



# LARGO HIGH SCHOOL

*Jennifer Staten, Principal*

Diana Dolan, IB Programme  
Jennifer Ortiz, Traditional A-K  
Linda Ray, Traditional L-Z  
Dr. Eric Smith, ExCEL Magnet

## REQUIRED ENROLLMENT DOCUMENTS

Any missing documents may cause a delay in enrollment.

DMT/Registrar	Sue Carroll	Carrollsu@pcsb.org
Senior DMT	Michelle Parcel	Parcelm@pcsb.org

### 1. Birth Certificate

All students 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: Driver's License/ID, 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 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 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: [hammocko@pcsb.org](mailto:hammocko@pcsb.org)

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EVERY family must complete these steps for EVERY child

If you do not have a parent FOCUS account, start at step 1.

If you already have a parent FOCUS account **BUT** you don't know your username, **DO NOT** create another account. Please go to Parent Account Registration and choose Box C: RESET my Password.

If you can get logged into your parent FOCUS account **AND** you can see your child's grades in Focus, skip to step 6. If you **CAN'T** see your children, start at step 4.

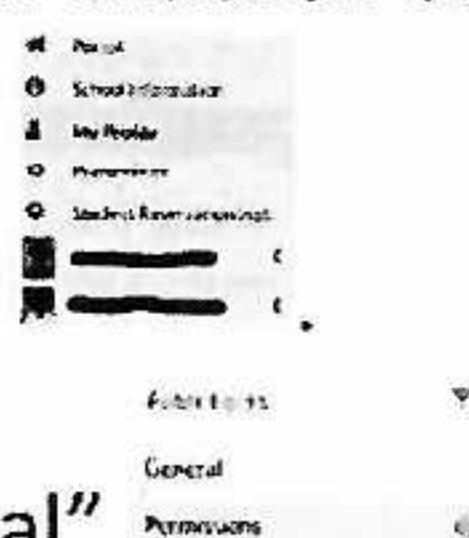
Steps:

1. Go to [focus.pcsb.org](https://focus.pcsb.org)
2. Click on the green box that says, "Create a Focus Parent Portal Account"
3. Go back to [focus.pcsb.org](https://focus.pcsb.org) BUT do not log in.
4. Click on the green box that says, "Link a Student to Your Focus Parent Portal Account"
5. Log out
6. Log back into [focus.pcsb.org](https://focus.pcsb.org)
7. Now you will upload or take a photo of your government issued ID.

a. **If you are doing this on a computer,**

- i. you will see your children on the left side of the screen. Click

on "My Profile"



- ii. Click on "General"

- iii. Hover the mouse over the box above the words "Government

Issued Photo ID"



and select how you would like to submit your ID.

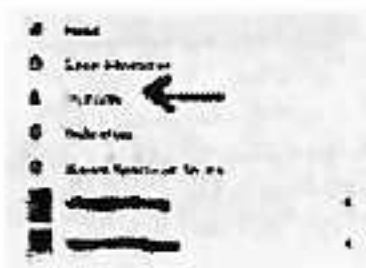
b. **If you are doing this on a cell phone,**



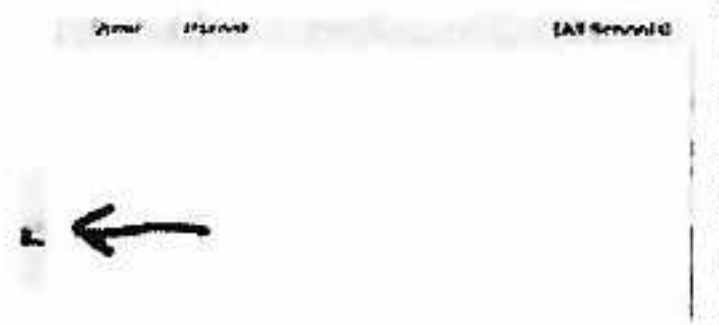
i. Click on the hamburger lines



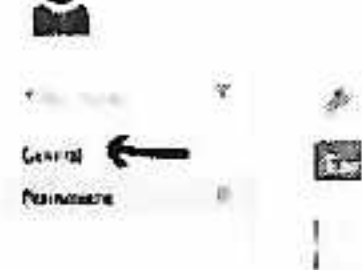
ii. Click on "My Profile"



iii. Click on the blue arrow to open the left side panel.



iv. Click on "General"



v. Click in the empty box for the "Government Issued..." and take a photo of your ID



8. Log out of Focus

9. Send an email to BOTH [Parcelm@pcsb.org](mailto:Parcelm@pcsb.org) AND [Carrollsu@pcsb.org](mailto:Carrollsu@pcsb.org) stating your child/children's name and that you have "uploaded your ID in Focus". They will then approve your submission.

10. It may take a while for the approval to come through due to the vast number of families doing this same process, so please be patient!

11. Log into Focus again after 24-48 hours.

12. Once you have been approved, you will see your child/children's name and 2 green boxes per child.

13. Click on EACH green box to complete the required information.

14. In the section about Technology Acceptance and Responsibility, you must select "I authorize my student to accept delivery..." for your child to be able to borrow or continue to borrow a school laptop for this school year.

If you still need assistance, please email [wolfech@pcsb.org](mailto:wolfech@pcsb.org)





## LARGO HIGH SCHOOL

Jennifer Staten, Principal

# REQUEST FOR RECORDS

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

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

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

School Address: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Fax: \_\_\_\_\_

Parent/Student Signature: \_\_\_\_\_

Authorized School Personnel: \_\_\_\_\_

Please include:

- Up-to-date transcripts (including dates of entry/withdrawal, grading scale, all subjects and grades to date of withdrawal)
- Discipline Records
- Any psychological/social work reports, evals, 504 information, IEP etc.
- Health records (including birth certificate, physicals and immunization records)

Please send records to: Largo High School  
410 Missouri Ave  
Largo, FL 33770  
Email Records to:  
Sue Carroll  
DMT/registrar  
Carrollsu@pcsb.org  
727-588-3758 ext 2008  
727-588-4037 fax

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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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 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		
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 _____					
HAS STUDENT EVER BEEN RETAINED? <input type="checkbox"/> YES <input type="checkbox"/> NO		GRADE _____	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		
*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)		EMAIL			
FATHER/LEGAL GUARDIAN PHONE #					
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 IN ADDITION, HAS YOUR CHILD EVER BEEN THE SUBJECT OF A THREAT MANAGEMENT PLAN, THREAT ASSESSMENT PLAN, OR SAFETY PLAN? <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  
ENROLLMENT FORM/RESIDENCY  
QUESTIONNAIRE

Information Referred by:

Self/Parent ☐ Outside Agency ☐  
DMT(School) ☐ Friend/Relative ☐  
Social Worker ☐ School Staff ☐  
School Counselor ☐ HEAT Program ☐

McKinney-Vento Certification Date: \_\_\_\_\_

This questionnaire is intended to address the requirements of **Every Student Succeeds Act: Title IX/Part A**. The answers to questions below will assist us in determining if your student may qualify for additional educational support services. **PLEASE PRINT VERY CLEARLY, COMPLETE ONE FORM PER FAMILY, and return the questionnaire to your school's main office.**

1. How many other children/youths are in your household (even if not enrolled in school)? \_\_\_\_\_
2. Names of Students Enrolled in School (PK–grade 12) or not enrolled in school, including those ages 1-4 (If needed, use additional paper.)
- a. **Name of Student to be Enrolled:**

First Name	MI	Last Name	Birth Date	Grade	School
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- b. **Other Children/Youth in Your Household (even if not enrolled in school):**

First Name	MI	Last Name	Birth Date	Grade	School
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First Name	MI	Last Name	Birth Date	Grade	School
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First Name	MI	Last Name	Birth Date	Grade	School
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First Name	MI	Last Name	Birth Date	Grade	School
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3. **Parent's, Guardian's, or Unaccompanied Youth's Name (Print):** \_\_\_\_\_

a. **Street Address** (Location of where you are living): \_\_\_\_\_

b. **Length of time at this Address:** \_\_\_\_\_

c. **Former Address:** \_\_\_\_\_

d. **Mailing Address:** \_\_\_\_\_

e. **Telephone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

The undersigned certifies that the information provided is accurate:

Parent's, Guardian's, or Unaccompanied Youth's Signature (Or Designee): \_\_\_\_\_ Date: \_\_\_\_\_

4. **Complete Nighttime Residence section by placing an "X" in "Yes" or "No" boxes:**

NIGHTTIME RESIDENCE	YES	NO	Code
1. My family lives in an emergency or transitional shelter (e.g., FEMA Trailer). [A]			[A]
2. My family shares the housing of other persons due to loss of housing, economic hardship, or a similar reason; doubled-up. [B]			[B]
3. My family lives in a car, park, temporary trailer park or campground due to lack of alternative adequate accommodations, public space, abandoned building, substandard housing, bus or train station, public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings or similar settings.[D]			[D]
4. My family lives in a hotel or motel due to lack of alternative adequate accommodations. [E]			[E]
5. A child/youth in my home is under the age of 16 and unaccompanied (not in the physical custody of a parent or guardian) or I am an unaccompanied youth under the age of 16 years.			Yes = Code U No = Code N
6. A child/youth in my home is 16 years of age or older and an unaccompanied youth (youth not in the physical custody of a parent or guardian) or I am an unaccompanied youth 16 years of age or older.			Yes = Code U No = Code N

5. **If you marked "Yes" to any questions above**, please indicate the cause by placing an "X" in the appropriate box below.

<input type="checkbox"/> Earthquake [E]	<input type="checkbox"/> Man-Made Disaster [D]	<input type="checkbox"/> Tornado [T]	<input type="checkbox"/> Other homelessness causes [N]
<input type="checkbox"/> Flooding [F]	<input type="checkbox"/> Mortgage Foreclosure [M]	<input type="checkbox"/> Tropical Storm [S]	<input type="checkbox"/> Unknown [U]
<input type="checkbox"/> Hurricane [H]	<input type="checkbox"/> Pandemic [P]	<input type="checkbox"/> Wildfire or Fire [W]	

If you answered "Yes" to any of the questions above, an educational representative may contact you to find out whether your child is or you, as an unaccompanied youth, are eligible for additional educational services. Directions for School Staff: For students with positive responses to any of the questions, make a copy of form for your records, and send the original in the Pony to: **The HEAT Program 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**

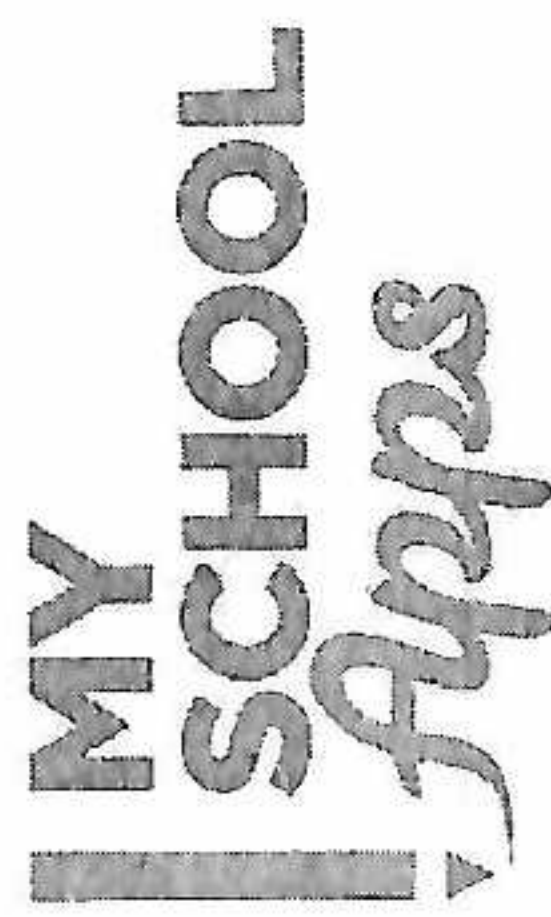
**HEAT Website:** <https://www.pcsb.org/Page/1577>

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

**National Association for the Education of Homeless Children and Youth (NAEH CY):**  
<http://www.naehcy.org/>

**National Center for Homeless Education:** <https://nche.ed.gov/>

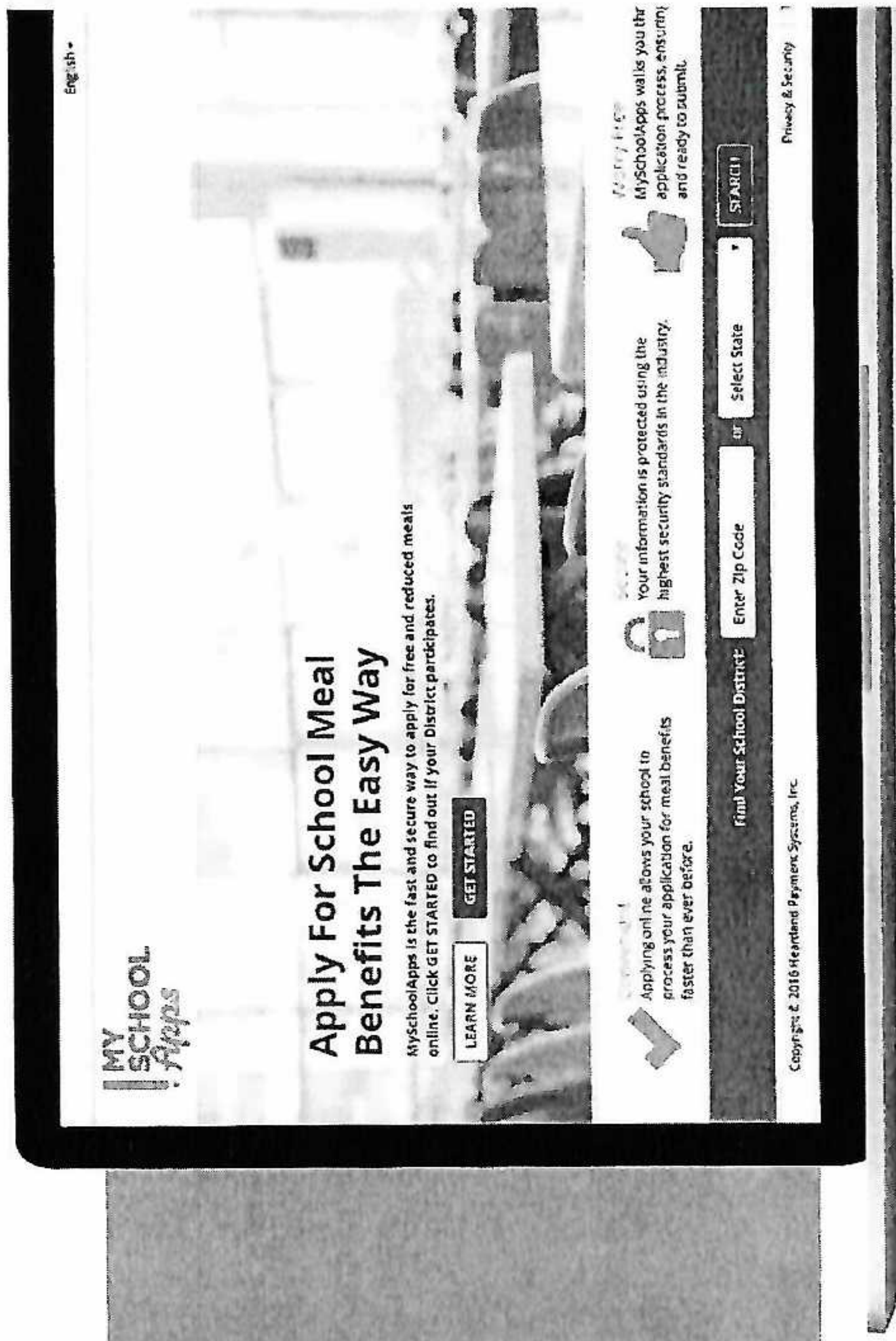




## Apply for Free & Reduced Meal Benefits Online!

- ✓ Available anywhere
- ✓ Easy to use
- ✓ Private & Secure

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).



# Pinellas County Health Department

## 1 Clearwater Health Department

310 N. Myrtle Ave.  
Clearwater, FL 33755

### Zoom and Center

📞 727-469-5800  
✉ Info.PinCHD52@flhealth.gov

#### CLINICAL AND NUTRITION SERVICES

- ✓ Primary Care
- ✓ Dental
- ✓ Pediatrics
- ✓ Laboratory
- ✓ MedNet

More Services...

## 2 Largo Health Department - No clinic services provided at this location

12420 130th Ave. N.  
Largo, FL 33774

### Zoom and Center

📞 727-588-4040  
✉ Info.PinCHD52@flhealth.gov

## 3 Mid-County Health Department

8751 Ulmerton Rd.  
Largo, FL 33771

### Zoom and Center

📞 727-524-4410  
✉ Info.PinCHD52@flhealth.gov

#### CLINICAL AND NUTRITION SERVICES

- ✓ Primary Care
- ✓ Dental
- ✓ Pediatrics
- ✓ Triage Nursing
- ✓ Laboratory

More Services...

## 4 Pinellas Park Health Department

6350 76th Ave. N.  
Pinellas Park, FL 33781

### Zoom and Center

📞 727-547-7780  
✉ Info.PinCHD52@flhealth.gov

#### CLINICAL AND NUTRITION SERVICES

- ✓ Primary Care
- ✓ Dental
- ✓ Laboratory
- ✓ Healthy Families
- ✓ Triage

More Services...

## 5 Tarpon Springs Health Department

301 S. Disston Ave.  
Tarpon Springs, FL 34689

### Zoom and Center

📞 727-942-5457  
✉ Info.PinCHD52@flhealth.gov

#### CLINICAL AND NUTRITION SERVICES

- ✓ Primary Care
- ✓ Dental
- ✓ Laboratory
- ✓ Breast and Cervical Cancer Early Detection
- ✓ Immunizations

More Services...

## 6 St. Petersburg Health Department

205 Dr. Martin Luther King Jr. St. N.  
St. Petersburg, FL 33701

### Zoom and Center

📞 727-824-6900  
✉ Info.PinCHD52@flhealth.gov

#### CLINICAL AND NUTRITION SERVICES

- ✓ Primary Care
- ✓ Dental
- ✓ ADAP
- ✓ Laboratory
- ✓ MedNet

More Services...