



DUNEDIN HIGHLAND MIDDLE SCHOOL

70 Patricia Avenue

Dunedin, FL 34689

Phone: 727.469.4112 Fax: 727.469.4115

The following items are needed to register a child in Pinellas County Schools:

PLEASE MAKE SURE YOU HAVE ALL DOCUMENTS LISTED BELOW. YOU CANNOT REGISTER WITHOUT THEM.

1. Birth Certificate or other proof of birth

- A duly attested transcript of the child's birth record filed according to law with a public officer charged with the duty of recording births;
or
- A duly attested transcript of a certificate of baptism showing the date of birth and place of baptism of the child accompanied by an affidavit sworn to by the parent; or
- An insurance policy of the child's life that has been in force for at least two years; or
- A bona fide contemporary Bible record of the child's birth accompanied by an affidavit sworn by the parent;
or
- A passport or certificate of arrival in the United States showing the age of the child; or
- A transcript record of age shown in the child's school record of at least four years prior to application stating the date of birth;
or
- If none of these evidences can be produced, an affidavit of age sworn to by the parent, accompanied by a certificate of age signed by a public health officer or practicing physician, which certificate shall state that the health officer or physician has examined the child and believes that the age as stated in the affidavit is substantially correct.

2. **Proof of Residency (2)** A parent or guardian needs to provide a recent (within 30 days) utility bill for power, water, cable, sewer or land-based telephone (not cellular), rental agreement or lease, closing document or tax statement with a homestead exemption with parent's/guardian's name and home address on it. If you do not have a utility bill or lease in the name of the parent or guardian, you must obtain an Affidavit of Residency. It must be completed, notarized on both sides and submitted with a lease or utility bill in the name of the person with whom you reside and who is listed on the affidavit.
3. **Child's Social Security Number (SSN).** We are required to ask for this, but the child is not required to have one.
4. **Florida Certificate of Immunization** All new students entering Pinellas County Schools must have a completed Florida Certificate of Immunization (DOH 680) appropriate for their grade level.
5. **Physical Examination Certificate** signed by a licensed examiner and issued within the last 12 months.
6. **Child's most recent report card** including address and phone number of their previous school.
7. **A Recent Individualized Education Plan (IEP)** if the student participates in exceptional student education (special education), he or she must have an IEP.

**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 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 _____				ENTRY CODE/DATE
		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)				*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 _____



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DUNEDIN HIGHLAND MIDDLE SCHOOL**

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REQUEST FOR STUDENT EDUCATION RECORDS

Date: _____

To: _____

Attention: _____

Email Address: _____

Fax Number: _____

Student Name: _____ Date of Birth: ____/____/____

Please Include:

- Grades up to and at the date of withdrawal
- Health records (including physical and immunization record)
- Any psychological or special education placement data
- Discipline record
- State test history

Thank you,

School Official

_____/____/____
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)			