

**Pinellas County Schools
STUDENT CLINIC CARD
& RELEASE FORM**

☐ Medications
given at school

☐ Health Care
Plan on File

☐ Student
has IEP

☐ 504 Plan

Teacher _____

School _____

Instructions: This form must be completed by parent and returned to school for each student. **PLEASE PRINT**

Students legal name (Last, First, Middle)				Student Nickname	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Indian	<input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Multiracial	Date of birth	Grade	Name of brothers, sisters at this school
Address - street number & name, City, ZIP Apt #					Home phone number
Mother's name/legal guardian (circle one)		Cell phone	Home phone Work phone	Work/Home E-mail	Student Photo
Father's name/legal guardian (circle one)		Cell phone	Home phone Work phone	Work/Home E-mail	
Stepparent's name (if applicable)		Cell phone	Home phone Work phone	Work/home E-mail	
Name(s) of persons(s) who will be responsible if parent cannot be reached and who is/are authorized to remove child from school during school day without further parental consent			Relationship	Cell phone	Home phone Work phone
1.				Cell phone	Home phone Work phone
2.				Cell phone	Home phone Work phone
Physician's name				Preferred hospital	Date last physical exam
Dentist name				Telephone #	Date Last Dental visit
Health problems - Please list any health problems that the school needs to be aware of.					
Medications - Is your child currently taking any medications (at home or in school)? <input type="checkbox"/> Yes <input type="checkbox"/> No Please List					
Allergies - List any your child may have <input type="checkbox"/> mild <input type="checkbox"/> severe					

Is there any court order restricting access to the student and/or student records? ☐ Yes ☐ No
If yes, provide the school with a certified copy.

I give my permission for my child's stepparent to have access to student records and to sign forms related to my child.
☐ Yes ☐ No

In case of accident or serious illness, the school will contact the parent. If the school is unable to contact the parent or person designated above, the school will contact the physician or dentist or will make necessary arrangements for immediate treatment.

Payment of the fees will be assumed by parent/guardian.

I have reviewed and understand the conditions of the Student Clinic Card.

___ I authorize ___ I do not authorize

the School District of Pinellas, Florida, to release and exchange my child's confidential information to agencies of the State of Florida which would allow Pinellas Schools to verify Medicaid eligibility, bill Medicaid for reimbursable Certified School Match services referenced on my child's individual 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.

Signature of Parent/Guardian _____

Date _____

**PINELLAS COUNTY SCHOOLS
EDUCATIONAL ALTERNATIVE SERVICES
ENROLLMENT FORM/RESIDENCY QUESTIONNAIRE**

Student Name	School	Grade	Date of Birth
Street Address	City	State	Zip
		(Area Code) Phone Number	

Check the **ONE** box that applies to your current living situation in **SECTION A**:

SECTION A

- ☐ I own my own home or my name is on a lease/mortgage (sign the form and submit to the school)
- ☐ I own my own home or my name is on a lease/mortgage **AND** I relocated (within this school year) due to a natural disaster. Indicate the type of natural disaster: _____. Did the previous school close due to this disaster? ☐ Yes ☐ No (sign the form and submit to the school)
- ☐ I do NOT own my own home or my name is NOT on a lease/mortgage ☐ please continue to **SECTION B**, sign the form and submit to the school

Person completing the form (print name)	Signature	Date
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SECTION B

Please provide information for siblings (brothers or sisters) of student listed above (if additional lines are needed, attach another page).

Names of Other Children in the Home (First Name, Last Name)	School Name (Include Head Start, PreK, K-12)	Date of Birth	Grade	M/F

I. If your family is currently residing in any of the following situations due to economic reasons - check the appropriate box:

- ☐ (A) Staying in a transitional or emergency shelter or FEMA trailer
- ☐ (B) Sharing the housing of others due to loss of housing or economic hardship
- ☐ (D) Substandard housing: lacks electricity, gas, running water, code violations, lack of cooking capabilities, or over-crowded
- ☐ (D) Sleeping in a car, campground, park or public place
- ☐ (E) In a hotel or motel

II. Are you a homeless unaccompanied youth not in the physical custody of a parent or guardian? ☐ Yes ☐ No

III. Factors contributing to the student's current living situation (check all that apply):

- ☐ (D) Man-Made Disaster-major ☐ (E) Earthquake ☐ (F) Flooding ☐ (H) Hurricane ☐ (M) Mortgage Foreclosure
- ☐ (S) Tropical Storm ☐ (T) Tornado ☐ (U) Unknown ☐ (W) Wildfire or Fire

IV. The student(s) live with: (check all that apply)

- ☐ Parent(s) ☐ Guardian(s) ☐ Alone with no adult
- ☐ A relative, friend or other adult that is not a guardian: (please describe) _____

****McKinney-Vento Act (MVA) eligibility is only good for one school year. Families or students must contact their HEAT representative to determine eligibility annually. ****

****NOTICE TO PERSON COMPLETING THIS FORM - PLEASE DETACH FOR YOUR RECORDS****

If you marked any of the items in SECTION B, your child has the following rights, as defined in the federal McKinney-Vento Act that protects the educational rights of homeless students:

- ✓ Child can continue to attend the school that he/she attended before the situation occurred (per SECTION B) even if they are now living out-of zone.
- ✓ Parent can request assistance with transportation.
- ✓ Child is entitled to receive free meals for the entire school year.
- ✓ Child can participate in school programs equal to children that have stable housing.
- ✓ Child must be immediately enrolled in school, even if you lack a permanent address or lack required documents such as proof of residency, immunization records etc.
- ✓ If enrollment dispute is made, the child can continue to attend school while dispute is being heard and resolved.

If you want further information about the provisions of the McKinney-Vento Act please contact the HEAT Program. HEAT staff provide free services, educational supports, referrals to community organizations, and advocacy as related to McKinney-Vento Act. Contact the HEAT Office at 727-507-4766 or the Educational Alternative Services Office at 727-588-6069.

Purpose of the Enrollment Form/Residency Questionnaire

Under the federal McKinney-Vento Act, Pinellas County Schools (PCS) staff are required to identify students who are experiencing homelessness (often referred to as being in transition in your housing situation) (reference PCS Policy 5111.01).

Who should fill out the Enrollment Form/Residency Questionnaire?

The Enrollment Form/Residency Questionnaire should be filled out for all students in grades Preschool ☐ 12 by the parent or guardian or if the student is a homeless unaccompanied youth, the student may complete the questionnaire. The Enrollment Form/Residency Questionnaire should be completed when students are enrolling in school or when students have had a change in address. Preschool includes any PCS Program for 3-5 year olds, such as Pre-K or Head Start.

Confidentiality

Student/family housing information shall be kept confidential to the maximum extent possible in order to provide for the student's educational needs. PCS staff may share this information with personnel such as the Homeless Liaison, the data management tech, the student's teachers, school counselor, social worker or other staff directly designated as working with the homeless population in the district. *The school staff should reassure the student/family that all housing status information will be kept confidential. PCS staff will not contact a landlord to verify a student's housing status*

Who is considered homeless or in transition under the federal McKinney-Vento Act?

The situations outlined in **SECTION B** (page 1) are examples of housing situations that are considered homeless under this federal law.

PCS policy mandates that students/families who are in transition or are experiencing homelessness will not be stigmatized.

Dispute Resolution

Any disputes related to homeless students or homeless unaccompanied youth that cannot be resolved at the school level are referred to the District Homeless Liaison, through the respective HEAT staff.

Instructions for School-Based Data Management Technicians (DMTs):

Upon receipt and review of the completed Enrollment Form/Residency Questionnaire complete the following steps:

- ✓ If the completed form has one of the first 2 boxes in **SECTION A** marked ☐ you shall maintain these questionnaires onsite for five years and then shred. These student(s) would not be coded as homeless. If the third box is checked in Section A, then **Section B should be completed.**
- ✓ If the completed form has any items checked in **SECTION B**, and to the best of your knowledge they meet the McKinney-Vento Act, code the student(s) in FOCUS as homeless in the Exit Interview Tab under sections; **HOMELESS STUDENT PK-12, UNACCOMPANIED HOMELESS YOUTH AND HOMELESS CAUSE. ALL THREE SECTIONS MUST BE CODED FOR STATE REPORTING PURPOSES.** (See the purple DMT Cheat Sheet for further information.)
- ✓ Once coded, send the completed questionnaire to the HEAT office (see Pony address below) so that they can be maintained by the HEAT Program.
- ✓ If you have questions or concerns about the marked items in **SECTION B**, please forward the completed Questionnaire to the HEAT Program office (see Pony address below) so that they can make contact with the parent/guardian/student to assess.

****IMPORTANT**

- ✓ It is extremely important to enter the correct homeless coding into FOCUS under the Exit Interview Tab **as quickly as possible** so that the student may begin to receive services promptly (such as free meals and bus transportation) and for data collection to the Florida Department of Education.
- ✓ The Pony information is: **HEAT Program c/o Clearview Adult Education Center (Pony Route #3)**

Additional Resources

HEAT Website: <http://pcsb.schoolwires.net/Page/1577>

2-1-1 Tampa Bay Cares: <http://www.211tampabay.org/>

National Association for the Education of Homeless Children and Youth (NAEHCY):
<http://www.naehcy.org/>

National Center for Homeless Education: <https://nche.ed.gov/>