



Largo High School
410 Missouri Ave
727-588-3758 phone
727-588-4037 fax

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Registration Checklist:

Pinellas County Public School Transfers

1. Make a reservation at:
Pcsb.org under the student reservation system with a username and password obtained from any Pinellas County Public School
2. Two (2) proofs of residency
 - Utility (water, electric, cable)
 - Lease/mortgage papers
 - County tax records with homestead exemption
3. Withdrawal form and grades from previous school of attendance

Non-Pinellas County Public School transfers

(private school, in Florida-outside of Pinellas County; out of state and out of country)

1. Make a reservation at:

Pcsb.org under the student reservation system with a username and password obtained from any Pinellas County Public School
2. Two (2) proofs of residency
 - Utility (water, electric, cable)
 - Lease/mortgage papers
 - County tax records with homestead exemption
3. Withdrawal form and grades from previous school of attendance
4. High school transcripts which include standardized testing
5. Birth Certificate
6. Immunization records on the Florida FL680 form
7. Physical signed by a licensed physician dated within the past 12 months
8. Social Security Card (optional)

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

STUDENT'S LEGAL NAME (LAST)		(FIRST)	(MIDDLE)	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
STUDENT'S ADDRESS - NUMBER, STREET & APT / LOT		CITY	ZIP CODE	SCHOOL
			GRADE	DATE / /
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 _____		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 STATUTE 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 _____

Largo High School

Bradley W. Finkbiner, Principal

Guidance Registration Agreement:

As part of the registration process here at Largo High School (LHS), we want to ensure every student that has either a 504 plan or an IEP plan is accommodated for. Although LHS requests information from the student's past school in regards to these plans, we want notification and understanding from the parent/guardian as well. Please select one of the following boxes:

- My son/daughter has an active 504 plan
 - My son/daughter has an active IEP plan
 - My son/daughter does NOT have a 504 or IEP plan
-

When a new student enrolls at LHS, records are requested from the previous school for the student's current grades, current schedule, testing history and unofficial transcript. This process can sometimes take longer than expected when waiting to hear back from the other school for that information. If a student's information is not here by the time the student enrolls at LHS, their school counselor will place the new student in classes according to the student's current grade level. This could mean a student may be placed in a course they already took or are not prepared for. If this occurs, the school counselor will change the schedule once the transcript is received. As a parent/guardian:

- I have read the above information and want my son/daughter to start taking classes here even if the requested information from the other school is not here yet.
- I have read the above information and will wait on my son/daughter to start classes here until that information is sent Largo High School.

Parent/Guardian Signature: _____ Date: _____

410 Missouri Ave., Largo, FL 33770
Ph. (727) 588-3758 Fax (727) 588-4037 E-mail: Largo-hs@pcsb.org

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www.pcsb.org

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/>



Vision:
100% Student Success

Mission:
"Educate and prepare each student for college, career and life."

ADMINISTRATOR BUILDING
501 Fourth St. SW
FD Box 2042
Largo, FL 33779-2042
Ph: (727) 588-4030

SCHOOL BOARD OF
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REQUEST FOR RECORDS

Student Name: _____

Date of Birth: _____ Grade: _____

Last School: _____

Address: _____ City: _____ State: _____

Phone: _____ Fax: _____

Parent/ Guardian Signature: _____

Authorized School Personnel: _____

Please include:

Up-to-date transcript (including dates of entry/withdrawal, grading scale, all subjects and grades to date of withdrawal).

Discipline records

Any psychological/social work reports, IEP, or other pertinent data.

Health records (including birth certificate, physicals, & immunization records)

Please send records to:

Largo High School
410 Missouri Ave
Largo, FL 33770
Attn: Nancy Rosado
DMT rosadon@pcsb.org
727-588-3758 ext 2008
727-588-4037 fax



FLORIDA DEPARTMENT OF HEALTH SERVICES FOR THE PEOPLE OF PINELLAS COUNTY CENTER LOCATIONS

Clearwater Center	310 N. Myrtle Avenue Clearwater, Florida 727-469-5800
Mid-County Center	8751 Ulmerton Road Largo, Florida 727-524-4410
Largo Center	12420 130 th Avenue North Largo, Florida 727-588-4040
Pinellas Park Center	6850 76 th Avenue North Pinellas Park, Florida 727-547-7780
St. Petersburg Center	205 Dr. Martin Luther King, Jr. Street No. St. Petersburg, Florida 727-824-6900
Tarpon Springs	301 S. Disston Avenue Tarpon Springs, Florida 727-942-5457

FL-688 E/Ulmerton Road	3.6 miles, 11 minutes
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**Driving directions to the Florida Department of Health in Pinellas County
~Mid-County Center~**

12420 130 th Ave Largo, FL 33774	
1. Head north on 125th St/Jackson St toward 130th Ave N/Wilcox Road	0.1 mi
2. Take the 1st right onto 130th Ave N/Wilcox Road	0.1 mi
3. Turn left onto FL-688 E/Ulmerton Road	3.2 mi
4. Make a U-turn at Tall Pines Drive Destination will be on the right next to to Taco Bell	0.1 mi
Mid-County Center 8751 Ulmerton Rd Largo, FL 33771	