

NEW STUDENT INFORMATION GUIDEBOOK

2022-2023





**INSPIRING EXCELLENCE
MIND • BODY • SPIRIT**

Table Of Contents

Contact List	4
Important Dates	5
CCHS Summer Camp Opportunities	6
Technology Information	7
Academics	8
College Counseling Program	10
Fine Arts	14
Calvary Athletics	16
Explanation of Enrollment Forms	17
Athletic Forms	18
Dress Code	33
School Uniform Ordering Process	35
CCHS Used Uniform Sale	37
Lunch	38
Lockers & Backpacks	39
After School Supervision	40
Bus Transportation Program	41
Admissions Student Leadership Team	42
Community Service	44

Contact List

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Jonathan Valdez	Director of Athletics	valdez.jonathan@cchs.us
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Technology

James Panagiotacos	Director of Information Technology	panagiotacos.james@cchs.us
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Important Dates

Academic Course Advising

April 7 | April 11 | April 12 | See page 8 for more information

Band, Chorus, Dance Auditions

April 7 | April 12 | See page 14 for more information

CCHS Used Uniform Sale

June 14

Cheerleading Tryouts

May 20–21

Cross Country, Football, Golf, Volleyball Tryouts / Practice

August 1

Parent-Student Orientation

August 4 | All students and families attend at 6:30 PM

New Student Mock Schedule & Warrior Welcome Day

August 8 | Lunch is provided

First Day of School

August 10 | 7:45 AM–2:55 PM

Freshmen Parent Meeting

September 19 | 6:30 PM–8:30 PM

First Semester Exams

December 13–16

CCHS Summer Camp Opportunities

CCHS has traditionally offered summer camps in the areas of Academics, Athletics and Fine Arts. Please visit the links below to view current summer camp information.

<https://www.cchs.us/SummerCamps.aspx>

<https://www.cchs.us/SportsCamps.aspx>



Technology Information

As a college preparatory Christian high school, Calvary believes technology is a powerful tool that creates unique and relevant learning experiences by providing enriching and engaging instructional resources. Our faculty is trained and experienced in integrating technology while delivering compelling, creative, and comprehensive instructions.

Calvary is committed to incorporating technology in the classroom on the student level as well. The CCHS program includes a 1:1 iPad initiative. Each student leases an iPad that is used throughout the curriculum as an invaluable learning tool.

CCHS distributes iPads to students during a “deployment and training” session on August 8 during Mock Schedule.

In our new, fully equipped Innovation Lab, our students will experience the design process as they discover, collaborate, and develop solutions to real-life challenges.



Academics

Optional Individual Academic advising sessions for course selection will be available on the following dates:

April 7 | 3:00–5:30 PM

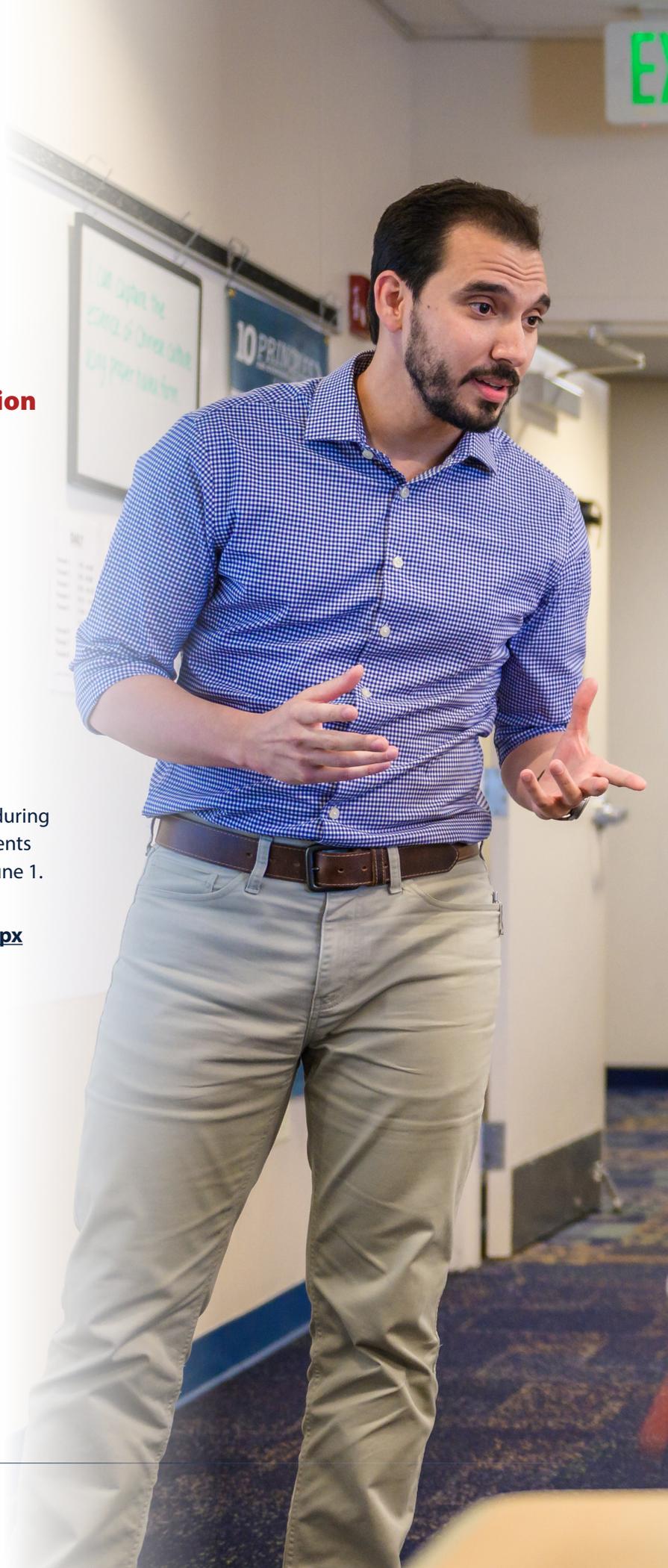
April 11 | 3:00–5:30 PM

April 12 | 5:00–7:30 PM

Summer Assignments

Many courses have assignments to be completed during the summer. The information for summer assignments will be posted on the following webpage link by June 1.

<https://www.cchs.us/SummerAssignments.aspx>



EXIT

Love f



All scripture
is given
inspiration



College Counseling Program

Department Overview

The mission of the CCHS College Counseling Department is to develop supportive relationships with students and parents in order to help them navigate the college search, application, and enrollment process. We do this by equipping families with age-appropriate college and career readiness tools and by providing counsel that focuses on the discovery of each student's unique God-given abilities with the goal of finding their best-fit options for life after high school.

Your CCHS College Counseling Team



Mallory Everitt

Associate Director



Dana Troutman

Associate Director



Kristin Graves

College Counselor

Signature College Counseling Events

- Christian College Fair
- Senior Parent Seminar
- Financial Aid Seminar
- Freshman-Sophomore Parent Conversation with the Counselors
- College Exposure Trips
- Course Advising for all Students
- Specific in-classroom advising sessions for all freshmen and sophomores will be communicated
- Evening advising sessions for incoming students
- Senior Celebration Event
- Visits from many College Reps

Curriculum Overview

■ Grade 9

Transition & Self-Discovery

Acclimation to CCHS Culture

Academically, Socially, Spiritually

Discovery of Gifts, Talents, Passions

Through the classroom, athletics, fine arts, & community service

■ Grade 10

Self-Awareness & College Research

Application of Self-Knowledge

To extracurriculars, activities, & community service

Application of Self-Awareness

To academic course rigor and standardized testing

Begin College Research & Exposure

Based on best fit (campus visits, college fairs)

■ Grade 11

College Exploration & Planning

Strategic College Campus Visits

To inform final list

Assessment of Academic & Financial Match

Factors for college admission

Finalize Application “Short List”

■ Grade 12

Student Engaged

In the application & financial aid process

Ability to Make Final Enrollment Decision

Based on best fit factors

Successful Transition to College

■ CCHS College Counseling Essential Core Values

- **Gospel-Centered Counseling:** We give counsel from an eternal vantage point so that students understand they are uniquely designed by God for a purpose and that their skills and abilities are best utilized when they align their futures with God’s will.
- **Transformative College Counseling:** We desire to provide accurate information and well-researched advice in order to see students follow God’s best for their lives.
- **Impactful College Counseling:** We encourage students to become aware of and celebrate all of the opportunities ahead of them and steward their gifts and abilities appropriately.
- **Collaborative College Counseling:** We eagerly partner with our parents and students in the college-going educational process. Our goal is to equip families with the tools, resources, and support the need to confidently and successfully navigate the student’s individual post-secondary education plans.
- **Results-oriented College Counseling:** We expect 100% of our senior class to be accepted into at least one of their best-fit colleges/universities and persist in their post-secondary journey because they navigated the best-fit college approach well.

Personalized Four-Year Academic Planning Form

Take a moment to map out your personal four-year academic plan.

Student's Name:	Diploma:	Total Credits:	Total Honors/AP/DC Credits:
COURSES TAKEN / PLANNED			
Subject	HS Credits <i>Pre 9th Grade</i>	9th	10th
Bible <i>All Years at CCHS</i>			11th
English <i>All Years at CCHS</i>			12th
Math <i>4 Or More Credits</i>			
Science <i>3-4 Credits</i>			
Social Studies/History <i>3-4 Credits</i>			
World Language <i>2-3 Credits</i>			
Health - 0.5 Credit			
PE - 0.5 Credit <i>Or 2 Seasons of Sport/ Marching Band</i>			
Arts <i>1 Credit</i>			
Online Course <i>0.5 Credit</i>			
Additional Courses			
Total Credits			
Honors / AP / DC Credits			



Fine Arts

If you are interested in enrolling in Band, Choir, or Dance as a course, please use the links below to sign up for an audition and view audition requirements.

Band

April 7 | April 12

Sign up using the following link:
<https://www.signupgenius.com/go/10c094aa4ad2ca4fd0-2022>

Choir

April 7 | April 12

Sign up using the following link:
<https://www.signupgenius.com/go/10c094aa4ad2ca4fd0-20221>

Dance

April 7 | April 12

Sign up using the following link:
<https://www.signupgenius.com/go/10c094aa4ad2ca4fd0-20222>

Faculty Contacts

Band

[*martell.michael@cchs.us*](mailto:martell.michael@cchs.us)

Choir

[*martell.brandon@cchs.us*](mailto:martell.brandon@cchs.us)

Dance

[*rushing.karah@cchs.us*](mailto:rushing.karah@cchs.us)





from the Spring 2021 musical *Cinderella*

Calvary Athletics



Summer Athletic Performance Training

Calvary provides an opportunity for students to participate in a supervised strength and conditioning program during the summer months in the school's state-of-the-art training facility. The schedule below outlines the schedule for the summer. Students must have a current FHSA Athletic Physical Evaluation Form on file to participate in workouts.

Start Date

June 6, 2022

End Date

July 22, 2022

Closed Dates

July 4–July 8, 2022

Training Facility Hours

Times vary for each sport. For a list of times for each sport, go to <https://www.cchs.us/Athletic%20Performance%20Training.aspx>

Fall Sports Tryouts Dates

Bowling	8/8/2022	toler.trent@cchs.us
Cheerleading	5/20–5/21 2022	martin.jill@cchs.us
Cross Country	8/1/2022	brundage.stephanie@cchs.us
Football	8/1/2022	crume.reggie@cchs.us
Golf	8/1/2022	valdez.jonathan@cchs.us
Swimming	8/8/2022	ray.brandon@cchs.us
Volleyball	8/1–8/2 2022	whitney.kim@cchs.us

Any questions about summer programs or tryout information? Please contact:

Jonathan Valdez

Director of Athletics
valdez.jonathan@cchs.us or

Kim Whitney

Assistant Director of Athletics
whitney.kim@cchs.us



Explanation of Enrollment Forms

All Students Must Have The Following Forms on File Prior to The First Day of School:

- School Physical, dated after August 1, 2021 (Athletic physical is sufficient and preferred for this requirement)
- Florida Immunization Card
- Copy of Birth Certificate
- Medical Information and Authorization Form (see below)

Medical Information and Authorization

(See Page 31)

This form is kept on file and contains emergency contacts, medical information, and consent for treatment. This form must be filled out completely and notarized. Must sign and return to the Registrar or upload to Magnus.

Athletic Forms

(See Pages 18–29)

These forms must be completed and either returned to the Registrar or uploaded to Magnus, if the student will be participating in athletics. Please note, the physical form must be completed by a physician.



Athletic Forms



In order to participate in Calvary sports, including tryouts, each student must submit an FHSAA Physical Evaluation Form (EL2), Consent and Release from Liability, Heat and Concussion and Consent and Release for Cardiac Arrest and Concussion (EL3). These forms are included on the next several pages.

Calvary has partnered with AFC Urgent Care, Clearwater to provide an athletic physical for only \$15. AFC is located at 1500 N. McMullen Booth Rd. in the Publix Plaza about one mile north of Calvary. Hours are from 8:00AM–8:00PM Monday–Friday and 9:00AM–6:00PM on Saturday and Sunday. No appointment needed. You must bring the EL2 form with you to the doctor.

Students who are entering Calvary after completing one semester or more in high school must also complete an Affidavit with Compliance with the Policies on **Athletic Recruiting (GA4)**.

Pages 19–29 are forms required by the Florida High School Athletics Association (FHSAA) for participation in athletics. If you have any questions, please contact:

Jonathan Valdez

valdez.jonathan@cchs.us

-or-

Kim Whitney

whitney.kim@cchs.us





Preparticipation Physical Evaluation (Page 1 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. **This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.**

Part 1. Student Information (to be completed by student or parent)

Student's Name: _____ Sex: _____ Age: _____ Date of Birth: ____/____/____

School: _____ Grade in School: _____ Sport(s): _____

Home Address: _____ Home Phone: (____) _____

Name of Parent/Guardian: _____ E-mail: _____

Person to Contact in Case of Emergency: _____

Relationship to Student: _____ Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Personal/Family Physician: _____ City/State: _____ Office Phone: (____) _____

Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	_____	_____	26. Have you ever become ill from exercising in the heat?	_____	_____
2. Do you have an ongoing chronic illness?	_____	_____	27. Do you cough, wheeze or have trouble breathing during or after activity?	_____	_____
3. Have you ever been hospitalized overnight?	_____	_____	28. Do you have asthma?	_____	_____
4. Have you ever had surgery?	_____	_____	29. Do you have seasonal allergies that require medical treatment?	_____	_____
5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	_____	_____	30. Do you use any special protective or corrective equipment or medical devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)?	_____	_____
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	_____	_____	31. Have you had any problems with your eyes or vision?	_____	_____
7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)?	_____	_____	32. Do you wear glasses, contacts or protective eyewear?	_____	_____
8. Have you ever had a rash or hives develop during or after exercise?	_____	_____	33. Have you ever had a sprain, strain or swelling after injury?	_____	_____
9. Have you ever passed out during or after exercise?	_____	_____	34. Have you broken or fractured any bones or dislocated any joints?	_____	_____
10. Have you ever been dizzy during or after exercise?	_____	_____	35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?	_____	_____
11. Have you ever had chest pain during or after exercise?	_____	_____	<i>If yes, check appropriate blank and explain below:</i>		
12. Do you get tired more quickly than your friends do during exercise?	_____	_____	____ Head	____ Elbow	____ Hip
13. Have you ever had racing of your heart or skipped heartbeats?	_____	_____	____ Neck	____ Forearm	____ Thigh
14. Have you had high blood pressure or high cholesterol?	_____	_____	____ Back	____ Wrist	____ Knee
15. Have you ever been told you have a heart murmur?	_____	_____	____ Chest	____ Hand	____ Shin/Calf
16. Has any family member or relative died of heart problems or sudden death before age 50?	_____	_____	____ Shoulder	____ Finger	____ Ankle
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	_____	_____	____ Upper Arm	____ Foot	
18. Has a physician ever denied or restricted your participation in sports for any heart problems?	_____	_____	36. Do you want to weigh more or less than you do now?	_____	_____
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)?	_____	_____	37. Do you lose weight regularly to meet weight requirements for your sport?	_____	_____
20. Have you ever had a head injury or concussion?	_____	_____	38. Do you feel stressed out?	_____	_____
21. Have you ever been knocked out, become unconscious or lost your memory?	_____	_____	39. Have you ever been diagnosed with sickle cell anemia?	_____	_____
22. Have you ever had a seizure?	_____	_____	40. Have you ever been diagnosed with having the sickle cell trait?	_____	_____
23. Do you have frequent or severe headaches?	_____	_____	41. Record the dates of your most recent immunizations (shots) for:		
24. Have you ever had numbness or tingling in your arms, hands, legs or feet?	_____	_____	Tetanus: _____	Measles: _____	
25. Have you ever had a stinger, burner or pinched nerve?	_____	_____	Hepatitis B: _____	Chickenpox: _____	

FEMALES ONLY (optional)

42. When was your first menstrual period? _____

43. When was your most recent menstrual period? _____

44. How much time do you usually have from the start of one period to the start of another? _____

45. How many periods have you had in the last year? _____

46. What was the longest time between periods in the last year? _____

Explain "Yes" answers here: _____

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s. 1006.20, Florida Statutes, and FHSAA Bylaw 9.7, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG) and/or cardio stress test.

Signature of Student: _____ Date: ____/____/____ Signature of Parent/Guardian: _____ Date: ____/____/____



Preparticipation Physical Evaluation (Page 2 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

Part 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner).

Student's Name: _____ Date of Birth: ____/____/____
 Height: _____ Weight: _____ % Body Fat (optional): _____ Pulse: _____ Blood Pressure: ____/____ (____/____, ____/____)
 Temperature: _____ Hearing: right: P ____ F ____ left: P ____ F ____
 Visual Acuity: Right 20/____ Left 20/____ Corrected: Yes No Pupils: Equal _____ Unequal _____

FINDINGS	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
1. Appearance	_____	_____	_____
2. Eyes/Ears/Nose/Throat	_____	_____	_____
3. Lymph Nodes	_____	_____	_____
4. Heart	_____	_____	_____
5. Pulses	_____	_____	_____
6. Lungs	_____	_____	_____
7. Abdomen	_____	_____	_____
8. Genitalia (males only)	_____	_____	_____
9. Skin	_____	_____	_____
MUSCULOSKELETAL			
10. Neck	_____	_____	_____
11. Back	_____	_____	_____
12. Shoulder/Arm	_____	_____	_____
13. Elbow/Forearm	_____	_____	_____
14. Wrist/Hand	_____	_____	_____
15. Hip/Thigh	_____	_____	_____
16. Knee	_____	_____	_____
17. Leg/Ankle	_____	_____	_____
18. Foot	_____	_____	_____

* – station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

____ Cleared without limitation
 ____ Disability: _____ Diagnosis: _____
 ____ Precautions: _____
 ____ Not cleared for: _____ Reason: _____
 ____ Cleared after completing evaluation/rehabilitation for: _____
 ____ Referred to _____ For: _____

Recommendations: _____

Name of Physician/Physician Assistant/Nurse Practitioner (print): _____ Date: ____/____/____
 Address: _____

Signature of Physician/Physician Assistant/Nurse Practitioner: _____



Preparticipation Physical Evaluation (Page 3 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.
This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

Student's Name: _____

ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)

I hereby certify that the examination(s) for which referred was/were performed by myself or an individual under my direct supervision with the following conclusion(s):

Cleared without limitation
 Disability: _____ Diagnosis: _____

Precautions: _____

Not cleared for: _____ Reason: _____

Cleared after completing evaluation/rehabilitation for: _____

Recommendations: _____

Name of Physician (print): _____ Date: ____/____/____

Address: _____

Signature of Physician: _____

Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.



Consent and Release from Liability Certificate (Page 1 of 4)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature. This form is non-transferable; a change of schools during the validity period of this form will require this form to be re-submitted.

School: _____ School District (if applicable): _____

Part 1. Student Acknowledgement and Release (to be signed by student at the bottom)

I have read the (condensed) FHSAA Eligibility Rules printed on Page 4 of this "Consent and Release Certificate" and know of no reason why I am not eligible to represent my school in interscholastic athletic competition. If accepted as a representative, I agree to follow the rules of my school and FHSAA and to abide by their decisions. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, including the potential for a concussion, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved. Should I be 18 years of age or older, or should I be emancipated from my parent(s)/guardian(s), I hereby release and hold harmless my school, the schools against which it competes, the school district, the contest officials and FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against FHSAA because of any accident or mishap involving my athletic participation. I hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I hereby grant to FHSAA the right to review all records relevant to my athletic eligibility including, but not limited to, my records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. I hereby grant the released parties the right to photograph and/or videotape me and further to use my name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I understand that I will no longer be eligible for participation in interscholastic athletics.

Part 2. Parental/Guardian Consent, Acknowledgement and Release (to be completed and signed by a parent(s)/guardian(s) at the bottom; where divorced or separated, parent/guardian with legal custody must sign.)

A. I hereby give consent for my child/ward to participate in any FHSAA recognized or sanctioned sport **EXCEPT** for the following sport(s):

List sport(s) exceptions here

B. I understand that participation may necessitate an early dismissal from classes.
C. I know of, and acknowledge that my child/ward knows of, the risks involved in interscholastic athletic participation, understand that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in athletics. With full understanding of the risks involved, I release and hold harmless my child's/ward's school, the schools against which it competes, the school district, the contest officials and FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against the FHSAA because of any accident or mishap involving the athletic participation of my child/ward. As required by F.S. 1014.06(1), I specifically authorize healthcare services to be provided for my child/ward by a healthcare practitioner, as defined in F.S. 456.001, or someone under the direct supervision of a healthcare practitioner, should the need arise for such treatment, while my child/ward is under the supervision of the school. I further hereby authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I consent to the disclosure to the FHSAA, upon its request, of all records relevant to my child/ward's athletic eligibility including, but not limited to, records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. I grant the released parties the right to photograph and/or videotape my child/ward and further to use said child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

D. I am aware of the potential danger of concussions and/or head and neck injuries in interscholastic athletics. I also have knowledge about the risk of continuing to participate once such an injury is sustained without proper medical clearance.

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

E. I agree that in the event we/I pursue litigation seeking injunctive relief or other legal action impacting my child (individually) or my child's team participation in FHSAA state series contests, such action shall be filed in the Alachua County, Florida, Circuit Court.

F. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I understand that my child/ward will no longer be eligible for participation in interscholastic athletics.

G. Please check the appropriate box(es):

____ My child/ward is covered under our family health insurance plan, which has limits of not less than \$25,000.

Company: _____ Policy Number: _____

____ My child/ward is covered by his/her school's activities medical base insurance plan.

____ I have purchased supplemental football insurance through my child's/ward's school.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (Only one parent/guardian signature is required)

Name of Parent/Guardian (printed) _____ Signature of Parent/Guardian _____ Date ____/____/____

Name of Parent/Guardian (printed) _____ Signature of Parent/Guardian _____ Date ____/____/____

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (student must sign)

Name of Student (printed) _____ Signature of Student _____ Date ____/____/____



Consent and Release from Liability Certificate for Concussions (Page 2 of 4)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature.

School: _____ School District (if applicable): _____

Concussion Information

Concussion is a brain injury. Concussions, as well as all other head injuries, are serious. They can be caused by a bump, a twist of the head, sudden deceleration or acceleration, a blow or jolt to the head, or by a blow to another part of the body with force transmitted to the head. You can't see a concussion, and more than 90% of all concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. All concussions are potentially serious and, if not managed properly, may result in complications including brain damage and, in rare cases, even death. Even a "ding" or a bump on the head can be serious. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, your child should be immediately removed from play, evaluated by a medical professional and cleared by a medical doctor.

Signs and Symptoms of a Concussion:

Concussion symptoms may appear immediately after the injury or can take several days to appear. Studies have shown that it takes on average 10-14 days or longer for symptoms to resolve and, in rare cases or if the athlete has sustained multiple concussions, the symptoms can be prolonged. Signs and symptoms of concussion can include: (not all-inclusive)

- Vacant stare or seeing stars
- Lack of awareness of surroundings
- Emotions out of proportion to circumstances (inappropriate crying or anger)
- Headache or persistent headache, nausea, vomiting
- Altered vision
- Sensitivity to light or noise
- Delayed verbal and motor responses
- Disorientation, slurred or incoherent speech
- Dizziness, including light-headedness, vertigo(spinning) or loss of equilibrium (being off balance or swimming sensation)
- Decreased coordination, reaction time
- Confusion and inability to focus attention
- Memory loss
- Sudden change in academic performance or drop in grades
- Irritability, depression, anxiety, sleep disturbances, easy fatigability
- In rare cases, loss of consciousness

DANGERS if your child continues to play with a concussion or returns too soon:

Athletes with signs and symptoms of concussion should be removed from activity (play or practice) immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to sustaining another concussion. Athletes who sustain a second concussion before the symptoms of the first concussion have resolved and the brain has had a chance to heal are at risk for prolonged concussion symptoms, permanent disability and even death (called "Second Impact Syndrome" where the brain swells uncontrollably). There is also evidence that multiple concussions can lead to long-term symptoms, including early dementia.

Steps to take if you suspect your child has suffered a concussion:

Any athlete suspected of suffering a concussion should be removed from the activity immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from an appropriate health-care professional (AHCP). In Florida, an appropriate health-care professional (AHCP) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes), a licensed osteopathic physician (DO, as per Chapter 459, Florida Statutes). Close observation of the athlete should continue for several hours. You should also seek medical care and inform your child's coach if you think that your child may have a concussion. Remember, it's better to miss one game than to have your life changed forever. When in doubt, sit them out.

Return to play or practice:

Following physician evaluation, the *return to activity process* requires the athlete to be completely symptom free, after which time they would complete a step-wise protocol under the supervision of a licensed athletic trainer, coach or medical professional and then, receive written medical clearance of an AHCP.

For current and up-to-date information on concussions, visit <http://www.cdc.gov/concussioninyouthsports/> or <http://www.seeingstarsfoundation.org>

Statement of Student Athlete Responsibility

Parents and students should be aware of preliminary evidence that suggests repeat concussions, and even hits that do not cause a symptomatic concussion, may lead to abnormal brain changes which can only be seen on autopsy (known as Chronic Traumatic Encephalopathy (CTE)). There have been case reports suggesting the development of Parkinson's-like symptoms, Amyotrophic Lateral Sclerosis (ALS), severe traumatic brain injury, depression, and long term memory issues that may be related to concussion history. Further research on this topic is needed before any conclusions can be drawn.

I acknowledge the annual requirement for my child/ward to view "Concussion in Sports" at www.nfhslearn.com. I accept responsibility for reporting all injuries and illnesses to my parents, team doctor, athletic trainer, or coaches associated with my sport including any signs and symptoms of CONCUSSION. I have read and understand the above information on concussion. I will inform the supervising coach, athletic trainer or team physician immediately if I experience any of these symptoms or witness a teammate with these symptoms. Furthermore, I have been advised of the dangers of participation for myself and that of my child/ward.

Name of Student-Athlete (printed)	Signature of Student-Athlete	Date / /
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date / /
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date / /



Florida High School Athletic Association

Affidavit of Compliance with the Policies on Athletic Recruiting & Non-Traditional Student Participation

- For:** Any student who changes attendance to a member school at any time, regardless of whether the change occurs during the school year (i.e. a transfer) or during the summer period between school years, including youth exchange, international and immigrant students, or is a “Non-Traditional” student (i.e. home education, certain charter and special/alternative school, certain private school, FLVS Full Time Public Program, etc.) participating for your school. *This form is not required for students entering from a terminating grade school (i.e. 5th grade to 6th, 8th grade to 9th grade).*
- Action:** Must be read and signed by the student and his/her parent(s)/legal guardian(s) appointed by a court of competent jurisdiction. **This form only needs to be done once for each change of schools or change in participation as a “Non-Traditional” student at a member school.**
- Due date:** Must be received by the school **prior to participation** in the first sport in which the student wishes to participate.
- Required by:** FHSAA Policies.
- Purpose:** To heighten the awareness of and compliance with rules prohibiting athletic recruiting on the part of student-athletes, their parents legal guardians, and member schools, as well as participation with a member school as a “Non-Traditional” student.
- Verification:** Page 3 will be checked for completeness. **Submission of this form DOES NOT grant eligibility.**

TO: STUDENT-ATHLETE

The school that you have chosen to attend, or participate for as a “Non-Traditional” student, is a member of the Florida High School Athletic Association (FHSAA). The FHSAA has rules that prohibit a member school from making any effort to encourage or entice a student to attend or participate there for athletic purposes. This is called athletic recruiting, and it is not permitted on the high school level. The Florida Legislature, in fact, has directed the FHSAA to “adopt bylaws that specifically prohibit the recruiting of students for athletic purposes.” Florida law also regulates the participation in interscholastic athletics by “Non-Traditional” students.

What follows is an explanation of athletic recruiting rules, as well as regulations related to participation by “Non-Traditional” students, and the penalties for violating them. You and your parent(s) or legal guardian(s) must read this document and declare that you were not recruited to attend or participate for the school for athletic purposes and that you are aware of the regulations regarding participation as a “Non-Traditional” student by signing the attached “Affidavit of Compliance”. The signed affidavit must be submitted to the member school prior to a date not earlier than the first day of practice of the first sport in which the student wishes to participate, as posted on the FHSAA Website.

Please read this information carefully. Sign the affidavit truthfully and honestly. Do not sign the affidavit if you have any questions about these rules or believe that a violation of these rules may have occurred. Instead, have your school’s athletic director contact the FHSAA Office by phone at 352.372.9551 ext. 340 or by e-mail at compliance@fhsaa.org. Violations of these rules and regulations can and do result in severe penalties for the school and the student-athlete. Making an inaccurate statement by signing the affidavit when you know you should not will only make these penalties worse for all involved if violations are later determined to have occurred.

What is athletic recruiting?

Athletic recruiting is any attempt by any employee or athletic department staff member of an FHSAA member school, a representative of the school’s athletic interests or a third party to pressure, urge or entice a student who does not currently attend or participate for that school to change his/her attendance or participation there for the purpose of athletic participation. This occurs when the school employee, athletic department staff member or representative of the school’s athletic interests makes improper contact with the student or a member of his/her family in an effort to pressure or urge the student to go to that school OR promises, offers or gives the student an impermissible benefit in an effort to entice the student to go to or participate for that school.

Who is “a representative of the school’s athletic interests?”

Any person, business or organization that participates in, assists with, and/or promotes a school’s athletic program is considered to be a representative of the school’s athletic interests. This includes, but is not limited to:

- A student-athlete or other student participant in the athletic program at that school;
- The parents, guardians or other family members of a student-athlete or other student participant in the athletic program at that school;
- Immediate relatives of a coach or other members of the athletic department staff at that school;
- A volunteer with that school’s athletic program;
- A member of an athletic booster organization of that school;
- A person, business or organization that makes financial or in-kind contributions to the athletic department or that is otherwise involved in promoting the school’s interscholastic athletic program.

What is improper contact with a student who does not attend a school?

Any contact or communication of any kind with a student who does not attend or participate for a particular school, or a member of the student’s family, in attempt to pressure, urge or entice the student to change attendance to a different school for athletic reasons is improper. The improper contact can either be in person, through written or electronic means such as letters, flyers, e-mails, text messages, social media or through a third party. Did someone talk you into changing to this school to play athletics? Did someone urge you to change to this school to play athletics? If so, you may have been athletically recruited.



Affidavit of Compliance with the Policies on Athletic Recruiting & Non-Traditional Student Participation

What is an impermissible benefit?

An impermissible benefit is any benefit that is promised, offered or given to a student or a member of his/her family but is not offered or generally made available to all students who apply to or attend or participate for the school. Did someone promise, offer or give you anything more than what any other student who attends or participate for this school is generally promised, offered or given that caused you to decide to change to this school? If so, it probably is an impermissible benefit.

What is a “third party”?

A “third party” is an independent person, business or organization who may or may not be a representative of the school’s athletic interests.

What are the penalties for violations of athletic recruiting rules by a member school?

A member school that violates athletic recruiting rules will be assessed one or more of the following penalties:

- A public reprimand;
- A financial penalty;
- Forfeiture of all contests and awards won in which the student who was athletically recruited or received an impermissible benefit participated or contributed;
- One or more forms of probation (administrative, restrictive or suspension) for one or more years;
- Prohibition against participating or coaching in certain competitions, including state playoffs, for one or more years in the sport(s) in which the violation(s) occurred;
- Prohibition against participating in any competitions for one or more years in the sport(s) in which the violation(s) occurred;
- Restricted membership for one or more years during which some or all of the school’s membership privileges are restricted or denied;
- Expulsion from membership in the FHSAA.

What are the penalties for a student who is found to have been athletically recruited or receives an impermissible benefit?

A student who is found to have accepted an impermissible benefit will be ineligible for athletic competition for one or more years at the school where the violation occurred, and may be declared ineligible for athletic competition at all FHSAA member schools for one or more years.

What are the regulations regarding the participation of “Non-Traditional” students?

A Non-Traditional student is eligible to participate provided:

- The student meets the same residency requirements as other students in the school at which he/ she participates; and
- The student meets the same standards of acceptance, behavior and performance as required of other students in extracurricular activities; and
- The student registers with the school his/her intent to participate in interscholastic athletic competition as a representative of the school, utilizing the official Association process as approved by the Executive Director, **prior to participation** in the sport(s) in which he/she wishes to participate, as posted on the FHSAA website; and
- The student complies with all FHSAA regulations, including eligibility requirements regarding age and limits of eligibility, and local school regulations during the time of participation; and
- The student provides proof of basic medical insurance coverage and both independently secured catastrophic insurance coverage and liability insurance coverage which names the FHSAA as an insured party in the event the school’s insurance provider does not extend coverage to such students; and
- The student provides his/her own transportation to and from the school; and
- The student provides to school authorities all required forms (including, but not limited to, the EL2, EL3 and, where applicable, the EL7, EL7V, EL12, EL12V and EL14) and provisions.

What are the penalties for violations of regulations regarding “Non-Traditional” student by a member school?

Allowing students to participate without properly registering a non-traditional student will subject the school to a monetary penalty.



Florida High School Athletic Association

Affidavit of Compliance with the Policies on Athletic Recruiting & Non-Traditional Student Participation

The student/parent must complete, obtain all applicable signatures and submit this form to the school **on or before the first day of practice for the first sport in which the student wishes to participate**, as established on the FHSAA Calendar. Submission of this form **DOES NOT** grant eligibility. The student must be **ELIGIBLE** in all other respects.

We, the undersigned, being sworn, certify that the following statements are true:

1. Student *{full legal name}* _____ (“THIS STUDENT”), who was born on *{date}* _____, 19/20 _____, and who is currently in the {number} _____ th grade, now attends or wishes to participate for *{school now attending/participating for}* _____ (“THIS SCHOOL”), commencing on *{date}* _____, 20 _____.

THIS STUDENT has previously attended/participated for *{list all previous secondary schools beginning with the most recent and working back in time}* _____.

2. I have read and understand the definition of athletic recruiting, including the explanation of the terms “representatives of the school’s athletic interests”, “improper contact” and “impermissible benefit”, or I have read and understand the regulations regarding participation as a “Non-Traditional” student.

3. No employee, athletic department staff member, representative of the athletic interests of THIS SCHOOL, any person or organization acting on their behalf or a third party has had communication, directly or indirectly, through intermediaries, or otherwise with THIS STUDENT or any member of his/her family in an attempt to pressure, urge or entice THIS STUDENT to change attendance to or participation for THIS SCHOOL for the purpose of participation in interscholastic athletics.

4. No employee, athletic department staff member, representative of the athletic interests of THIS SCHOOL, any person or organization acting on their behalf or a third party is giving, has given, has offered or promised to give, directly or indirectly, through intermediaries, or otherwise any impermissible benefit to THIS STUDENT or any member of his/her family for the purpose of participation in interscholastic athletics.

5. If THIS STUDENT is a “Non-Traditional” student, THIS STUDENT has submitted to THIS SCHOOL the EL2 and EL3 forms and, where applicable, the EL7, EL7V, EL12, EL12V and EL14 forms **prior to participation in the first sport in which the student wishes to participate**.

6. If THIS STUDENT is a youth exchange (J-1 and F-1 Visas), international or immigrant student, THIS STUDENT has submitted to THIS SCHOOL the EL2 and EL3 forms and, where applicable, the EL4 Form.

Under penalties of perjury, I declare that I have read the foregoing Affidavit and that the facts stated therein are true and correct and that the punishment for knowingly making a false statement includes fines and/or imprisonment. I further understand that the penalties for knowingly making a false statement may subject THIS SCHOOL to fines, forfeitures, probations and possible expulsion from membership in the FHSAA, and may subject THIS STUDENT to a loss of athletic eligibility.

FOR STUDENT/PARENT(S)/LEGAL GUARDIAN(S):

Signature of Student / Date

Signature of Parent/Legal Guardian / Date

Printed Name of Student

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian / Date

Printed Name of Parent/Legal Guardian



Medical Information and Authorization for Treatment

Student Name: _____ Birth Date: _____

Emergency Phone Numbers: People to notify in case of an emergency and/or pick-up:

Father: _____

Work: _____ Cell: _____ Home: _____

Mother: _____

Work: _____ Cell: _____ Home: _____

Other Emergency Contact: _____ Relationship: _____

Work: _____ Cell: _____ Home: _____

To Whom It May Concern:

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child, _____, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if the situation warrants. I grant permission to the school health personnel to administer first aid, monitor vital signs and communicate with my child's physician as needed.

Name of Family Physician _____ Telephone: _____

Date of Last DPT or Tetanus Shot _____

Hospital Preference _____

Health Insurance Company _____

Policy Number _____ Phone _____ Expiration Date _____

1. Is your student on any continuous medication? _____ Specify: _____

2. Does your student have any allergies? _____ If yes, please explain: _____

3. Is there any other medical information you feel we should have about your child?

Parent/Guardian's Signature

Printed Name

Notarization Required:

State of Florida County of Pinellas The foregoing instrument was acknowledged before me on _____, by _____, who is personally known to me or who has produced _____ as identification.

Name of Notary: _____ Stamp or Seal

Notary Public

Dress Code

The dress code at CCHS seeks to enhance the learning environment while encouraging school spirit. Both school and gender specific policies apply.

All Students

Shirts

All students are required to wear a collared shirt with CCHS logo purchased from the Warrior Wear House. CCHS team or organization collared shirts are also allowed as long as the color is white, navy, red, or gray.

Sweatshirts or Jackets

CCHS sweatshirts and jackets may be worn during the school day. If a shirt is visible while wearing the sweatshirt or jacket, the shirt is to comply with the above standards. Hoodies will not be allowed.

Shoes

Students are encouraged to wear comfortable shoes that are appropriate for walking up and down stairs. Flip-flops and sandals are acceptable, but bedroom slippers are not acceptable.

All Men

Pants and Shorts

CCHS male students are to wear cotton pants or shorts in navy, gray, black, or khaki. White is not an approved color for the school day. Pants and shorts may be purchased from the vendor of your choice.

Skinny, bell-bottom, low rider, hip-hugger, cargo pants (outside pockets), are not permitted. If pants are loose, a belt should be worn for proper fit.

Male students' shorts are to be knee length.



All Ladies

Pants, Shorts, Capris, and Skirts

CCHS female students are to wear cotton pants, shorts, capris, or skirts in navy, gray, black, or khaki. Spandex and elastane mixes are not acceptable. White is not an approved color for the school day. Pants, shorts, capris, and skirts may be purchased from the vendor of your choice. Skinny, bell-bottom, low rider, hip-hugger, or cargo pants (outside pockets) are not permitted. If clothing is loose, a belt should be worn for proper fit.

Female students' shorts and skirts should be no higher than 2" above the knee. Pants/shorts that are "tie up" are not permitted.

Additional Information

Additional information is available at www.cchs.us/dresscode.aspx



School Uniform Ordering Process

Deadline to guarantee order delivery before the first day of school:

July 23, 2022

Ordering Process

- Open the website by accessing www.cchs.us on the navigation bar at the top: select Student Life.
- Under the Student Life tab: select Warrior Wearhouse in left column.
- We invite you to read the information on the home page. It will provide the latest policy and important information relating to the ordering process.
- Once opening the Warrior Wearhouse, scroll down the left-side navigation bar and double “click” your item category preference, i.e. polo, woven, etc.
- The items displayed on the Warrior Wearhouse are the only approved items in compliance with the current uniform policy. The item prices include embroidery of the garment with the Calvary shield logo, Calvary Athletic Sword, or Large “C” logo for hats only. AxCelMark has already programmed its systems to adjust embroidery thread color with the garment color you select.
- Make your selection by double “clicking” the item. The item will be displayed with more detailed information to help with finalizing your decision. Please “click” “VIEW SPEC SHEET” (in orange at the upper right of the screen) to determine item size, based on your student’s measurements.
- Select the color and size then enter the quantity. To enter the item, click “ADD TO SHOPPING CART” (in orange) at the upper right of the page.
- Once you have selected an item, scroll down and click “UPDATE CART.” Enter your next item and follow the same process.
- Once your entries are complete, you will be taken to the verification screen, “View Shopping Cart” that lists all the items selected.
- Next, complete your order by clicking “SUBMIT SHOPPING CART.” Complete the personal information entries for order processing and shipping.
- The final step is to enter your payment information. Your payment will be processed by PayPal which is one of the most secure methods of processing payments for websites.
- You do not have to have a PayPal account to order.
- You will receive a confirmation of payment from PayPal via email. Please save the receipt for your records. This completes the ordering process.

General Information

- When you receive your credit card statement, the charge will reflect AxCelMark Corporation as the source of transaction. AxCelMark is the approved service provider for preparing Calvary's school day apparel.
- Operations and shipping: The Warrior Wear House website is operational year round. Your order will be shipped to the address listed in the "ship to" portion of your email order confirmation. Shipment tracking and status will be provided when your order ships. Outbound shipping is free for Florida orders only. Quotes for out-of-state orders will be provided upon request.
- Customer Service Support: Questions regarding apparel options and sizing should be addressed to the AxCelMark Customer Service Team. Please do not hesitate to call. Contact information including our email address is available via the "Contact Us" tab on the website.
- Return Policy: Because each order is prepared exclusively for your student, there are no refunds or exchanges, so verify carefully before ordering.
- Deadline for ordering: The last day for placing your order to ensure delivery before school begins is July 23. Given the large number of orders, we strongly recommend ordering as early as possible.



CCHS Used Uniform Sale

June 14, 2022

10:00 AM–2:00 PM

CCHS uniform approved polo's, sweatshirts, spirit shirts, pants and shorts will be on sale. All proceeds support our American Sign Language Department.



'21 ASLHS Officers

Lunch

General Information

- Lunch entrees are prepared on campus and served several days each week. Lunches are occasionally catered from outside vendors such as Chick-fil-A, Tijuana Flats, and Firehouse Subs.
- Salads, wraps, flat-breads, soups, pasta salad and fresh fruit, peanut butter and jelly sandwiches, and gluten-free options are prepared daily. Yogurt, chips and other snacks, and a variety of homemade desserts are always available.
- Bottled water and other drinks and snacks are available for purchase from our vending machines.
- Student lunches may not be delivered by an outside vendor.
- Students can bring lunch from home. CCHS does not provide refrigeration for student use. Microwave ovens are provided by the school for student use.
- CCHS operates as a closed campus; therefore, students are not permitted to go off campus for lunch except on designated days for Juniors and Seniors.



Lockers & Backpacks

Lockers are available to all incoming students and are the property of the school. For security, lockers should remain locked at all times. A fine will be charged for all damaged and defaced lockers, including jamming the locking mechanism to prevent the locker from locking. There is to be no adhesive material (i.e. glue, tape, stickers, etc.) used on the outside of the lockers. Locker decorations are to be confined to the inside of the locker and affixed with the use of magnets.

The school administration reserves the right to inspect lockers at any time. There are designated areas for athletic bags and equipment to be stored during the day. Backpacks are not permitted in the classroom.



After School Supervision

- After School Supervision is provided for students each day in a designated classroom. Students on campus 15 minutes after the dismissal bell must report to the room designated for supervision if he/she is not in an activity supervised by a coach, teacher, club sponsor, or other staff member.
- Students may remain in After-School Supervision from 3:10–5:30 PM for no additional cost. A student remaining from 5:30–5:45 PM will incur a \$15 per day charge. A student remaining after 5:45 PM will incur a \$50 charge per 30 minute increments.
- The athletic facilities, including the weight room, are for use by teams under the supervision of a coach. The athletic facilities, including the weight room, are not “open” areas where students may go after school dismisses unless they are a part of a team using the facility for a school-related purpose.
- On days when there is an athletic event on campus, students remaining on campus to attend the event must be supervised in the room designated for After-School Supervision until time for the event to start. Students may not congregate in the hallways or outside an athletic facility on campus waiting for the event to begin.



Bus Transportation Program

Calvary offers bus transportation service from the Westchase and St. Petersburg areas. The transportation is for the morning only. In the afternoon, students may remain in after-school supervision (no later than 5:30 PM) until parent transportation arrives.

Westchase Area

Bus departs at 7:00 AM from the Publix parking lot at
12139 W. Linebaugh Ave, Tampa, FL 33626

St. Petersburg Area

Bus departs at 7:00 AM from St. Petersburg Christian School at

2021 62nd AVE, N. St. Petersburg, FL 33702

Fee

Families must register students with CCHS for the bus transportation service from Westchase and St. Petersburg. The bus transportation service may not be used on an as-needed basis unless registration for the year has been made. The annual fee is \$1,000 per student, or \$1,250 for two or more students from the same family. The fee may be paid as a lump sum or included in the monthly FACTS payment with tuition and related fees.

For questions concerning registration and payment of the Bus Transportation Fee, please contact Mrs. Karen Fisher, Executive Director of Finance and Operations, at fisher.karen@cchs.us.



Admissions Student Leadership Team

Admissions Student Leaders are a valued and integral part of the culture and ministry of Calvary Christian High School. These students firmly commit to support and promote the mission of the school and assume the responsibility of being a role model both on and off campus. Admissions Student Leaders serve as hosts for school events, student shadows, and school tours for prospective families as well as assist teachers and administration in various leadership tasks.

While Admissions Student Leaders enjoy serving as a team and forming relationships with our staff, their participation in this program also affords them the opportunity to earn community service hours.

Requirements for Consideration

Attendance at one of the Student Leader Training dates listed below:

August 17 | 3:15 PM–4:00 PM

August 18 | 3:15 PM–4:00 PM

August 23 | 3:15 PM–4:00 PM

August 24 | 3:15 PM–4:00 PM

August 25 | 3:15 PM–4:00 PM

Submission of an application and commitment form (provided at training).

*Please register for one of the training dates listed above by signing up via our Sign-Up Genius link:

www.SignUpGenius.com/go/10C094AA4AD2CA4FD0-student3



CALVARY
CHRISTIAN
HIGH
SCHOOL



Community Service

One of the goals we have for our students at Calvary Christian High School is to develop the Christian character trait of servanthood. Calvary encourages students to serve their community, their local church, and local agencies committed to serving those less fortunate. Therefore, **a minimum of 100 hours of Community Service is one of the requirements for graduation.**

There Are Several Facets About Community Service to Consider:

- Work for the Glory of God (**1 Corinthians 10:31**)
- Scholarships may be tied to Community Service (Bright Futures, for example)
- Forms should be **filled out completely by the STUDENT (not parent)**
- Community Service forms are to be turned in the same semester as completed.
- Community Service is a great way to learn about possible careers if you are interested in medicine, for example, volunteer at a hospital, nursing home, etc.
- Students may not earn community service by working for a family member or individual; it must be completed through an institution.
- Rising 9th graders may begin logging Community Service after 8th grade graduation.
- Senior Privilege - Seniors must meet requirements stated in current year handbook to earn Senior Privilege.
- Documentation: In the Community Service description area we require a complete description of the service performed. We will no longer accept one word descriptions. For example, a form with "VBS or Basketball Camp" will not suffice. You must give details that describe the impact of your service on the community.
- CCHS will communicate opportunities for community service as we learn of them. You are not limited to these opportunities.



Calvary Christian High School - Community Service

Name: _____ Grade: _____ Date: _____

Community Service Organization: _____

Name of Supervisor: _____ Phone: _____

(please print)

Instructions:

- Use separate log for each organization.
- Log must be turned in same semester as served.
- Summer hours must be submitted during the first week of school.
- Log must be complete including signatures - student and supervisor.
- This form is to be completed by the student.

Description of Service	Date	Hours
1. What service did you do?		
2. Describe a need or problem your service addresses.		
3. Describe the impact of your service on the community.		
	Total Hours →	

Organization Supervisor's Signature: _____

Student Signature: _____

I have followed the CCHS Community Service Guidelines and have not received money, done this job for a family member, or worked during school hours.

Office Use Only- Do Not Write in this Box	
CCHS Community Service Administrator _____	Date Entered: _____

Return to: Registrar's Office - Calvary Christian High School

110 N McMullen Booth Road, Clearwater, FL 33759

(727) 449-2247 * Fax (727) 491-5085 * www.cchs.us





INSPIRING EXCELLENCE
MIND • BODY • SPIRIT



Calvary Christian High School

110 N. McMullen Booth Rd | Clearwater, FL 33759

P 727.449.2247 | **F** 727.491.5085 | info@cchs.us