

**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
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 _____				STUDENT ID NUMBER
HAS STUDENT EVER BEEN RETAINED? <input type="checkbox"/> YES <input type="checkbox"/> NO GRADE _____ SCHOOL _____				ENTRY CODE/DATE
		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		<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
*STUDENT SOCIAL SECURITY NUMBER (OPTIONAL)				
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 _____				

*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.

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 _____

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
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.

ENCUESTA SOBRE EL IDIOMA HABLADO EN EL HOGAR: ESCUELAS DEL CONDADO DE PINELLAS

ADMINISTRADO PARA CADA NUEVO ESTUDIANTE QUE ESTÉ MATRICULANDO POR PRIMERA VEZ EN UNA ESCUELA PÚBLICA EN FLORIDA

Apellido del estudiante: _____ Nombre del estudiante: _____

Dirección: _____ Ciudad: _____ Código Postal: _____ Teléfono: _____

Fecha en que entró a las escuelas de EUA: _____ Escuela: _____ Grado Actual: _____

Fecha de nacimiento: _____ País de nacimiento: _____

La información proporcionada en este formulario es únicamente utilizada para ofrecer servicios educativos apropiados, no para determinar el estado legal o para propósitos migratorios.

POR FAVOR RESPONDA A LAS SIGUIENTES PREGUNTAS:

- a. ¿Hablan en su casa un **idioma diferente al inglés**? **Si** ___ **No** ___ ¿Qué idioma? _____
- b. ¿Tiene el estudiante un primer idioma **que no sea el inglés**? **Si** ___ **No** ___ ¿Qué idioma? _____
- c. ¿El estudiante habla con frecuencia un idioma **que no sea el inglés**? **Si** ___ **No** ___ ¿Qué idioma? _____

CUALQUIER RESPUESTA AFIRMATIVA RESULTARÁ EN LA EVALUACIÓN PARA DETERMINAR LA ELEGIBILIDAD PARA RECIBIR LOS SERVICIOS DE ESOL. PUEDE HABER UNA DEMORA DE HASTA CUATRO SEMANAS PARA DICHA EVALUACIÓN DEBIDO A LA GRAN CANTIDAD DE ESTUDIANTES A EVALUAR. LOS MAESTROS AJUSTARÁN LA ENSEÑANZA PARA CUMPLIR CON LAS NECESIDADES DE LOS ESTUDIANTES QUE ESTÁN APRENDIENDO INGLÉS. AÚN SI SU NIÑO ES IDENTIFICADO COMO ELL, USTED PUEDE REHUSARSE A LA COLOCACIÓN EN LAS CLASES DE ESOL.

_____ Firma del Padre/Tutor

_____ Fecha

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
Servicios de Educación Alternativa
Formulario de matrícula/residencia

Nombre del Estudiante (Nombre, Apellido)	Escuela	Grado	Fecha de nacimiento
Dirección	Ciudad	Estado	C. Postal
			(Área) # de Teléfono

SECCIÓN A

Como padre(s) o tutor(es) de este niño(s) en edad escolar, marque esta caja si actualmente está viviendo en una casa, apartamento, condominio, casa móvil u otra residencia Y su nombre aparece en el contrato o hipoteca. Si usted marcó la caja en la SECCIÓN A, por favor PARE y entregue este formulario firmado al personal de la escuela. Si usted no marcó la caja, proceda a la SECCIÓN B.

Nombre de la persona llenando esta forma (Escriba el nombre)	Firma	Fecha
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SECCIÓN B

Por favor proporcione información para los hermanos (hermanos o hermanas) del estudiante mencionado anteriormente (adjunte otra hoja si necesita más líneas)

Nombre de otros estudiantes en la casa (Nombre, Apellido)	Nombre de la escuela (incluya head start, pre-k, k-12)	Fecha de nacimiento	Grado	M/F

I. ¿Está su familia viviendo en uno de las siguientes situaciones debido a circunstancias económicas? Marque la caja apropiada.

- (A) En un refugio de emergencia o transicional o en una casa móvil de FEMA.
- (B) Compartiendo casa con otros debido a la pérdida de la vivienda o problemas económicos.
- (C) En una residencia de inferior calidad debido a la falta de electricidad, agua potable, que no tenga gas y/o sobre poblada.
- (D) Durmiendo en un carro, tienda de campaña, parque o local público.
- (E) En un hotel/motel.

II. ¿Es usted un joven desamparado sin compañía que no está bajo la custodia de un padre o tutor legal? Si No

III. Factores que contribuyen a la actual situación de vivienda del estudiante (marque todo lo que corresponda):

- | | | | | |
|---|--|---|--|--|
| <input type="checkbox"/> (D) desastres provocados – significativo | <input type="checkbox"/> (E) Terremoto | <input type="checkbox"/> (F) Inundación | <input type="checkbox"/> (H) Huracán | <input type="checkbox"/> (M) Ejecución hipotecaria |
| <input type="checkbox"/> (N) Desastre natural – otro | <input type="checkbox"/> (S) Tormenta Tropical | <input type="checkbox"/> (T) Tornado | <input type="checkbox"/> (U) Desconocido | <input type="checkbox"/> (W) Incendio forestal o Fuego |

(O) Otro (falta de vivienda asequible, pobreza de largo plazo, desempleo/falta de suficiente empleo, problemas de salud, violencia doméstica, enfermedad mental. desalojo, etc.)

(Por favor explique): _____

IV. El estudiante(s) vive con: (marque todo lo que corresponda):

- padres tutor legal Sólo, sin un adulto
 Un familiar, amigo(s) u otro adulto que no es el tutor legal. (por favor describa) _____

**** La elegibilidad por la Ley McKinney-Vento (MVA) es solamente válida por un curso escolar. Las familias o estudiantes tienen que comunicarse con su representante de HEAT para determinar su elegibilidad anual.****

**** Información para la persona que está llenando este formulario – por favor recorte para sus registros****

Si usted marcó alguna de las opciones en la SECCIÓN B, su hijo tiene los siguientes derechos, según lo definido por la Ley federal de Asistencia a los Desamparados McKinney-Vento, que protege los derechos educativos de los estudiantes que no tienen hogar:

- ✓ El niño puede continuar asistiendo a la escuela a la que él/ella asistía antes de la situación ocurrida (según la Sección B), aun si ahora ellos viven fuera de la zona
- ✓ El padre puede solicitar asistencia con el transporte.
- ✓ El niño tiene derecho a recibir comidas gratis para todo el año escolar.
- ✓ El niño puede participar en programas escolares al igual que los niños que tienen una vivienda estable.
- ✓ El niño tiene que ser matriculado inmediatamente aún si no tienen una dirección permanente o le faltan los documentos requeridos tales como prueba de residencia, registros de vacunas, etc.
- ✓ Si existen conflictos por la matrícula, el niño puede continuar asistiendo a la escuela mientras que dicho conflicto se considere y resuelva.

Si usted desea más información acerca de las disposiciones de la ley federal de Asistencia a los Desamparados McKinney-Vento, por favor comuníquese al programa HEAT. El personal de HEAT proporciona servicios gratuitos, apoyo educativo, referido a organizaciones comunitarias y abogacía en relación con el cumplimiento de la ley federal de Asistencia a los Desamparados McKinney-Vento. Comuníquese con la oficina de HEAT llamando al 727-507-4766 o a la oficina de Servicios Educativos Alternos al 727-588-6069.

PINELLAS COUNTY SCHOOLS
Servicios de Educación Alternativa
Formulario de matrícula/residencia

Propósito del Formulario de matrícula/residencia

Bajo la Ley McKinney-Vento de Asistencia a los Desamparados, es un requisito que el personal de las Escuelas del Condado de Pinellas (PCS) identifique a los estudiantes que estén experimentando el desamparo o que están en una vivienda transitoria (referencia a la política de PCS 511.01).

¿Quiénes deben llenar el Formulario de matrícula/residencia?

El Formulario de matrícula/residencia debe ser llenado por el padre/tutor para todos los estudiantes en los grados de pre-k a 12 o si el estudiante es un joven sin compañía, entonces el estudiante puede llenarla El Formulario de matrícula/residencia debe ser llenado cuando el estudiante está matriculando en la escuela o cuando hayan tenido un cambio de dirección. El preescolar incluye cualquier programa de las Escuelas del Condado de Pinellas para niños de 3-5 años, tales como Pre-K, Head Start, o Even Start

Confidencialidad

La Información de Vivienda del Estudiante y la familia debe ser mantenida confidencial, hasta el punto máximo posible, para poder dar servicio a las necesidades educativas del estudiante. El personal de las Escuelas del Condado de Pinellas puede compartir esta información con empleados tales como el contacto para las personas desamparadas, el técnico de datos, los maestros del estudiante, el consejero guía y otro personal que esté directamente asignado para trabajar con la población del distrito que no tiene vivienda. La escuela debe asegurarle a la familia/estudiante que toda la información sobre la vivienda será mantenida confidencial. El Condado Escolar de Pinellas no contactará a un arrendador para verificar la vivienda de un estudiante.

¿Quién es considerado sin vivienda o en transición bajo la Ley McKinney-Vento?

Las situaciones descritas en la Sección B (página 1) son ejemplos de situaciones de vivienda que son consideradas como desamparados bajo la ley federal.

La política de las Escuelas del Condado de Pinellas tiene como mandato que los estudiantes / familias no serán estigmatizados por estar en transición o sin hogar.

Resolución de conflictos

Cualquier conflicto relacionado con estudiantes desamparados o joven desamparado sin compañía que no pueda ser resuelto en la escuela es referido al Enlace para desamparados del Distrito, Christina Fields, a través del personal de HEAT.

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

Upon receipt of the completed Enrollment Form/Residency Questionnaire and you have completed a review of the form:

- ✓ If the completed form has the box in **SECTION A** marked – you shall maintain these questionnaires onsite for one year and then shred. These student(s) would **not** be coded as homeless.
 - ✓ 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**

Recursos adicionales

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

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

Asociación Nacional para la educación de niños y jóvenes desamparados (NAEHCY): <http://www.naehcy.org/>

Centro Nacional para la educación de desamparados SERVE: <http://center.serve.org/nche/>

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

★★★★★
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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