



# LARGO HIGH SCHOOL

*Jennifer Staten, Principal*

Diana Dolan, ExCel Magnet  
Jennifer Ortiz, Traditional A-K  
Linda Ray, Traditional L-Z  
Michael Vasallo, IB Programme

## REQUIRED ENROLLMENT DOCUMENTS

**Any missing documents may cause a delay in enrollment**

**Olivia Hammock**    [hammocko@pcsb.org](mailto:hammocko@pcsb.org)    **DMT**

**Michelle Parcel**    [parcelm@pcsb.org](mailto:parcelm@pcsb.org)    **Senior DMT**

### 1. Birth Certificate

All students new to Pinellas County Schools must present proof of identity/age. For other items that may be accepted as legal evidence of birth, please contact the school.

### 2. Proof of residency

Present two of the following items: utility bill for power, water, cable, sewer or land based telephone (not cellular); rental agreement or lease; closing document; Pinellas County tax statement with homestead exemption. 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. It must be completed, notarized on both sides and submitted with two of the items listed in the name of the person with whom you reside and who is listed on the affidavit.

### 3. Florida Certificate of Immunization

All new students entering school in Florida for the first time must have a completed Florida Certificate of Immunization (DOH 680) appropriate for their grade level. To receive the required form, bring your child's immunization records with your valid ID to any Department of Health office. They will complete the DOH 680 form but it can take up to 72 hours to complete.

### 4. Physical examination certificate

All new students entering school in Florida for the first time must have a school health examination certificate signed by a licensed examiner (certificate must have been issued within 12 months prior to enrollment/registration).

### 5. Child's social security number

School system personnel are required to ask for this, but students are not required to have them.

### 6. Child's transcript

A transcript is required to ensure that your student receives the proper credit for classes taken in other schools. This is also necessary to ensure proper placement in classes.

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)

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## PARENT PORTAL USER ID AND PASSWORD

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Your parent account was created successfully with User ID (not case sensitive)

Temporary Password (case sensitive):

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### *Why do I need a Parent User ID and Password?*

A Parent User ID and Password is used with Focus and the Student Reservation System. In Focus when the student has been attached to the Parent User ID a parent is able to log into Focus and view a variety of different items pertaining to the student. You will be able to monitor your child's grades, absences and emergency information and have access to links to their students' teachers.

### PARENT PORTAL USER ID AND PASSWORD REMINDERS

- Your username starting with **p.** – this will never change
- Be sure to request all your children to be linked to your Portal ID
- Include your main contact telephone number and email address
- Enroll in the PCS Self Service Reset Password Management

### PCS SELF SERVICE RESET PASSWORD MANAGEMENT

- Enroll in the PCS Self Service Reset Password Management
- Go to <http://ssrpm.pcsb.org/> and click on Password enroll
- You will create three questions and answers
- Make sure you go back and change your password to something you choose and will be easy to remember. <http://ssrpm.pcsb.org/> This will allow you to reset your password to your preference

### STUDENT RESERVATION SYSTEM:

- Go to <https://reservation.pcsb.org/> to select which option your child will be using for this school year
- If you have more than one child that attends PCS schools, you must go through the process for all your children separately

After you log in using your PCS Parent username and password, activities include:

- Reserving a seat for the current or next school year
- Applying for a PreK3/VPK Program
- Changing your residence address
- Applying for a District Application Program
- Applying for Special Assignment Request
- Registering for Summer Bridge
- Viewing and electronically sign PCS forms related to your student

# 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)

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



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

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## REQUEST FOR RECORDS

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Schools Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Parent/Student 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)

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

**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			<b>FOR OFFICE USE ONLY</b>
HAS STUDENT EVER ATTENDED A PINELLAS COUNTY SCHOOL OR A FLORIDA PUBLIC 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			ENTRY CODE/DATE
*STUDENT SOCIAL SECURITY NUMBER (OPTIONAL)					<input type="checkbox"/> PROOF OF IDENTITY/AGE
MOTHER'S NAME/LEGAL GUARDIAN (CIRCLE ONE)					<input type="checkbox"/> PHYSICAL
HOME ADDRESS (IF DIFFERENT FROM STUDENT)					<input type="checkbox"/> FL IMMUNIZATION
MOTHER/LEGAL GUARDIAN PHONE #		EMAIL			<input type="checkbox"/> PROOF OF ADDRESS 1
FATHER'S NAME/LEGAL GUARDIAN (CIRCLE ONE)					<input type="checkbox"/> PROOF OF ADDRESS 2
HOME ADDRESS (IF DIFFERENT FROM STUDENT)					<input type="checkbox"/> HLS SURVEY FORM
FATHER/LEGAL GUARDIAN PHONE #		EMAIL			<input type="checkbox"/> RECORDS REQUESTED
NAME OF STEPPARENT (IF APPLICABLE)					DATE _____
STEPPARENT HOME ADDRESS (IF DIFFERENT FROM STUDENT)					<input type="checkbox"/> RECORDS RECEIVED
NAME OF EMERGENCY CONTACT					DATE _____
EMERGENCY CONTACT PHONE					<input type="checkbox"/> IEP
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					<input type="checkbox"/> EP
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.					<input type="checkbox"/> 504
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					*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.
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 EL 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, Pre-K:** Code LY basis of entry T on EL Tab in FOCUS; enter Classification Date (HLS date) and Entry Date (1st day of PK)  
**Any YES responses, K-12:** Code LP basis of entry T on EL Tab in Focus. Give HLS to ESOL Teacher or send to ESOL Office for testing

**ESOL USE ONLY**

**Is this a Foreign Exchange Student?** If YES, do not test!

**English Learner (EL):** Yes No **EL 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  
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, digital 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)

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. It is prohibited to download or install unauthorized applications or alter the basic configuration of the computer. It is also prohibited to execute any unauthorized applications from a third-party device (hard drives, USB drives, etc.).

**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  
ENROLLMENT FORM/RESIDENCY QUESTIONNAIRE**

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

Please provide information for any PK–12<sup>th</sup> grade siblings (brothers or sisters) of student listed above (if additional lines are needed, attach another page).

Names of other PK-12 <sup>th</sup> grade siblings (First Name, Last Name)	Student's Address (if different from above)	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 the **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, **AND** it is NOT due to economic hardship. **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 due to loss of housing and/or economic hardship: **→ Complete the next sections, read the important information on the reverse side, sign the form and submit to the school.**

**The STUDENT is currently residing in ONE of the following situations:**

- (A) Staying in a transitional or emergency shelter or FEMA trailer.
- (B) Sharing the housing of others (i.e., staying with family member or friend).
- (D) 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.
- (E) Living in a hotel or motel.

**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. **(HUY = NO)**
- 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.). **(HUY = YES)**

<b>Person completing the form (print name)</b>	<b>Signature</b>	<b>Date</b>
----------------------------------------------------	------------------	-------------

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 [     ]** Pony to Brenda Johnson at Clearview Adult Ed, Rt B2

**If you marked any of the items in the section below the dotted line, your child has the following rights, as defined in the federal McKinney-Vento Act that protects the educational rights of students in transitional housing situations:**

- ✓ Student can continue to attend the school that he/she attended before the situation occurred even if they are now living out-of-zone for the duration of the school year.
- ✓ Parent can request assistance with PCS bus transportation.
- ✓ Student is entitled to receive free meals for the entire school year.
- ✓ Student can participate in school programs equal to students that have stable housing.
- ✓ Student must be immediately enrolled in school, even if lacking a permanent address or required documents such as proof of residency, immunization records etc. Additional time is provided to gather any missing documentation.
- ✓ If enrollment dispute is made, the student can continue to attend school while the dispute is being heard and resolved.

PCS Policy 5111.01 mandates that families/youth who are in transition or are experiencing homelessness will not be stigmatized.

Family/youth 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 families/youth in transitional housing situations in the district. *The school staff should reassure the family/youth that all housing status information will be kept confidential. PCS staff will not contact a landlord to verify a student's housing status.*

**\*\*McKinney-Vento Act (MVA) eligibility is good for one school year\*\***

School-based MVA Contacts can provide enrollment and educational supports, referrals to community and housing organizations, and advocacy as related to the McKinney-Vento Act. For further information about the rights and provisions of the McKinney-Vento Act, please contact the HEAT Office at 727-507-4766.

### **Additional Resources**

**HEAT Website:** <https://www.pcsb.org/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  
CONSENT FOR SCHOOL-BASED HEALTHCARE SERVICES

Per State statute, parental consent is required for the following healthcare services listed below. If you agree to allow your student to receive all or any of these services below if/when they are needed, please check the appropriate boxes in each section. Please complete one form for each student.

Emergency services will be provided to all students according to the standards found in the Florida Emergency Guidelines for Schools <https://www.floridahealth.gov/programs-and-services/childrens-health/school-health/reports-information.html>.

As required by law, a new consent form is needed every school year.

Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Healthcare Services: Please check the box below to consent to ALL school-based healthcare services.

I consent to ALL school-based healthcare services as listed below.

Or, if you do not consent to all, please check the boxes below to consent to the individual school-based healthcare services you want your student to receive if/when needed:

**Illness Assessment**

- Nursing assessment: ear/throat check, heart and lung assessment, blood pressure monitoring
- Head lice check
- Scabies check
- Skin check for rashes (exposed areas and limbs only)

**Health Screenings (Parent/guardian will be provided a copy of all results)**

- Vision screening (grades KG, 1, 3, and 6 only).
- Hearing screening (grades KG, 1, and 6 only).
- Height/Weight/BMI screening (grades 1, 3, and 6 only).
- Scoliosis screening (grade 6 only).
- Fitnessgram Assessment – (Aerobic Capacity, Muscular Strength and Endurance, Flexibility and Body Composition) assessed by P.E. teacher <https://fitnessgram.net/assessment/>.

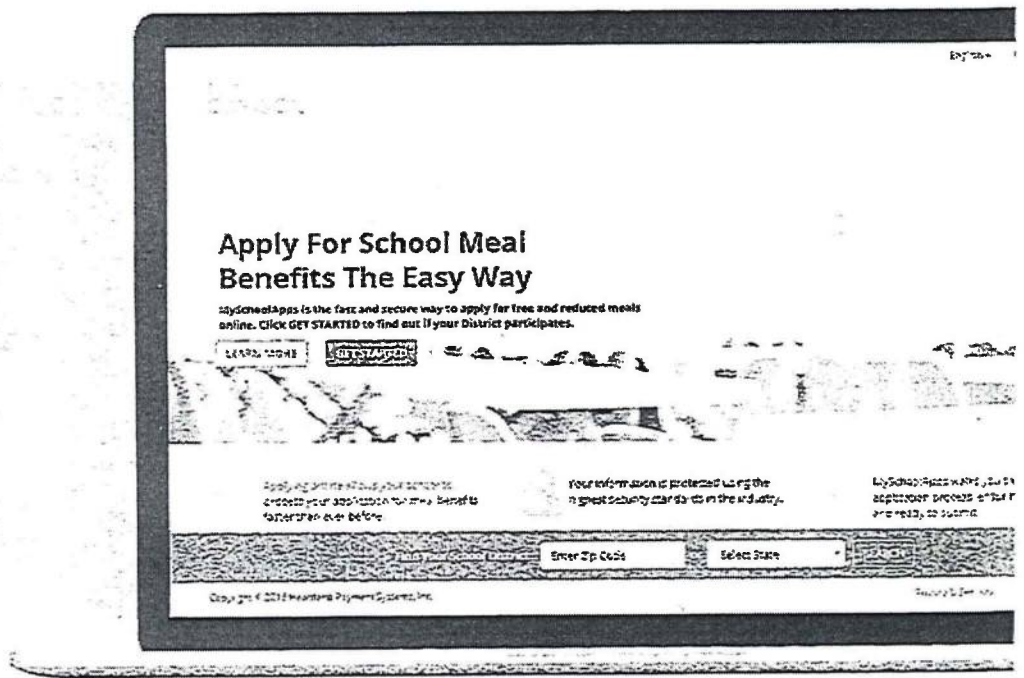
Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian print name: \_\_\_\_\_ Phone: \_\_\_\_\_

MY  
SCHOOL  
APPS



Visit [MySchoolApps.com](http://MySchoolApps.com)



No more paper applications to complete and return to the school office. Apply for meal benefits online from the privacy of your home, or anywhere with an internet connection.

Visit [www.MySchoolApps.com](http://www.MySchoolApps.com).



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

<b>Clearwater Center</b>	<b>310 N. Myrtle Avenue Clearwater, Florida 727-469-5800</b>
<b>Mid-County Center</b>	<b>875 E. Ulmerton Road Largo, Florida 727-524-4410</b>
<b>Largo Center</b>	<b>12420 130<sup>th</sup> Avenue North Largo, Florida 727-588-4040</b>
<b>Pinellas Park Center</b>	<b>6350 76<sup>th</sup> Avenue North Pinellas Park, Florida 727-547-7780</b>
<b>St. Petersburg Center</b>	<b>205 Dr. Martin Luther King, Jr. Street No. St. Petersburg, Florida 727-824-6900</b>
<b>Tarpon Springs</b>	<b>301 S. Disston Avenue Tarpon Springs, Florida 727-942-5457</b>

<b>Driving directions to the Florida Department of Health in Pinellas County ~Mid-County Center~</b>	
12420 130th Ave Largo, FL 33774	
<b>1. Head north on 125th St/Jackson St toward 130th Ave N/Wilcox Road</b>	0.1 mi
<b>2. Take the 1st right onto 130th Ave N/Wilcox Road</b>	0.1 mi
<b>3. Turn left onto FL-698 E/Ulmerton Road</b>	3.2 mi
<b>4. Make a U-turn at Tall Pines Drive Destination will be on the right next to Taco Bell</b>	0.1 mi
Mid-County Center 875 E. Ulmerton Rd Largo, FL 33771	

**Pinellas County Schools  
STUDENT CLINIC CARD  
& RELEASE FORM**

Medications  
given at school

Health Care  
Plan on File

Student  
has IEP

504 Plan

Teacher \_\_\_\_\_

School \_\_\_\_\_

Instructions: This form must be completed by parent and returned to school for each student. **PLEASE PRINT**

Students legal name (Last, First, Middle)				Student Nickname			
<input type="checkbox"/> Male	<input type="checkbox"/> White	<input type="checkbox"/> Black	Date of birth	Grade	Name of brothers, sisters at this school		
<input type="checkbox"/> Female	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian					
	<input type="checkbox"/> Indian	<input type="checkbox"/> Multiracial					
Address - street number & name, City, ZIP					Apt #		Home phone number
Mother's name/legal guardian (circle one)			Cell phone	Home phone	Work/Home E-mail		
Father's name/legal guardian (circle one)			Cell phone	Home phone	Work/Home E-mail		
Stepparent's name (if applicable)			Cell phone	Home phone	Work/home E-mail		
Name(s) of persons(s) who will be responsible if parent cannot be reached and who is/are authorized to remove child from school during school day without further parental consent:				Relationship	Cell phone	Home phone	
1.							
2.					Cell phone	Home phone	
Physician's name					Preferred hospital		Date last physical exam
Dentist name					Telephone #		Date Last Dental visit
Health problems - Please list any health problems that the school needs to be aware of.							
Medications - Is your child currently taking any medications (at home or in school)? <input type="checkbox"/> Yes <input type="checkbox"/> No Please List							
Allergies - List any your child may have <input type="checkbox"/> mild <input type="checkbox"/> severe							

Is there any court order restricting access to the student and/or student records?  Yes  No  
If yes, provide the school with a certified copy.

I give my permission for my child's stepparent to have access to student records and to sign forms related to my child.  
 Yes  No

In case of accident or serious illness, the school will contact the parent. If the school is unable to contact the parent or person designated above, the school will contact the physician or dentist or will make necessary arrangements for immediate treatment.

Payment of the fees will be assumed by parent/guardian.

I have reviewed and understand the conditions of the Student Clinic Card.

\_\_\_ I authorize \_\_\_ I do not authorize

the School District of Pinellas, Florida, to release and exchange my child's confidential information to agencies of the State of Florida which would allow Pinellas Schools to verify Medicaid eligibility, bill Medicaid for reimbursable Certified School Match services referenced on my child's individual educational plan (IEP) and receive Medicaid reimbursement for Exceptional Student Education (ESE) services it provides to my child while at school. I understand that my child will continue to receive services referenced on his/her IEP whether or not I give consent.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_





PINELLAS COUNTY SCHOOLS  
CONSENT FOR SCHOOL-BASED HEALTHCARE SERVICES

Per State statute, parental consent is required for the following healthcare services listed below. If you agree to allow your student to receive all or any of these services below if/when they are needed, please check the appropriate boxes in each section. Please complete one form for each student.

Emergency services will be provided to all students according to the standards found in the Florida Emergency Guidelines for Schools <https://www.floridahealth.gov/programs-and-services/childrens-health/school-health/reports-information.html>.

As required by law, a new consent form is needed every school year.

Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Healthcare Services: Please check the box below to consent to ALL school-based healthcare services.

I consent to ALL school-based healthcare services as listed below.

Or, if you do not consent to all, please check the boxes below to consent to the individual school-based healthcare services you want your student to receive if/when needed:

**Illness Assessment**

- Nursing assessment: ear/throat check, heart and lung assessment, blood pressure monitoring
- Head lice check
- Scabies check
- Skin check for rashes (exposed areas and limbs only)

**Health Screenings (Parent/guardian will be provided a copy of all results)**

- Vision screening (grades KG, 1, 3, and 6 only).
- Hearing screening (grades KG, 1, and 6 only).
- Height/Weight/BMI screening (grades 1, 3, and 6 only).
- Scoliosis screening (grade 6 only).
- Fitnessgram Assessment – (Aerobic Capacity, Muscular Strength and Endurance, Flexibility and Body Composition) assessed by P.E. teacher <https://fitnessgram.net/assessment/>.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian print name: \_\_\_\_\_ Phone: \_\_\_\_\_