



Enrollment Document Procedures

* First Time Entry (All documents must be presented for admission)

- Students entering Kindergarten
- Students entering Pasco County Public Schools from public or private schools out of state or out of country

Required Documentation

Evidence of residence:

___ Owned residence – deed **or** property tax assessment records, **and** a copy of a current utility (electric/water) bill or initial order for service; **and** one of the following current documents supporting stated address: auto registration, Florida driver's license, Florida ID card, or voter registration as evidence that parent(s) owns and lives at the residence.

___ Leased Residence – Current lease **or** rental agreement **or** a notarized letter from the landlord, **and** a copy of a current utility (electric/water) bill or initial order for service; **and** one of the following current documents supporting stated address: auto registration, driver's license, Florida ID card, or voter registration as evidence that parent(s) lives at the residence.

Other:

___ Birth certificate (original required for copying) or other evidence of age. Please see section 1003.21, Florida Statutes, for a complete list of acceptable documents

___ Physical (dated and signed by a health professional within one (1) year of enrollment (first day of school).

___ Current DH 680 State of Florida Immunization Form that is transcribed by a health professional.
(See Immunization/Physical Requirements for school entry)

___ Social Security number, if available (verify number with card; do not copy card). The district shall request each student enrolling in school provide his or her social security number as required by section 1008.386, Florida Statutes. Parent disclosure of their child's Social Security number is voluntary.

If applicable:

___ Legal documents i.e., a copy of any current judgment of divorce (dissolution of marriage) or other court order establishing the right of custody will be required for registration.



DISTRICT SCHOOL BOARD OF PASCO COUNTY
GRADES Pre-K - 5 ACCESS AND EMERGENCY INFORMATION CARD

Rev. 4/17

Updated Info.

Student Last Name First Middle Student # DOB Grade
Primary Phone Teacher
Home Address City Zip
Parent/Guardian Parent/Guardian
Cell Phone Cell Phone
Email Address Email Address
Employed By Employed By
Phone At Work Phone At Work

Person(s) who will care for child in case parent/guardian cannot be reached; these individuals may sign my child out (photo I.D. required):

Name Relationship Phone
Name Relationship Phone
Name Relationship Phone
Name Relationship Phone

First and last names of brothers/sisters attending Pasco County Schools

Person(s) who MAY NOT legally contact or remove my child from school (provide legal documentation)

List any medication(s) your child is currently taking (at home or school)

List all health problems and/or allergies (food, medication, sting, etc.) even if previously reported

Parent/guardian must notify school cafeteria of food allergies or special nutritional needs of student.
It is the parent/guardian's responsibility to keep the school updated with new information and contact numbers.

PARENTAL CONSENT ON BACK - SIGNATURE REQUIRED

Student Grade Rev. 4/17 Back

The School District expects residence information submitted regarding students to be truthful and accurate, and District forms pertaining to residence and household membership shall be verified under penalties of perjury. Florida Statutes §837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree. Additionally, a person who knowingly makes a false declaration under penalties of perjury commits a felony of the third degree, pursuant to Florida Statute 92.525. Providing school officials false information regarding your residence when enrolling your child may result in your child being withdrawn and/or reassigned to the appropriate zoned school, and referral of the matter to law enforcement for possible criminal prosecution. Additionally, falsification of this information may result in the permanent revocation of your child's privilege to engage in extracurricular activities, including organized sports.

Parents/legal guardians are responsible for notifying the school principal if there is a change in residence or parental responsibility of the student within five (5) days, even if the parent thinks the student is still in the school's zone. Failure to give timely notice may result in a reassignment to the student's zoned school and/or loss of eligibility for athletics and other activities.

PARENTAL CONSENT

I hereby give my consent for my child to participate in the School Health Services Program. This means that my child will receive vision, hearing, dental, skin, blood pressure, and height and weight screening at certain grade levels. If I object to any of these health screenings or programs, I will notify the school in writing.

In case of accident or serious illness, I want to be contacted by the school. If the school is unable to reach me, I hereby authorize the school to contact the physician or dentist indicated below and to follow his/her instructions. If it is impossible to contact this physician or dentist, the school will take whatever actions are necessary to provide care and treatment for my child, and exchange medical information with the provider as necessary to support the continuity of care for my child. I agree to pay all expenses incurred by the handling of this emergency care. In case of an accident or illness where immediate treatment of my child is not indicated, but where he/she is unable to remain at school, I request that one of the persons listed on the reverse side of this form be contacted and requested to care for my child until I can be reached.

I authorize the District School Board of Pasco County to release and exchange my child's confidential information (e.g., student name, records, and information related to services provided) to agencies of the state of Florida which would allow the District to verify Medicaid eligibility, bill Medicaid for reimbursable Certified School Match services referenced on my child's individualized educational plan (IEP), and receive Medicaid reimbursement for Exceptional Student Education (ESE) services it provides to my child while at school. I understand that my child will continue to receive services referenced on his/her IEP whether or not I give consent.

Physician's Name Phone
Hospital Preference Phone
Dentist's Name Phone

My signature indicates my parental consent, understanding, and agreement.

PRINT PARENT/GUARDIAN NAME PARENT/GUARDIAN SIGNATURE DATE



**DISTRICT SCHOOL BOARD OF PASCO COUNTY
HOME LANGUAGE SURVEY
ENGLISH FOR SPEAKERS OF OTHER LANGUAGES (ESOL)**

MIS Form #580
Rev. 3/17

Date of Survey _____ Student # _____ Grade _____

Student Name _____ Date of Birth _____ / _____ / _____
First Middle Last Month Day Year

Parent or Guardian Name _____ Primary Phone _____

Parent or Guardian Email Address _____ Alternate Phone _____

ESOL Program Eligibility Questions

1. If the answer to one or more of the following questions (2-4) is yes, your child's English proficiency will be evaluated in accordance with Florida statutes to determine eligibility for ESOL language services. Please initial that you understand the above statement before proceeding. _____
2. Is a language other than English spoken in your home? Yes _____ No _____
 If yes, what language? _____
 Who speaks this language? _____
3. Does the student have a first language other than English? Yes _____ No _____
 If yes, what language? _____
4. Does the student most frequently speak a language other than English? Yes _____ No _____
 If yes, what language? _____
5. When did the student first enter a U.S. school (kindergarten-12th grade)? _____ / _____ / _____
Month Day Year
6. In what language do you prefer to receive school information when possible? _____

Immigrant Children and Youth Program Eligibility Questions

Immigrant children and youth: are individuals ages 3-21; were not born in any U.S. state; and have attended one or more US schools for less than 3 full academic years. The program provides educational and cultural support.

1. Was the student born outside of the United States? Yes ___ No ___ If yes, where? _____
Country
2. If born outside of the U.S., how many years of school has the student completed in the United States?
 ___0 years ___1 year ___2 years ___3 or more years

Signature _____ Relation to student _____

For more information regarding these programs, contact The Office for Student Support Programs and Services (813) 794-2251 (352) 524-2251 (727) 774-2251 <http://www.pasco.k12.fl.us/esol/>



JUNTA DIRECTIVA DEL DISTRITO ESCOLAR DEL CONDADO DE PASCO
ENCUESTA SOBRE EL IDIOMA QUE SE HABLA EN EL HOGAR
INGLÉS PARA PERSONAS QUE HABLAN OTROS IDIOMAS (ESOL)

MIS Form #580
Sp Rev. 3/17

Fecha de la encuesta _____ Número de estudiante _____ Grado _____

Nombre del estudiante _____ Fecha de nacimiento: ____/____/____
Nombre Inicial Apellido(s) Mes Día Año

Nombre del padre/madre/encargado _____ Teléfono _____

Correo electrónico del padre/madre/encargado _____ Tel. alternativo _____

Preguntas sobre la elegibilidad al Programa ESOL:

1. Si la contestación a una o más de las siguientes preguntas (2-4) es sí, se evaluará el conocimiento del idioma inglés de su niño de acuerdo a las leyes de Florida para determinar su elegibilidad a los servicios de lenguaje ESOL. Favor de firmar sus iniciales afirmando que entiende esta declaración antes de continuar. _____
2. ¿Se habla en el hogar otro idioma que no sea el inglés? Sí _____ No _____
Si contestó "Sí", ¿qué idioma es? _____
¿Quién habla ese idioma? _____
3. ¿Es el idioma natal del estudiante otro que no sea el inglés? Sí _____ No _____
Si contestó "Sí", ¿qué idioma es? _____
4. ¿Habla el estudiante otro idioma con más frecuencia que el inglés? Sí _____ No _____
Si contestó "Sí", ¿qué idioma es? _____
5. ¿Cuándo ingresó el estudiante a una escuela en los Estados Unidos por primera vez? ____/____/____
(Kindergarten al grado 12) Mes Día Año
6. ¿En qué idioma prefiere usted recibir información de la escuela cuando sea posible? _____

Preguntas para elegibilidad al programa para niños y jóvenes inmigrantes

Niños y jóvenes inmigrantes: personas entre las edades de 3-21 años; no nacieron en ninguno de los estados de Estados Unidos de América; han asistido a una o más escuelas en los Estados Unidos de América por menos de 3 años académicos completos. El programa provee apoyo educativo y cultural.

1. ¿Nació el estudiante fuera de los Estados Unidos de América? Sí ____ No ____ Si contestó sí, dónde: _____
País
2. Si el estudiante nació fuera de los Estados Unidos de América, ¿cuántos años de escuela ha terminado el estudiante en los Estados Unidos de América?
____ 0 años ____ 1 año ____ 2 años ____ 3 o más años

Firma _____ Parentesco con el estudiante _____

Para más información sobre estos programas, llame a la Oficina de Programas de Apoyo y Servicios al Estudiante
(813) 794-2251 (352) 524-2251 (727) 774-2251 <http://www.pasco.k12.fl.us/esol/>



DISTRICT SCHOOL BOARD OF PASCO COUNTY
STUDENT REGISTRATION FORM

MIS Form #148
Rev. 4/17

Student's Legal Name: Last Appendage (Jr., etc.) First Middle

Home Address: # and Street Name Apt/Bldg

City State Zip Zip+4

Mailing Address (only if different from the home address): Mailing

Address

City State Zip Zip+4

Resident of this school's attendance zone? Yes No

Resident of Pasco County? Yes No

Primary Phone () - Unlisted? Yes No
Area Code Phone Number

The primary phone number listed above is a? Landline Phone Cell Phone

Is the student Hispanic or Latino? Yes No

Race (mark all that apply): American Indian or Alaska Native Asian Black or African American
Native Hawaiian or Other Pacific Islander White

Sex (M/F) Birth Information - Date City State
Month/Day/Year

Country of origin USA Other specify

Student's Social Security # (optional) Grade

The SSN will not be used to identify a student's immigration status. The Notice of Social Security Number Disclosure can be read on the District School Board of Pasco County's website.

Name and address of school last attended () -
School Name Area Code Phone Number

and Street Name City State Zip

If the student has ever attended school in Florida, please enter the school name, county, and school year:

School Name County School Year

Florida Student # (if known)

Has the student ever been retained? Yes No If yes, which grade(s)?

Has the student ever been enrolled in an alternative, ESOL, gifted, or special education program(s)? Yes No If yes, which program(s)? Is the student presently in this program(s)? Yes No Does the student have a health condition that substantially interferes with his/her learning? Yes No If yes, explain

Has the student dropped out of school and is now returning? Yes No

Are the driver license requirements the reason or one of the reasons the student is returning to school? Yes No

Has the student ever been recommended for expulsion? Yes No If yes, which school year(s)?

Has the student been arrested resulting in a charge and juvenile justice action? Yes No

FRONT OFFICE USE ONLY:

EntryDate/Code
Teacher/Team
Grade
District Student #
Birth Verification Yes Code
Physical Yes No Date
Immunization Yes Code No
Temporary Exp. Date
Records Req. Yes No N/A
Custody Concerns Yes No
Proof of Residency Yes No
ESE Yes Program
Special Attd. Req. Yes N/A
Registration C IC
Bus Letter/Pass Yes No
Bus Stop Number
Bus Number
Home Lang. Date
Migrant C IC
Emergency Card C IC
Cum/Folder Made Yes No

FOR KINDERGARTNER ONLY:

Did the student attend a PreK program (includes churches) or a family day care home in Pasco County last year? Yes No
If yes, did the student receive a government subsidy to pay the total or partial cost of this PreK child care last year? Yes No



DISTRICT SCHOOL BOARD OF PASCO COUNTY
STUDENT HEALTH INFORMATION FORM
(To be completed for initial registration and for change in health status)

MIS Form #442
Rev. 5/13

Student _____ School _____ Date _____
Last Name First Middle

Student # _____ Grade _____ DOB _____ Sex: Male _____ Female _____

Does your child have any of the following health conditions or concerns?

1. Allergy to any foods, medications, or insects? Yes No If yes, list _____
Reaction: Mild Severe Needs: Epipen Benadryl
2. Asthma or wheezing? Yes No
If yes, please indicate if uses nebulizer: Yes No If yes, how often? _____
If yes, please indicate if uses inhaler: Yes No If yes, how often? _____
3. Diabetes or high/low blood sugar? Yes No If yes, list medication/treatment _____
4. Epilepsy or convulsion/seizure? Yes No If yes, list medication/treatment _____
Date of last episode _____
5. Recent hospitalization? Yes No If yes, reason _____ Date _____
If yes, reason _____ Date _____
6. Heart murmur or history of heart condition? Yes No If yes, explain _____
7. Serious burn or broken bone? Yes No If yes, explain _____
8. Ear infection or draining ear? Yes No If yes, explain _____
9. Trouble hearing? Yes No Wears hearing aid: Yes No
Should be wearing hearing aid: Yes No
10. Trouble seeing? Yes No Wears glasses or contacts: Yes No
Should be wearing glasses or contacts: Yes No
11. Major head injury or concussion? Yes No If yes, explain _____
12. Kidney or bladder problems? Yes No If yes, explain _____

DISTRICT SCHOOL BOARD OF PASCO COUNTY

STUDENT HEALTH INFORMATION FORM

(To be completed for initial registration and for change in health status)

MIS Form #442
Rev. 5/13 - Back

- 13. Frequent bed-wetting? Yes No If yes, explain _____
- 14. Stomach or bowel problems? Yes No If yes, explain _____
- 15. Trouble sleeping? Yes No If yes, explain _____
- 16. Hernia or rupture of groin or navel? Yes No If yes, explain _____
- 17. Trouble with teeth? Yes No If yes, explain _____
- 18. Anemia or low iron? Yes No If yes, explain _____
- 19. Attention Deficit Disorder (ADD/ADHD) or hyperactivity? Yes No If yes, explain _____

- 20. Mental health concerns? Yes No If yes, explain _____
- 21. Difficulty understanding dangerous situations, wanders or runs away from adults? Yes No If yes, explain _____

Please list any other medicine taken regularly and dosage: _____

Are there any special health procedures that should be followed at school? _____

Are there any limits on your child's participation in physical education or recess activities due to a health condition? _____

If your child is Medicaid eligible, please provide Medicaid number _____ and name of the Medicaid Insurance Plan _____

Print - Parent/Guardian Name

Parent/Guardian Signature

Date

Student Data Collection Form Ethnicity and Race

The federal government recently changed the race and ethnicity reporting categories for student data. Starting with the 2009/2010 school year, all schools in Florida will report student data to the Department of Education using these new categories. With the new reporting categories, you may now identify your child by ethnic group and by *one or more* racial groups.

Student Name: _____

Student ID: _____ Grade: _____

Please answer BOTH questions 1 and 2.

1. Is your child Hispanic or Latino? *(Please, mark only ONE.)*

_____ No, my child is not Hispanic or Latino

_____ Yes, my child is Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. What is your child's race? *(Please, mark ALL that apply.)*

_____ American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

_____ Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ Black or African American – A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

_____ Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Parent/Guardian Signature: _____

Date: _____



DISTRICT SCHOOL BOARD OF PASCO COUNTY
Students In Transition (SIT) Program
Student Eligibility Questionnaire

MIS 140
 Rev. 04/19

Dear Students/Families/Caregivers,

The Pasco County School District wants to make sure that your child receives the best possible education. The information from this form will help to find out if your student is able to receive benefits under the federal McKinney Vento Act, a law that helps students who are temporarily displaced from their home for certain reasons. PLEASE PRINT VERY CLEARLY, COMPLETE ONE PER FAMILY, and return the survey to your student's school. **Students/Families/Caregivers MUST CONTACT SIT PROGRAM OFFICE FOR NEEDED SERVICES..**

SECTION 1: Your Housing is fixed, regular and adequate

- Rent/Own your home
- Live with someone (not due to financial hardship)
- Live in foster care placement



IF YOU CHECKED ONE OF THESE BOXES, PLEASE DO NOT COMPLETE THIS FORM.

SECTION 2: Your Housing is NOT fixed, regular and adequate (complete all sections below)

Are you living in any of these situations?

YES NO

- An emergency or transitional shelter. (A)
- Temporarily with another family due to loss of housing, economic hardship or similar reason (B)
- A vehicle of any kind, trailer park or campground, abandoned building or other substandard housing (D)
- A hotel/motel due to loss of housing, economic hardship or similar reason (E)

Reason for temporary residence:

- Foreclosure (M) Tornado (T) Tropical Storm (S) : storm name _____
- Eviction Earthquake (E) Hurricane (H) : storm name _____
- Unemployment (O) Flooding (F) Man Made Disaster (D) *
- Fire (W) Wildfire (W) Other (N) _____

SECTION 3: Print Current Address and Contact Information

Parent/Legal Guardian Name: _____

Street Address or location of housing: _____

Telephone Number: _____ Email: _____

SECTION 4: Student Information

Print the names of ALL school-aged AND preschool-aged (3 & 4 year old) children in your family

| Name | Student ID | D.O.B. | F/M | Grade | School | Bus ** |
|------|------------|--------|-----|-------|--------|--------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

** Be sure to mark if the student will need transportation to/from SCHOOL OF ORIGIN

SECTION 5: Unaccompanied Youth Must Complete This Section

- Student is living alone without an adult - sign Section 6 below
- Student is living with an adult that is NOT a parent/legal guardian – fill out following:

Caregiver Name: _____

Phone: _____ Email: _____

SECTION 6: Signatures

The undersigned certifies that the information provided is accurate.
 Florida Statute 837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her official duty shall be guilty of a misdemeanor of the second degree.

 Name of the Person Completing This Form (Print) Signature of the Person Completing This Form Date

DISTRIBUTION:
 1 - All schools MUST keep original forms separately from the Student Cumulative Folder for audit purposes during the year.
 2 - SIT PROGRAM FAX: (813) 794-2560

Must be faxed or emailed immediately to sitprogram@pasco.k12.fl.us



DISTRICT SCHOOL BOARD OF PASCO COUNTY
MIGRANT QUESTIONNAIRE

MIS #142
04/17

Dear Parents,

In order to better serve your children, the District School Board of Pasco County is helping the state of Florida identify students who may qualify to receive additional educational services.

The information provided below will be kept confidential. Please answer the following questions and return this form to your child's school. (If you receive more than one of these surveys, only complete one and list below the names of all your children.)

1. Have you or your family moved from one town or school district to another within the state or out-of-state within the past 3 years? Yes ___ No ___

If "NO", then you do not need to complete the remainder of this survey. If "YES", please continue.

2. Did the children in your family go with you or join you at a later date? Yes ___ No ___

"NO", then you do not need to complete the remainder of this survey. If "YES", please continue.

3. During the last three years, were any of these moves made with the intent to find temporary or seasonal work in agricultural or fishing-related activities? Yes ___ No ___

If "NO", then you do not need to complete the remainder of this survey. If "YES", please continue and circle all that apply.

- a. working on a farm
- b. working on a ranch
- c. working in a cannery
- d. working in a dairy
- e. working in a fishery
- f. working in a slaughter house
- g. working on a poultry farm
- h. working in a plant nursery
- i. tree growing or harvesting
- j. cotton farming/ginning
- k. picking fruit, nuts or vegetables
- l. other similar work: _____

Please complete the information. (Please Print)

Number of children in your family: _____

Name of Parent/Guardian: _____ Date: _____

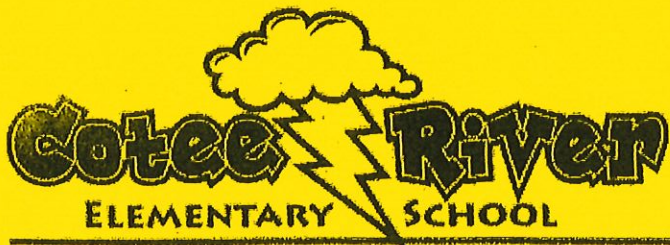
Address: _____

Telephone: _____ Best Time to Contact You: _____

Name of your child(ren):

| | | | |
|-------|-----------|-------------|--------------|
| _____ | Age _____ | Grade _____ | School _____ |
| _____ | Age _____ | Grade _____ | School _____ |
| _____ | Age _____ | Grade _____ | School _____ |

Please forward the completed form to the Office for Student Support and Program Services -
Special Programs Division



CASE MANAGER:

TEACHER:

SP LG OT PT VI

DATE ENROLLED:

DRS DUE - DATA ENTRY:

7515 Plathe Road • New Port Richey, Florida 34653
(727) 774-3000 • Fax (727) 774-3091

EXCEPTIONAL STUDENT EDUCATION
COTEE RIVER ELEMENTARY

STUDENT NAME _____ BIRTHDATE _____ GRADE _____

NAME OF LAST SCHOOL _____ CITY/STATE _____

DATE(S) ATTENDED LAST SCHOOL _____

Is your child receiving any ESE services? YES _____ NO _____

Does your child have a current Individual Education Plan/Educational Plan?
(IEP or EP) YES _____ NO _____

TRANSPORTATION: _____ BUS _____ WHEELCHAIR/STROLLER
_____ SAFETY VEST
_____ CAR SEAT
_____ CAR

IF YES, Please provide Cotee River Elementary with the most recent copy of IEP or EP.



Pasco County Schools

Kurt S. Browning, Superintendent of Schools
7227 Land O'Lakes Boulevard • Land O'Lakes, Florida 34618

RELEASE OF RECORDS

TO: _____ Date _____

(Previous School)

Child's Name _____ Grade _____ D.O.B. _____
 Child's Name _____ Grade _____ D.O.B. _____
 Child's Name _____ Grade _____ D.O.B. _____

The student(s) listed above has/have enrolled in our school. Please send entire cumulative information including:

- | | |
|---|--|
| <p>_____ Transcript of Grades</p> <p>_____ Grades at time of withdrawal</p> <p>_____ Intellectual/Psychological Evaluations</p> <p>_____ Florida Student Number</p> <p>_____ Graduation Requirements (high school students only)</p> | <p>_____ Test Scores</p> <p>_____ Health/Immunization Records</p> <p>_____ Grading System</p> <p>_____ Special Education Records</p> <p>_____ Copy of Home Language Survey</p> <p>_____ Social History</p> |
|---|--|

Please forward all records to:

Cotee River Elementary School
 7515 Plathe Rd.
 New Port Richey, FL 34653

PHONE: 727-774-3000
FAX: 727-774-3091
EMAIL: rnettles@pasco.k12.fl.us

If the student(s) left during a grading period, please indicate withdrawal grades earned for that period:

Any further information you can give us to help us in proper placement will be appreciated. If these records are not available at your school, please advise accordingly. Thank you for your cooperation.

These records will be for the professional use of authorized Pasco County personnel only. Please be advised that parental permission is no longer required when records are requested by authorized personnel. (Family Education Rights and Privacy Act, Final Rule on Education Records, Federal Register, June 17, 1976, Vol. 41, No. 118, Page 24273.)

Parent Signature _____

Authorized Personnel Signature _____

STUDENT SERVICES DATA ENTRY/REGISTRAR