



Largo High School

410 Missouri Ave

727-588-3758 phone

727-588-4037 fax

Nancy Rosado, DMT rosadon@pcsb.org ext 2008

Michelle Parcel, Senior DMT parcelm@pcsb.org ext 2007

Registration Checklist:

If any of the following is missing, registration will be delayed.

Pinellas County Public School Transfers

1. Make a reservation at pcsb.org – Student Reservation System
Using your parent portal username & password.
If you do not have one you can obtain one from any
Pinellas County public school.
2. Once reservation has been made
Take TWO proofs of residency to the school
 - Utility Bill (water, electric, cable)
 - Lease/Mortgage
 - County tax records with homestead exemption
3. Withdrawal form and grades from previous school

The items must be recent and contain the name of the parent/guardian and service address on them. If you do not have two of these items in the name of the parent or guardian, you must complete an Affidavit of Residency. This document is available at schools and by visiting the district website at www.pcsb.org. It must be completed, notarized on both sides and submitted with one of the items listed in the name of the person with whom you reside and who is listed on the affidavit. YOU ARE STILL REQUIRED TO SUBMIT TWO PROOF OF RESIDENCY IN THE NAME OF THE PERSON YOU RESIDE WITH.

NON-Pinellas County Public School Transfers

(Private school, Out of County, Out of State, or Out of Country)

FOLLOW STEPS 1, 2 & 3 ABOVE

4. High School Transcript which include standardized testing
5. Birth Certificate
6. Immunization Records on Florida FL 680 Form
7. Physical signed by a licensed Physician dated within past 12 months
8. Social Security Card (optional)



Vision:
100% Student Success

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

ADMINISTRATION BUILDING
301 Fourth St. SW
P.O. Box 2942
Largo, FL 33779-2942
Ph. (727) 588-6000

**SCHOOL BOARD OF
PINELLAS COUNTY, FLORIDA**
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REQUEST FOR RECORDS

Student Name: _____

Date of Birth: _____ Grade: _____

Last School Attended: _____

Schools Address: _____

City: _____ State _____

Phone Number: _____ 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 etc.
- Health records (including birth certificate, physicals, & Immunization records)

Please Fax OR Email Records to:

Largo High School
410 Missouri Ave
Largo, FL 33770
ATTN: Nancy Rosado
DMT/Registrar
Rosadon@pcsb.org
727-588-3758 Ext 2008
727-588-4037 Fax

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

The School Board of Pinellas County, Florida, prohibits any and all forms of discrimination and harassment based on race, color, sex, religion, national origin, marital status, age sexual orientation or disability in any programs, services or activities.
www.pcsb.org

**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 / /
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
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 _____				ENTRY CODE/DATE
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
*STUDENT SOCIAL SECURITY NUMBER (OPTIONAL)				<input type="checkbox"/> PROOF OF ADDRESS 1 <input type="checkbox"/> PROOF OF ADDRESS 2
MOTHER'S NAME/LEGAL GUARDIAN (CIRCLE ONE)				<input type="checkbox"/> HLS SURVEY FORM
HOME ADDRESS (IF DIFFERENT FROM STUDENT)				<input type="checkbox"/> RECORDS REQUESTED DATE _____
MOTHER/LEGAL GUARDIAN PHONE #		EMAIL		<input type="checkbox"/> RECORDS RECEIVED DATE _____
FATHER'S NAME/LEGAL GUARDIAN (CIRCLE ONE)				<input type="checkbox"/> IEP <input type="checkbox"/> EP <input type="checkbox"/> 504
HOME ADDRESS (IF DIFFERENT FROM STUDENT)		EMAIL		*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.
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 _____

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
ENROLLMENT FORM/RESIDENCY QUESTIONNAIRE**

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

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	DMT ONLY Coded in Focus? Y/N

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

- I own or have a mortgage on my own home. **STOP HERE** → sign the form and submit to the school
- I own or have a mortgage on my own home **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. **STOP HERE** → sign the form and submit to the school
- I pay rent (my name is on a rental lease). **STOP HERE** → sign the form and submit to the school
- I do **NOT** own or have a mortgage on my own home **OR** my name is **NOT** on a rental lease. → **Complete the next sections**, read the important information on the reverse side, sign the form and submit to the school.

My family is currently residing in ONE of the following situations due to economic reasons:

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

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

- | | | | |
|---------------------------------------|---------------------------------------------|-----------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> (U) Unknown | <input type="checkbox"/> (F) Flooding | <input type="checkbox"/> (E) Earthquake | <input type="checkbox"/> (M) Mortgage Foreclosure |
| <input type="checkbox"/> (T) Tornado | <input type="checkbox"/> (S) Tropical Storm | <input type="checkbox"/> (H) Hurricane | <input type="checkbox"/> (D) Man-Made Disaster-major |
| <input type="checkbox"/> (P) Pandemic | | <input type="checkbox"/> (W) Wildfire or Fire | |

The student(s) is/are:

- in the physical custody of a parent or legal guardian
- NOT in the physical custody of a parent or legal guardian (ex: living alone, with a relative who is not the legal guardian, living with other people, etc.)

Person completing the form (print name)	Signature	Date
---------------------------------------------------	------------------	-------------

I have read and understand the educational rights and services under the federal McKinney-Vento Act on the reverse side of this form.

✍ SCHOOL DMT USE ONLY: Student meets MVA status (as evidenced above) and IS already coded in FOCUS Yes No **DMT INITIALS** []



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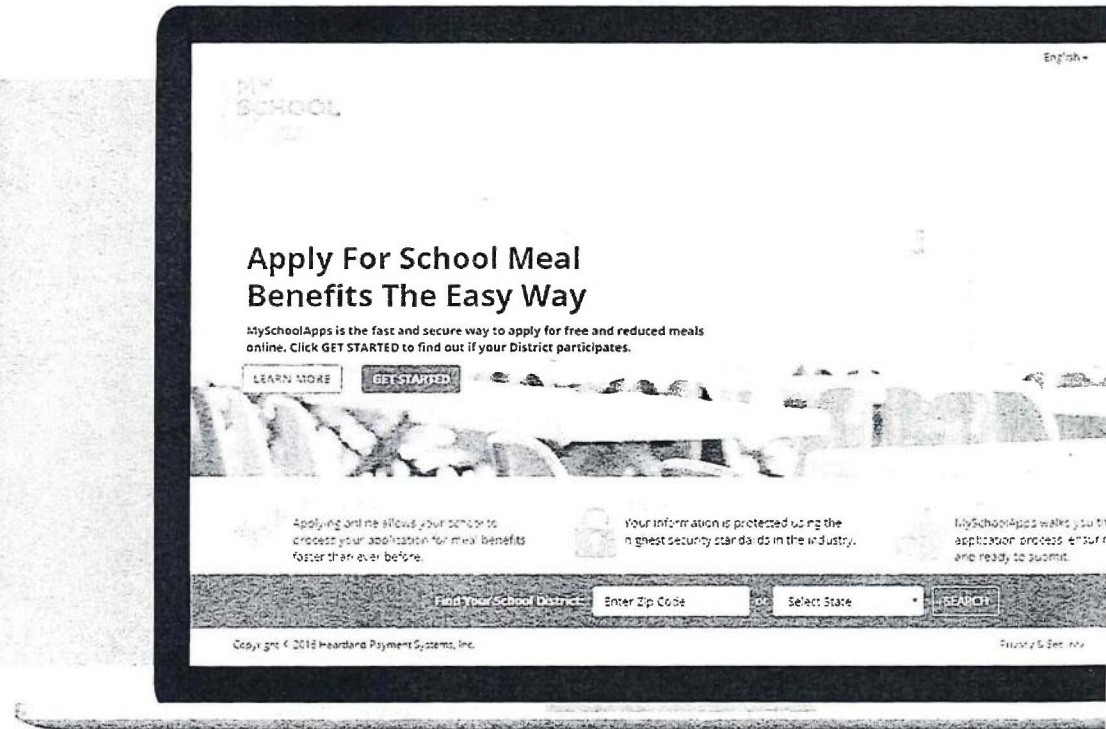


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Visit www.MySchoolApps.com.



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	8750 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
Driving directions to the Florida Department of Health in Pinellas County ~Mid-County Center~	
12420 130th 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	