

**PINELLAS COUNTY SCHOOLS
K-12 STUDENT REGISTRATION FORM**

STUDENT'S LEGAL NAME (LAST)		(FIRST)	(MIDDLE)	MALE _____ FEMALE _____
STUDENT'S ADDRESS - NUMBER, STREET & APT / LOT		CITY	ZIP CODE	SCHOOL
				GRADE
DATE OF BIRTH	PLACE OF BIRTH (CITY, STATE, COUNTRY)	HISPANIC / LATINO? <input type="checkbox"/> YES <input type="checkbox"/> NO (MUST CHECK AT LEAST ONE) <input type="checkbox"/> WHITE <input type="checkbox"/> INDIAN ALASKAN <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK <input type="checkbox"/> HAWAIIAN PACIFIC ISLANDER		FOR OFFICE USE ONLY STUDENT ID NUMBER ENTRY CODE/DATE
HAS STUDENT EVER ATTENDED A PINELLAS COUNTY SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SCHOOL NAME _____ IF NO, NAME, CITY AND STATE OF LAST SCHOOL _____				<input type="checkbox"/> PROOF OF IDENTITY/AGE <input type="checkbox"/> PHYSICAL <input type="checkbox"/> FL IMMUNIZATION <input type="checkbox"/> PROOF OF ADDRESS 1 <input type="checkbox"/> PROOF OF ADDRESS 2 <input type="checkbox"/> HLS SURVEY FORM <input type="checkbox"/> RECORDS REQUESTED DATE _____ <input type="checkbox"/> RECORDS RECEIVED DATE _____ <input type="checkbox"/> IEP <input type="checkbox"/> EP <input type="checkbox"/> 504
HAS STUDENT EVER BEEN RETAINED? <input type="checkbox"/> YES <input type="checkbox"/> NO GRADE _____ SCHOOL _____		DOES STUDENT RECEIVE SPECIAL EDUCATION SERVICES? IEP/EP <input type="checkbox"/> YES <input type="checkbox"/> NO 504 <input type="checkbox"/> YES <input type="checkbox"/> NO		
*STUDENT SOCIAL SECURITY NUMBER (OPTIONAL)				*Section 229.559, Florida Statutes, requires the school district to request Social Security numbers from students registering in public schools. Social Security numbers are not required as a condition of enrollment or graduation. If you do not wish to provide the school with the student's social security number, you must inform the school in writing so that an alternate identification number can be assigned, as per state statute.
MOTHER'S NAME/LEGAL GUARDIAN (CIRCLE ONE)				
HOME ADDRESS (IF DIFFERENT FROM STUDENT)				
MOTHER/LEGAL GUARDIAN PHONE #		EMAIL		
FATHER'S NAME/LEGAL GUARDIAN (CIRCLE ONE)				
HOME ADDRESS (IF DIFFERENT FROM STUDENT)				
FATHER/LEGAL GUARDIAN PHONE #		EMAIL		
NAME OF STEPPARENT (IF APPLICABLE)				
STEPPARENT HOME ADDRESS (IF DIFFERENT FROM STUDENT)				
NAME OF EMERGENCY CONTACT				
EMERGENCY CONTACT PHONE				
CHILD LIVES WITH? <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> STEPMOTHER <input type="checkbox"/> STEPFATHER				
IS THERE ANY COURT ORDER RESTRICTING ACCESS TO THE STUDENT AND/OR TO THE STUDENT'S RECORDS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE THE SCHOOL WITH A CERTIFIED COPY OF THE COURT ORDER.				
IS THE ENROLLMENT DUE TO A NATURAL DISASTER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, IS THE SCHOOL CLOSED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
PURSUANT TO FLORIDA STATUE 1006.07: HAS YOUR CHILD EVER BEEN EXPELLED FROM A PREVIOUS SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO HAS YOUR CHILD EVER BEEN ARRESTED RESULTING IN A CHARGE, OR HAVE THERE BEEN ANY JUVENILE JUSTICE ACTIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO HAS YOUR CHILD EVER BEEN REFERRED FOR MENTAL HEALTH SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE DETAILS _____				

SIGNATURE OF PARENT/ LEGAL GUARDIAN _____

DATE _____

**ESCUELAS DEL CONDADO DE PINELLAS
FORMULARIO DE REGISTRO DE ESTUDIANTES (K-12)**

Apellido(s) (Legal)		Nombre (Legal)		Segundo Nombre (legal)		Masculino ___	
						Femenino ___	
Dirección del estudiante: número, calle, apto, y/o núm. de lote		Ciudad	Código Postal	Escuela actual			
				Grado	Fecha / /		
Fecha de nac. mes/día/año	Lugar de nacimiento (Ciudad/Estado/País)	Hispano / Latino? <input type="checkbox"/> Sí <input type="checkbox"/> No (Marque todas las que correspondan) <input type="checkbox"/> Blanco <input type="checkbox"/> Indio de Alaska <input type="checkbox"/> Asiático <input type="checkbox"/> Negro/Afroamericano <input type="checkbox"/> Hawái/Islas del Pacífico				FOR OFFICE USE ONLY	
						STUDENT ID NUMBER	
¿Asistió antes a una escuela pública del condado de Pinellas? <input type="checkbox"/> Sí <input type="checkbox"/> No ¿Si la respuesta es sí, como se llama la escuela? _____ Si es no, nombre, ciudad y estado de la última escuela a la que asistió _____						ENTRY CODE/DATE	
¿El estudiante ha repetido algún grado? <input type="checkbox"/> Sí <input type="checkbox"/> No Grado? _____ Escuela _____		¿Recibe el estudiante servicios de educación especial? PEI/EP <input type="checkbox"/> Sí <input type="checkbox"/> No 504 <input type="checkbox"/> Sí <input type="checkbox"/> No				<input type="checkbox"/> PROOF OF IDENTITY/AGE <input type="checkbox"/> PHYSICAL <input type="checkbox"/> FL IMMUNIZATION <input type="checkbox"/> PROOF OF ADDRESS 1 <input type="checkbox"/> PROOF OF ADDRESS 2 <input type="checkbox"/> HLS SURVEY FORM <input type="checkbox"/> RECORDS REQUESTED DATE _____ <input type="checkbox"/> RECORDS RECEIVED DATE _____ <input type="checkbox"/> IEP <input type="checkbox"/> EP <input type="checkbox"/> 504	
Número de seguro social del estudiante (opcional)							
Nombre de la madre/tutora legal (seleccione uno)							
Dirección de la casa (si es diferente a la del estudiante)							
Madre/tutora legal (teléfono)		Correo electrónico					
Nombre del padre/tutor legal (seleccione uno)							
Dirección de la casa (Si es diferente a la del estudiante)							
Padre/Tutor Legal (teléfono)		Correo electrónico					
Nombre del padrastro/madrastra (si se aplica)							
Dirección de la casa (si es diferente a la del estudiante)							
Nombre de contacto de emergencias							
Número de teléfono para emergencias							
El niño vive con <input type="checkbox"/> Ambos Padres <input type="checkbox"/> Padre <input type="checkbox"/> Madre <input type="checkbox"/> Tutor Legal <input type="checkbox"/> Madrastra <input type="checkbox"/> Padrastro							
¿Existe alguna orden judicial que limite el acceso al estudiante y/o a sus archivos? <input type="checkbox"/> Sí <input type="checkbox"/> No En caso afirmativo, favor de proporcionar una copia certificada a la escuela.							
¿La matrícula es debido a un desastre natural? <input type="checkbox"/> Sí <input type="checkbox"/> No Si la respuesta es sí, está cerrada la escuela? <input type="checkbox"/> Sí <input type="checkbox"/> No							
De acuerdo al estatuto de Florida 1006.07: ¿Ha sido expulsado el estudiante de una escuela anterior? <input type="checkbox"/> Sí <input type="checkbox"/> No ¿Ha sido su estudiante arrestado teniendo como resultado un cargo o ha habido alguna acción proveniente de la justicia juvenil? <input type="checkbox"/> Sí <input type="checkbox"/> No ¿Su estudiante ha sido referido alguna vez para servicios de salud mental? <input type="checkbox"/> Sí <input type="checkbox"/> No Si la respuesta es sí, por favor proporcione detalles _____ _____ _____						*De acuerdo a la Sección 229.559 de los Estatutos de Florida, el distrito escolar es requerido a solicitar los números de seguro social de todos los estudiantes que se registran en una escuela pública. Los números de seguro social no son requeridos como condición de matrícula o graduación. Si no desea proporcionar el número de seguro social, tiene que notificarlo por escrito a la escuela para que se pueda asignar un número de identificación alternativo, según el estatuto estatal.	
Firma del padre/tutor legal _____		Fecha _____					

**PINELLAS COUNTY SCHOOLS
STUDENT INFORMATION - OFFICE FILE CARD**

LOCAL STUDENT ID			
LEGAL NAME OF STUDENT - Last, First, Middle		NAME OF TEACHER	GRADE
NAME OF STUDENT - IF DIFFERENT THAN ABOVE OR NICKNAME	MALE FEMALE	DATE OF BIRTH	BUS ROUTE NUMBER
LAST SCHOOL ATTENDED - Name, Address, City, State, Zip		PHONE NUMBER FOR PRIMARY CONTACT	
STUDENT ADDRESS - Number & Street	APT / LOT #	CITY	ZIP CODE
NAME OF FATHER / STEPFATHER / GUARDIAN - Circle One	EMAIL ADDRESS		HOME PHONE / CELL PHONE
FATHER / STEPFATHER / GUARDIAN HOME ADDRESS (IF DIFFERENT FROM STUDENT)			ALTERNATE PHONE
NAME OF MOTHER / STEPMOTHER / GUARDIAN - Circle One	EMAIL ADDRESS		HOME PHONE / CELL PHONE
MOTHER / STEPMOTHER / GUARDIAN HOME ADDRESS (IF DIFFERENT FROM STUDENT)			ALTERNATE PHONE
*PERSON DESIGNATED - EMERGENCY	PHONE-HOME/BUSINESS/CELL	*PERSON DESIGNATED - EMERGENCY	PHONE - HOME/BUSINESS/CELL

HOSPITAL PREFERENCE	DENTIST'S NAME	TELEPHONE
PHYSICIAN'S NAME		TELEPHONE
MEDICATIONS - Is your child taking any medications? If yes, list the name(s) of the medication(s). YES NO		DATE/Last Tetanus Shot
ALLERGIES - List any allergies your child may have.		
OTHER HEALTH PROBLEMS		
OTHER - List any problems (e.g., learning, discipline, etc.) of which your child's school should be aware.		
NAME OF PERSON ALLOWED TO PICK UP STUDENT OTHER THAN PARENT		PHONE-HOME/CELL
NAME OF PERSON ALLOWED TO PICK UP STUDENT OTHER THAN PARENT		PHONE-HOME/CELL
NAME OF PERSON ALLOWED TO PICK UP STUDENT OTHER THAN PARENT		PHONE-HOME/CELL
NAME OF PERSON ALLOWED TO PICK UP STUDENT OTHER THAN PARENT		PHONE-HOME/CELL

In case of accident or illness, the school will contact the parent/guardian. If the school is unable to contact the parent/guardian or person(*) so designated, the school will contact the physician or will make necessary arrangements for immediate treatment. Payment of fees will be assumed by the parent /guardian. I have reviewed and understood the conditions of this emergency procedure.

Signature of Parent/Guardian _____ Date _____

PINELLAS COUNTY SCHOOLS
DIRECTORY INFORMATION OPT-OUT LETTER

Dear Parent or Guardian:

Part 1: The following information in your child's school records is not confidential and may be released without your consent. This information is known as directory information. **Complete and return this form to your child's principal if you do not want directory information released concerning your child.** Please select the directory information below that you do **not** want released.

DIRECTORY INFORMATION

- Student's name
- Photograph (e.g., yearbook)
- Major field of study
- Grade level
- Enrollment status
- Dates of attendance
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Degrees, honors and awards received
- The most recent educational agency or institution attended
- Subsequent educational agency or institution attended
- Academic work used for publication or display

Part 2: High School only: Additionally, military recruiters and institutions of higher education are entitled under federal law to a list of names, addresses, and telephone numbers of **high school students** unless you object to such release.

- I do not want my child's information released to military recruiters
- I do not want my child's information released to institutions of higher education

Part 3: Please complete information below.

Print Child's Name _____ Grade _____

School _____ Birth Date _____

Parent Signature/Date _____

PLEASE RETURN TO YOUR CHILD'S PRINCIPAL.
WE WILL PROCESS YOUR REQUEST WITHIN A REASONABLE AMOUNT OF TIME AFTER RECEIVING IT.
REQUEST IS ONLY VALID FOR THE CURRENT SCHOOL YEAR.

Erin Phelps, Principal

Tarpon Springs Middle School
501 N. Florida Ave., Tarpon Springs, FL 34689
(727) 943-5511 – Main
(727) 943-5519 - Fax



8th Grade
Felicia Moline – Administrator
Elena Sampson – Counselor
7th Grade
Amber Nash – Administrator
Titus Dixon – Counselor
6th Grade
Diane Dove – Administrator
Laura Burge - Counselor

Electronic / Cell Phone Policy 2020-2021

Dear Parents & Guardians,

Our focus at Tarpon Springs Middle School is to promote a learning environment whose focus is on educating our students from the time they enter school until they leave. The expectation this school year will be that once students report to class their cell phones will be off and in their locker. Phones are not to be visible during the school day and will not be used for any reason from the hours of 9:40am - 4:10pm.

We understand that there are times during the day that you may need to contact your child, or your child may need to contact you; for this situation please utilize our grade level offices at 727-943-5511 We will be happy to relay any messages to your child.

6th Grade: Kristina Miano x **2001**
7th Grade: Brenda Hunter x **2037**
8th Grade: Dena Economos x **2038**

If there are incidents of noncompliance we will implement the consequences as detailed on our Discipline Plan. They are as follows:

- 1st offense – Warning & phone taken but returned to student at the end of the day
- 2nd offense – Phone taken but returned to student at the end of the day
- 3rd offense & subsequent offenses - parent will need to pick up the phone

I thank you in advance for your support & look forward to an amazing school year.

___ I understand the parameters of the cell phone policy

_____ print student name

_____ parent signature

_____ student signature

Sincerely
Erin M. Phelps
Principal
Tarpon Springs Middle School

★★★★★
Five Star School 2018-2019
www.tarpon-ms.Pinellas.k12.fl.us

PINELLAS COUNTY SCHOOLS
HOME LANGUAGE SURVEY

ADMINISTER FOR EACH **NEW STUDENT ENROLLING IN A FLORIDA PUBLIC SCHOOL FOR THE FIRST TIME**

Student's Last Name _____ Student's First Name _____

Address _____ City _____ Zip Code _____ Phone Number _____

Date Entered U.S. Schools _____ School _____ Current Grade _____

Date of Birth _____ Country of Birth _____

The information provided on this form is used solely to offer appropriate educational services, not for determining legal status or for immigration purposes.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- a. Is a language **other than English** spoken at home? **Yes** ___ **No** ___ What language? _____
- b. Does the student have a first language **other than English**? **Yes** ___ **No** ___ What language? _____
- c. Does the student most frequently speak a language **other than English**? **Yes** ___ **No** ___ What language? _____

ANY "YES" ANSWERS WILL RESULT IN TESTING TO DETERMINE ELIGIBILITY FOR ESOL SERVICES. BECAUSE OF THE LARGE NUMBER OF STUDENTS TO BE TESTED, THERE MAY BE A DELAY IN TESTING OF UP TO 4 WEEKS. CLASSROOM TEACHERS WILL ADJUST THEIR INSTRUCTION TO MEET THE ELL STUDENT'S NEEDS. EVEN IF YOUR CHILD IS IDENTIFIED AS AN ELL, YOU MAY DECLINE THE PLACEMENT INTO ESOL CLASSES.

Parent/Guardian Signature

Date

SCHOOL USE ONLY

If answers to above questions are all NO: file Home Language Survey in cum folder

Any YES responses, K-12: Code LP on ELL Tab in FOCUS. Give HLS to ESOL Teacher or send to ESOL Office for testing

Any YES responses, Pre-K: Code LY basis of entry T on ELL Tab in FOCUS.

ESOL USE ONLY

Foreign Exchange Student: If YES, do not test!

English Language Learner (ELL): Yes No **ELL Status:** LY LF TZ

Basis of Entry: A R L T **Basis of Exit** H I J L

Classification Date _____ Entry Date _____ Exit Date _____

Native Language _____ Tester _____

Comments _____

TEST NAME	TEST DATE	Title	Level (local) (Lvl) A-B-C-D	Rating (local) (RTG) BEG=1 LIN=2 HIN=3 PRF=4	Scale Score (SS)
Online CELLA (Form 3)		Listening/Speaking			
Other:		Reading			
		Writing			
		Comprehensive/ (Total)			

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/>

PINELLAS COUNTY SCHOOLS
NETWORK/INTERNET ACCEPTABLE USE AGREEMENT

Pinellas County Schools use computers to support learning and to enhance instruction. Computer networks in the schools allow students and staff to interact with many computers. The Internet, a network of networks, allows people to interact with hundreds of thousands of networks and computers. Internet access is now available to designated students in Pinellas County Schools. This resource offers vast, diverse, and unique resources to students that will allow them to communicate with people from around the world, visit electronic libraries, perform research on a variety of subjects, and participate in special projects with students from all points on the globe. The goal in providing this service is to promote educational excellence in schools by facilitating resource sharing, innovation, and communication. This technology will benefit all students as they prepare for work in a global marketplace.

The student is expected to follow all guidelines stated below, as well as those given orally by the staff, and to demonstrate ethical behavior that is of the highest order in using the network facilities at the school.

1. Acceptable Use

The purpose of the Internet is to facilitate communications in support of research and education by providing access to unique resources and the opportunity for collaborative work. The use of the student's account must be in support of and consistent with the educational objectives of Pinellas County Schools. Use of other organizations' networks or computing resources must comply with the rules appropriate for that network. Transmission of any material in violation of any U.S. or state regulation is prohibited. This includes, but is not limited to: copyrighted material, threatening or obscene material, or material protected by trade secret. Use for commercial activities is generally not acceptable. Use for product advertisement is also prohibited.

2. Privileges

The use of the Internet is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges. The districtwide network system administrator is the supervisor of distributive and user support systems. In addition, the principal will appoint a staff member to act as the school's network system administrator. Students may not allow others to use their account name or their password. Violation of this rule could jeopardize access to the Internet and students who violate this rule will immediately lose all network and computer access. The school's network system administrators will deem what is inappropriate use and their decision is final. Also, the school's network system administrators may close or restrict an account at any time as required. The administration and staff of the district or the school may also request the districtwide network system administrator or the school's network system administrator to deny, revoke, or suspend specific user access.

3. Network Etiquette

Students are expected to abide by the generally accepted rules of network etiquette. These include, but are not limited to the following:

- a. Do not reveal personal address, phone numbers, or other personal information of yourself or classmates.
- b. Be polite. Do not get abusive in messages to others.
- c. Use appropriate language. Do not swear, use vulgarities, or any other inappropriate language.
- d. Do not engage in activities that are prohibited under state or federal law.
- e. Do not assume that electronic mail is private. People who operate the system do have access to all mail. Messages relating to or in support of illegal activities may be reported to the authorities.
- f. Do not use the network in such a way that would disrupt the use of the network by other users.
- g. All communications and information accessible via the network should be assumed to be private property.

4. Services

- a. Pinellas County Schools will not be responsible for any charges related to fee for service access to on-line resources services incurred by account holders without prior written approval being received from the district.
- b. Pinellas County Schools makes no warranties of any kind, either expressed or implied, for the service it is providing. Pinellas County Schools will not be responsible for any damages suffered. This includes loss of data resulting from delays, non-deliveries, mis-deliveries, or service interruptions caused by its own negligence or errors or omissions including any and all viruses. Use of any information obtained via the Internet is at the student's own risk. Pinellas County Schools specifically denies any responsibility for the accuracy or quality of information obtained through its services.

5. Security

Security on any computer system is a high priority, especially when the system involves many users. If the student can identify a security problem, the student must notify the school's network system administrator or the Pinellas County Schools districtwide network system administrator and should not demonstrate the problem to other users. Attempts to logon to the Internet as a network system administrator will result in cancellation of user privileges. Any user identified as a security risk or having a history of problems with other computer systems may be denied access to the Internet.

6. Vandalism

Vandalism will result in cancellation of Internet privileges. Vandalism is defined as any malicious attempt to harm or destroy data of another user, Internet, or any of the above listed agencies or other networks that are connected to Pinellas County Schools. This includes, but is not limited to the uploading or creation of computer viruses.

STUDENT

I understand and will abide by the Network and Internet Use Agreement. I further understand that any violation of the regulations stated is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school disciplinary and appropriate legal action may be taken.

Student Name _____ School _____
(please print)

Student Signature _____ Date _____

PARENT OR GUARDIAN

As the parent or guardian of this student, I have read the Network and Internet Use Agreement. I understand that my child's access is designed for educational purposes. I recognize it is impossible for Pinellas County Schools to restrict access to all controversial or offensive materials and I will not hold them responsible for materials acquired on the network. Further, I accept full responsibility for the supervision, if any, when my child's use is not in a school setting. I have read and understand the information in this agreement and hereby give my permission for my child to use the Internet pursuant to the terms of this agreement.

Parent or Guardian's Name (please print) _____

Parent or Guardian's Signature _____ Date _____

PINELLAS COUNTY SCHOOLS
MEDIA RELEASE FORM

During the school year, Pinellas County Schools may produce, reproduce, broadcast or publish student names, likenesses and/or voices on multiple media formats, including but not limited to:

- WPDS-Ch. 14
- Written publications
- District websites
- School websites
- Teacher websites
- Social Media Sites
- Marketing Materials

All documents on district-sponsored websites are required to conform to school board policies, including Policy 7.33, Use of Electronic Resources.

In addition, news media, including representatives of television, radio, newspaper and magazines, are periodically permitted on school board property and may take notes, still photographs, sound recordings and/or video that may include your child. These items may appear or be used in news or feature stories by print, television or radio media.

Pursuant to Section 540.08 and Section 1002.22, Florida Statutes, the school board is required to obtain express written permission before using any student's name or likeness in the above described manner. If you do not object to the use of your child's name, picture or voice for any purpose mentioned above, please sign the form below granting your consent pursuant to Section 540.08(1) and Section 1002.221(2)(a), F.S. If you have any questions, please contact the principal of your child's school.

If the student or parent/guardian wishes to rescind this permission, he or she may do so at any time with written notice. Unless rescinded, this permission will remain in effect in subsequent years.

REGARDING: _____
(name of student)

NAME OF SCHOOL: _____

I grant permission to use the above student's name, likeness and/or voice in the manners described above.

Date: _____

Student's signature (if 18 or older)

Parent or guardian's signature (if student is under 18)

Erin Phelps, Principal

Tarpon Springs Middle School
501 N. Florida Ave., Tarpon Springs, FL 34689
(727) 943-5511 – Main
(727) 943-5519 - Fax



8th Grade
Felicia Moline – Administrator
Elena Sampson – Counselor
7th Grade
Amber Nash – Administrator
Titus Dixon – Counselor
6th Grade
Diane Dove – Administrator
Laura Burge - Counselor

RELEASE OF STUDENT RECORDS

Student Name: _____

Date of Birth: _____

Grade Level: _____

Name of Last School Attended:

Address: _____

City: _____ **State:** _____

Phone # _____ **Fax #:** _____

Please send the following information:

- Immunization, health records
- Withdraw grades/Academic history/copy of final 6th, 7th or 8th grade report card
- Test Scores
- 504 (if applicable)
- IEP – Individual Education Plan (if applicable)
- Psychological, Social Reports (if applicable)
- Discipline Records
- Court Documents/Custody Issues (if applicable)
- ESOL (if a Florida school, please send a copy of original home language survey)

Please address all records to:

Sharan McCord, DMT
Tarpon Springs Middle School
501 N. Florida Ave.
Tarpon Springs, FL 34689
Phone: 727-943-5511 Fax: 727-943-5519

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Five Star School 2018-2019
www.tarpon-ms.Pinellas.k12.fl.us

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New Student Questionnaire

Student Name: _____

All Middle Schools Attended (Include City, State): _____

Parent /Guardian Names: _____

Contact Numbers: _____

Any known failed courses? Any areas of difficulty in learning?

Any of the following: (Check all that apply)

___ 504 ___ IEP ___ FBA ___ PBIP ___ EP/Gifted ___ ESOL

Any discipline concerns including referral history and/or school reassignment? Please explain.

Any barriers to attendance? Please explain.

Does the student have an issue with the following? Check all that apply and explain.

___ Depression ___ Suicide ___ Anger ___ Trauma

Any health concerns we should be aware of?

Any family dynamics or special circumstances we should be aware of?

Completed by: _____

Date: _____

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School Use Only

Parent Contact:

Phone Number:

Date / Time:

Conference Scheduled:

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