasers
- ☐ 1 pack (5 count) poly/plastic dividers with pockets on both sides (to go in binder -- 3 hole punch)
- ☐ 1 YELLOW poly/plastic folder with prongs
- ☐ 1 pack of Crayola Twistable colored pencil 12 count
- ☐ (2) 4 pack black Expo low odor dry erase marker chisel tip

SECOND GRADE

Please send each student with a **BACKPACK** (no wheels), **HEADPHONES** and a refillable **WATER BOTTLE** (with lid)

May be purchased on your own or through SCHOOL TOOL BOX
ONLINE for home delivery.

- ☐ 1 hard small pencil box (5 x 8 hard plastic)
- ☐ 1 pencil pouch 3 ring with zipper and grommets
- ☐ 2 boxes pencils 12 count
- ☐ 4 boxes of Crayola crayons 24 count
- ☐ 6 composition books
- ☐ 1 pair of 6 inch Fiskar scissors
- ☐ (1) 2 pocket folder with prongs - BLUE
- ☐ 24 small Elmer's glue sticks
- ☐ (1) 1" (one inch) 3 ring binder with clear view pocket on front cover
- ☐ 2 red ink pens
- ☐ 2 yellow highlighters (no gel)
- ☐ 2 packs of hi-polymer pencil cap erasers
- ☐ 1 box Crayola markers 8 count classic colors
- ☐ 2 large hi-polymer erasers
- ☐ 1 pack of Crayola Twistable colored pencils
- ☐ 1 package BLACK fine point EXPO dry erase markers

OPTIONAL – Purchased on your own

- ☐ Liquid hand soap
- ☐ Facial tissue – boys
- ☐ Paper towels – girls
- ☐ Trinkets for our prize box
- ☐ 11x18 construction paper (any color)
- ☐ Colored copy paper
- ☐ Card stock (white)
- ☐ Crayola fine line washable markers
- ☐ Crayola color pencils
- ☐ Watercolor paint
- ☐ Clorox wipes – boys
- ☐ Baby wipes – girls
- ☐ 1 box of Ziploc bags (sandwich, quart or gallon size)

Please label your child's pencil box and backpack.

All other items will be collected by the teachers and distributed as needed, so please do not label them.

Thank you for your support.

OPTIONAL – Purchased on your own

- ☐ sealable storage bags (Gallon size – boys, sandwich size – girls)
- ☐ Snack Size Sealable plastic bags snack size
- ☐ Crayola Classic Color Washable Markers
- ☐ (brood tip – boys, fine tip – girls)
- ☐ Facial tissues
- ☐ Paper towels
- ☐ Germ-x hand sanitizer w/pump
- ☐ Anti-bacterial or disinfecting wipes
- ☐ Colored copy paper
- ☐ Card stock (white and / or colored)
- ☐ Scotch tape
- ☐ Foam hand soap
- ☐ Glue sticks
- ☐ Band-Aids

Please label your child's pencil box and backpack.

All other items will be collected by the teachers and distributed as needed, so please do not label them.

Thank you for your support.

AGP 1st Grade Supplies

- ☐ 1 wide ruled one subject notebook

AGP 2nd Grade Supplies

- ☐ 1 composition book (wide rule)
- ☐ 1 additional set of headphones for this class
- ☐ 1 box colored pencils 12 count (not twistable)

AGP 1st & 2nd Grade Optional Supplies

- ☐ Purchased on your own:
- ☐ plastic baggies (any size)
- ☐ tissues/paper towels
- ☐ liquid hand soap/baby wipes

IMPORTANT: Additional supplies for individual teachers may be requested at Open House in August.



Colleen Bevis Elementary School Supply List for 2026—2027

CORE SUPPLIES: May be purchased on your own or through SCHOOL TOOL BOX ONLINE

*Online Ordering will be available on the School Tool Box Website: www.schooltoolbox.com starting May 15 through July 15 ONLY.

The following is a recommended list of supplies for grade levels. All grades: No mechanical pencils or manual pencil sharpeners.

THIRD GRADE

Please send each student with a **BACKPACK** (no wheels), **HEADPHONES** and a refillable **WATER BOTTLE** (with lid)

May be purchased on your own or through SCHOOL TOOL BOX
ONLINE for home delivery.

- ☐ (2) 1" (one inch) 3 ring binder with clear view pocket on front cover
- ☐ 1 pack 3x3 Post-it Notes
- ☐ 1 pack Crayola Crayons 24 count
- ☐ 1 pair of Fiskar scissors
- ☐ 12 small glue sticks
- ☐ (2) boxes of Ticonderoga pencils 12 count (no Mechanical pencils)
- ☐ (24 pencils total)
- ☐ 1 pencil box (5x8 hard plastic)
- ☐ 4 pack highlighters (yellow)
- ☐ 3 composition books (wide rule)
- ☐ 1 pack subject plastic dividers with pockets (5 count)
- ☐ 2 Hi-Polymer erasers (Pentel) or pencil cap erasers
- ☐ 2 red ink pens
- ☐ 4 black dry erase markers (broad tip)
- ☐ (2) boxes 12 count Crayola colored pencils

OPTIONAL – Purchased on your own

- ☐ Hand Sanitizer, ☐ Quart size Ziploc bags ☐ Paper towels
- ☐ Facial Tissue, ☐ Lysol or cleansing wipes

Please do not label supplies.

AGP 3rd Grade Supplies

- ☐ 2 composition books (wide rule)
- ☐ 1 additional set of headphones for this class
- ☐ 12 glue sticks
- ☐ 1 pack wide ruled loose leaf paper
- ☐ 1 box colored pencils 12 count (not twistables)

AGP 3rd Grade Optional Supplies

- Purchased on your own:
- ☐ Disinfecting wipes
 - ☐ 1 box of facial tissue
 - ☐ 1 roll paper towels

FOURTH GRADE

Please send each student with a **BACKPACK** (no wheels), **HEADPHONES** and a refillable **WATER BOTTLE** (with lid)

May be purchased on your own or through SCHOOL TOOL BOX
ONLINE for home delivery.

- ☐ 1 pack wide ruled loose leaf paper
- ☐ 4 boxes pencils 12 count (48 pencils total)
- ☐ 1 pack cap erasers or 2 large erasers
- ☐ (1) 1.5" (one in a half inch) 3 ring binder with clear view pocket on front cover
- ☐ 1 pack of colored pencils 12 count
- ☐ 3 red ink pens
- ☐ 6 glue sticks (small)
- ☐ 1 heavy duty pencil pouch 3 ring with zipper and grommets (NO pencil boxes)
- ☐ 2 highlighters (any color)
- ☐ 1 pair of scissors
- ☐ 1 composition book
- ☐ Disinfecting wipes
- ☐ Facial Tissue
- ☐ (3) one subject spiral notebooks
- ☐ 1 pack Post-it Notes

OPTIONAL – Purchased on your own

- ☐ Ziploc bags quart or gallon size

Please do not label supplies.

AGP 4th Grade Supplies

- ☐ 1 plastic 2 pocket folder with no prongs
- ☐ 12 glue sticks (any size)
- ☐ 2 boxes Ticonderoga pencils 12 count
- ☐ 1 pack eraser caps
- ☐ 1 composition books (wide rule)
- ☐ 1 spiral notebook, 70 pages wide ruled
- ☐ 1 pair of scissors
- ☐ 1 additional set of headphones for this class
- ☐ 1 box colored pencils 12 count

AGP 4th Grade Optional Supplies

- Purchased on your own:
- ☐ Clorox wipes, ☐ 1 box of facial tissue, ☐ Ziploc bags gallon size,
 - ☐ Ziploc bags (quart or sandwich size) ☐ Paper towels

FIFTH GRADE

Please send each student with a **BACKPACK** (no wheels), **HEADPHONES** (earbuds preferred) and a refillable **WATER BOTTLE** (with lid)

May be purchased on your own or through SCHOOL TOOL BOX
ONLINE for home delivery.

- ☐ 3 spiral notebooks wide rule (70 pages)
- ☐ (1) 2" (two inch) 3 ring binder with clear view pocket on front cover
- ☐ 1 pair of scissors
- ☐ 2 small glue sticks
- ☐ 2 Paper Mate red pens
- ☐ (1) box 12 count Crayola colored pencils (NO crayons)
- ☐ 3 highlighters – blue, yellow and green
- ☐ 4 boxes pre-sharpened Ticonderoga pencils 12 count (48 pencils total)
- ☐ 1 Pencil pouch with zipper and grommets (NO pencil boxes)
- ☐ 1 pack 3x3 Post-it Notes
- ☐ 1 pack cap erasers
- ☐ 1 pack subject plastic dividers with pockets (4 count)

OPTIONAL – Purchased on your own

- ☐ Facial Tissues, ☐ Paper Towels, ☐ Liquid hand soap (NOT sanitizer),
- ☐ Clorox wipes

Please do not label supplies.

AGP 5th Grade Supplies

- ☐ 1 Additional set of headphones for this class
- ☐ 1 spiral notebook, wide ruled, 70 pages
- ☐ 8 glue sticks
- ☐ 2 boxes of Ticonderoga pencils 12 count (24 total pencils total)
- ☐ 3 dry erase markers- all black
- ☐ 1 3-subject spiral notebook, wide ruled, 120 pages
- ☐ 1 box colored pencils 12 count
- ☐ 1 composition book wide-ruled
- ☐ 1 pack cap erasers

AGP 5th Grade Optional Supplies

- Purchased on your own: ☐ Tissues ☐ paper towels, ☐ disinfecting wipes or baby wipes

IMPORTANT: Additional supplies for individual teachers may be requested at Open House in August.



Preventing the Spread of Communicable Diseases

Dear Parents:

We are asking you for your continued cooperation in assisting us to control the spread of communicable diseases here at Bevis Elementary School. Our goal is to make our school a healthy, safe place for both students and staff. We will call you immediately if your child becomes ill during school hours. You are expected to arrange for your child to be picked up **AS QUICKLY AS POSSIBLE** after receiving our call. Our school clinic is not equipped or staffed to handle ill children for long periods of time.

Please inform us **IMMEDIATELY** if telephone numbers or other information on your child's emergency card changes. The information on this card is vital for the safety and well being of your child.

WE ASK YOU NOT TO SEND YOUR CHILD TO SCHOOL IF ANY SIGNS/SYMPTOMS LISTED BELOW ARE PRESENT:

1. Vomiting or diarrhea within past 24 hours
2. Fever within past 24 hours
3. Sore/red throat
4. Persistent coughing or sneezing
5. Red watery eyes
6. Rash
7. Earache, drainage from ear
8. Excessive mucus from nose (runny nose), particularly greenish-yellow mucus

Your child may return to school 24 HOURS AFTER ALL SIGNS/SYMPTOMS ARE GONE or when your physician provides a WRITTEN STATEMENT indicating your child is ready to return.

If your child has a communicable disease, please call and tell us the nature of the illness and when we can expect his/her return to school.

Thank you for working with us.

Sincerely,

Amy Neptune RN BSN
Bevis Elementary School Nurse
Amy.neptune@hcps.net

Hillsborough County Public Schools

Department of Student Services

Office of School Health Services

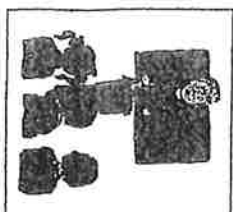
Attention Parents of Kindergarten Students

Health Requirements for Entrance to School

Every student must present a health examination and immunization record when entering a Florida school for the first time (Grades Kindergarten -12th grade). **These requirements must be completed before a child can attend kindergarten.**

Immunization Requirements

The immunization record must indicate that the following minimum requirements have been met:



*5 DPT

(diphtheria, pertussis, tetanus)
Series of 4 plus 1 booster

**3-5 POLIO

The final dose of the polio series should be administered on or after the 4th birthday regardless of the number of the previous doses

2 MMR

(measles, mumps, rubella)
1st one administered after 12 months of age.

3 HEPATITIS B

2 VARICELLA

Series of 3
- OR DISEASE VERIFIED BY PHYSICIAN.

***Special Note:** If the 4th DPT was given after the child's 4th birthday, the 5th DPT is not required.

****Special Note:** If the 4th Polio was given before the child's 4th birthday, the 5th Polio will be required.

or

A Medical Exemption signed by a physician

or

A Religious Exemption on DH form 681 available only at the Hillsborough County Health Department

Health Examination Requirements

A health examination must be completed within the twelve months prior to the first day of attendance in a Florida school (Grades K-12). If you have Private Health Insurance or Medicaid, contact your Physician or Health Care Provider for an appointment. If you do not have private Health Insurance or Medicaid, please contact the Registered Nurse at your school site for further information.

Special Note:

Health examination records from school district early childhood programs (EELP, ECLC, Head Start, Pre-K) will be accepted if the examination was completed within the twelve months prior to the first day of attendance in kindergarten. Day care certificates of health are not acceptable. It is the parents' responsibility to have the early childhood record transferred to the school their child will be attending.

Records and Resources

Immunizations must appear on the Immunization Form (DH680). Physical examination results must appear on the Florida School Physical Examination form (DH 3040). Parents must complete and sign the back of the Physical Examination form Part 1 – Child's Medical History.

IMPORTANT!

Your child cannot attend school until the physical examination and immunization requirements have been met!

