

# Largo High School

410 Missouri Avenue

Largo, Florida 33770

(727) 588-3758

FAX (727) 588-4037



Records office staff:

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Office hours 7:00 a.m. to 2:00 p.m.

*(limited availability 12:30 to 1:00 during lunchtime)*

Please complete the following documents in pen, printing clearly.

# Registration Checklist

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## Pinellas County Public School Transfers

- Reservation with Student Assignment (727) 588-6210
- Two (2) proofs of residency
  - Utility (water, electric, cable)
  - Lease/mortgage papers
  - County tax records with homestead exemption
- Withdrawal form & grades from previous school of attendance

## Non-Pinellas County Public School Transfers

(Private school; In Florida -outside Pinellas County; Out-of-State; & Out of country)

- Reservation with Student Assignment (727) 588-6210
- Two (2) proofs of residency
  - Utility (water, electric, cable)
  - Lease/mortgage papers
  - County tax records with homestead exemption
- High school transcripts which include standardized testing
- Birth certificate
- Immunization records on the Florida FL680 form
- Physical signed by a licensed physician dated within the past 12 months
- Social Security Card (optional)

Pinellas County Health Dept.  
**Clearwater Center**  
310 N. Myrtle Ave  
727-469-5800

Pinellas County Health Dept.  
**Mid-County Center**  
8751 Ulmerton Rd  
727-524-4410

Pinellas County Health Dept.  
**Pinellas Park Center**  
6350 76<sup>th</sup> Ave N  
727-547-8890

**Clearwater Free Clinic**  
707 North Ft. Harrison Ave  
727-447-3041

Free physicals ONLY Wednesdays BEFORE 8:45 a.m.  
Must have: Birth Certificate, social security card, parent ID with proof of residency

# Largo High School

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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](mailto: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](http://www.pcsb.org)



# Largo High School

## Registration Sheet

Student's **LEGAL** Name: \_\_\_\_\_  
Last First Middle

Gender: \_\_\_\_\_ Race \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Birth Place (City/State/Country) \_\_\_\_\_

Is student an American citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Legal Residence** \_\_\_\_\_  
Street Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Mailing Address** \_\_\_\_\_  
Street Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Student lives primarily with: Both Parents Mom Dad Other: \_\_\_\_\_

Is parent's/guardian's job federally connected? \_\_\_\_\_ No \_\_\_\_\_ Yes Was this relocation due to a federal job relocation? \_\_\_\_\_ No \_\_\_\_\_ Yes

**Father's Name:** \_\_\_\_\_ Spouse \_\_\_\_\_

Cell phone or other telephone numbers to contact: \_\_\_\_\_

Employer \_\_\_\_\_ Business Telephone: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ Spouse \_\_\_\_\_

Cell phone or other telephone numbers to contact: \_\_\_\_\_

Employer \_\_\_\_\_ Business Telephone \_\_\_\_\_

### Guardian Information

Guardian's Name \_\_\_\_\_ Address/City \_\_\_\_\_ Home Telephone \_\_\_\_\_

### Student's Previous School

Name of Last School Attended \_\_\_\_\_ Address \_\_\_\_\_ Year Attended \_\_\_\_\_

Previous **Florida State** or **Pinellas County** public school information.

Name of School \_\_\_\_\_ Florida County \_\_\_\_\_ Year Attended \_\_\_\_\_

1. Does the student have any plans of participating in any school sports or activities this school year? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Has the student been in an Exceptional Student Education program—does the student have an IEP? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(SLD) (EH) (SPEECH) Other: \_\_\_\_\_

3. Has the student taken the FSA exam? \_\_\_\_\_ Yes \_\_\_\_\_ No

**I certify that the above information is accurate. I also understand that grade placement and/or credits earned are dependent upon official records received from previous schools.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Official Use Only

PCSB Student Number \_\_\_\_\_ Grade \_\_\_\_\_ Entry Code \_\_\_\_\_ Date \_\_\_\_\_ ESE \_\_\_\_\_ IB \_\_\_\_\_ ExCEL \_\_\_\_\_ SAP \_\_\_\_\_

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

**SECTION A**

As the parent(s) or guardian(s) of these school-aged students, if you are currently living in a home, apartment, mobile home, condominium, or other housing and your name(s) is/are on the lease or mortgage, please check this box. If you checked this box, in **SECTION A** please STOP and sign the form and submit to the school. If you did not check the box, sign the form move to **SECTION B**.

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	School Name (Include Head Start, Even 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
- (F) Awaiting foster care placement – child(ren) has been removed within the last 30 days (effective until December, 2016)

**II. Are you a homeless unaccompanied youth not in the 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     (F) Flooding     (H) Hurricane     (M) Mortgage Foreclosure     (N) Natural Disaster - other
- (S) Tropical Storm     (T) Tornado     (U) Unknown     (O) Other (lack of affordable housing, long-term poverty, unemployment/ or underemployment, health issues, domestic violence, mental illness, forced eviction). (Please explain): \_\_\_\_\_

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

- Parent(s)     Guardian(s)     Alone with no adult     Awaiting foster care placement effective until December, 2016)
- A relative, friend or other adult that is not a guardian: (please describe) \_\_\_\_\_

**DMT/School Staff – Based on the above information, I attest that to the best of my knowledge the above named child(ren) is/are eligible for benefits under the federal McKinney-Vento Homeless Assistance Act.**

Print Name and Title	Signature	Date
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**\*\*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 Homeless Assistance Act that protects the educational rights of homeless students:**

- ✓ 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. Child's enrollment in school may not be delayed due to lack of proof of residency, school records or other documents; the school will require any missing documentation within 30 days of enrollment. Continued enrollment in the child's school (including an out-of-zone school) that he/she attended before the situation marked in **SECTION B** occurred.
- ✓ 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 Homeless Assistance Act please contact the HEAT Program. HEAT staff provide free services, educational supports, referrals to community organizations, and advocacy as related to compliance with the federal McKinney-Vento Homeless Assistance Act. Contact the HEAT Office at 727-507-4766 or the Educational Alternative Services Office at 727-588-6305.**

PINELLAS COUNTY SCHOOLS  
EDUCATIONAL ALTERNATIVE SERVICES  
ENROLLMENT FORM/RESIDENCY QUESTIONNAIRE

Under the federal McKinney-Vento Homeless Assistance Improvements Act, Pinellas County Schools (PCS) staff are required to identify students who are experiencing homelessness (transitional living) (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 enrolling in school and for all students who have had a change of address in grades Preschool-12. Preschool includes any PCS Program for 3-5 year olds, such as Pre-K, Head Start, or Even Start. This form should be completed by the parent or guardian. If the student is a homeless unaccompanied youth, the student may complete the questionnaire.

**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 Homeless Assistance 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, Christina Fields, through the respective HEAT staff.

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

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

- ✓ 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 Homeless Assistance Act, **code** the student(s) in FOCUS as homeless (Exit Interview Tab). Once you code them in FOCUS, please forward (via Pony) the completed Questionnaire to the HEAT Program 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 important to enter 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).
- ✓ The Pony information is: **HEAT Program c/o Bayside Service Center (Pony Route #2)**

**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 at SERVE:** <http://center.serve.org/nche/>

PINELLAS COUNTY SCHOOLS  
HOME LANGUAGE SURVEY

ADMINISTER TO 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 \_\_\_\_\_  
 Country of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current Grade \_\_\_\_\_  
 Date Entered U.S. Schools \_\_\_\_\_ Assigned School \_\_\_\_\_

**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:** Give HLS to ESOL Teacher or send to ESOL Office for testing

**ESOL USE ONLY**

**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)			

Check if applies:  
 Pre-K student with "YES" responses: code **LY basis of entry T**