



Richard O. Jacobson Technical High School at Seminole

12611 86th Ave N, Seminole, FL 33776-2719
(727) 545-6405

The following documents are required to register a student in a Pinellas County school. As an applicant, your child has a seat at our school, but still needs to complete the registration records. Please complete the following paperwork in blue or black ink pen and return to our office. Please see Deb Howard, DMT, to complete the registration.

Registration Checklist

Returning to Pinellas County Public Schools

Students who attended a Pinellas County school but are transferring back into the public school system must have two proofs of residency to complete the registration and provide us with the Pinellas County school of last attendance so we can request the student cumulative record.

If you do not have residency documents because you live in someone else’s home, a notarized Affidavit of Residency must be completed and documents from the person you live with must be supplied. Call our office if you have questions.

- Two (2) proofs of residency
 - o Utility (water, electric, cable)
 - o Lease/mortgage papers
 - o County tax records with homestead exemption

Non-Pinellas County Public School

Private school, - In Florida - outside Pinellas County, - Out-of-state, - or Out of country

- Two (2) proofs of residency
 - o Utility (water, electric, cable)
 - o Lease/mortgage papers
 - o County tax records with homestead exemption
- 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 76th 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

**PINELLAS COUNTY SCHOOLS
K-12 STUDENT REGISTRATION FORM**

STUDENT'S LEGAL NAME (LAST, FIRST, MIDDLE)		PHONE NUMBER	MALE ___ FEMALE ___	SCHOOL NAME		
STUDENT'S ADDRESS - NUMBER, STREET & APT. # OR LOT #		CITY	ZIP CODE	GRADE	DATE	
FOR OFFICE USE ONLY						
DATE OF BIRTH		PLACE OF BIRTH (CITY, STATE)	LATINO ETHNICITY ___ YES ___ NO (MUST CHECK ONE) ___ WHITE ___ INDIAN ALASKAN ___ ASIAN ___ BLACK ___ HAWAIIAN PACIFIC ISLANDER		STUDENT ID NUMBER	BIRTH CERTIFICATE
HAS STUDENT EVER ATTENDED A PINELLAS COUNTY SCHOOL? ___ YES ___ NO IF YES, SCHOOL NAME _____ IF NO, NAME, CITY AND STATE OF LAST SCHOOL ATTENDED _____		PROOF OF ADDRESS		HOME LANGUAGE SURVEY FORM		
HAS STUDENT EVER BEEN RETAINED? ___ YES ___ NO If so, what grade(s)?		DOES STUDENT RECEIVE SPECIAL EDUCATION SERVICES (IEP)? ___ YES ___ NO		PHYSICAL		
*STUDENT SOCIAL SECURITY NUMBER (OPTIONAL)		PARENT/GUARDIAN EMAIL ADDRESS		WORK PHONE		
MOTHER'S NAME/LEGAL GUARDIAN (CIRCLE ONE)		HOME ADDRESS (IF DIFFERENT FROM STUDENT)		HOME PHONE/CELL PHONE		
FATHER'S NAME/LEGAL GUARDIAN (CIRCLE ONE)		HOME ADDRESS (IF DIFFERENT FROM STUDENT)		HOME PHONE/CELL PHONE		
NAME OF STEP PARENT (IF APPLICABLE)		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"/> STEPMOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> STEPFATHER			
IS THERE ANY COURT ORDER RESTRICTING ACCESS TO THE STUDENT AND/ OR STUDENTS RECORDS? ___ YES ___ NO IF YES, PROVIDE THE SCHOOL WITH A CERTIFIED COPY.						

PURSUANT TO FLORIDA STATUE 1006.07:

HAS YOUR CHILD EVER BEEN EXPELLED FROM A PREVIOUS SCHOOL? ___ YES ___ NO

HAS YOUR CHILD EVER BEEN ARRESTED RESULTING IN A CHARGE, OR HAVE THERE BEEN ANY JUVENILE JUSTICE ACTIONS? ___ YES ___ NO

IF YES, PLEASE PROVIDE DETAILS. _____

*Section 229.559, Florida Statues, 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.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

PINELLAS COUNTY SCHOOLS
EDUCATIONAL ALTERNATIVE SERVICES
ENROLLMENT FORM/RESIDENCY QUESTIONNAIRE

Student Name (First name, Last 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 or you are the home owner, please check this box. If you checked this box, in **SECTION A** please STOP, sign the form and submit to the school. If you did not check the box, sign the form continue to **SECTION B**.

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

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 (First Name, Last Name)	School Name (Include Head 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

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 (E) Earthquake (F) Flooding (H) Hurricane (M) Mortgage Foreclosure
- (N) Natural Disaster - other (S) Tropical Storm (T) Tornado (U) Unknown (W) Wildfire or Fire
- (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
- A relative, friend or other adult that is not a guardian: (please describe) _____

****McKinney-Vento Act (MVA) eligibility is only good for one school year. Families or students must contact their HEAT representative to determine eligibility annually.****

****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 Act that protects the educational rights of homeless students:

- ✓ Child can continue to attend the school that he/she attended before the situation occurred (per SECTION B) even if they are now living out-of zone.
- ✓ 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 or lack required documents such as proof of residency, immunization records etc.
- ✓ 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 Act please contact the HEAT Program. HEAT staff provide free services, educational supports, referrals to community organizations, and advocacy as related to McKinney-Vento Act. Contact the HEAT Office at 727-507-4766 or the Educational Alternative Services Office at 727-588-6069.

PINELLAS COUNTY SCHOOLS
EDUCATIONAL ALTERNATIVE SERVICES
ENROLLMENT FORM/RESIDENCY QUESTIONNAIRE

Purpose of the Enrollment Form/Residency Questionnaire

Under the federal McKinney-Vento Act, Pinellas County Schools (PCS) staff are required to identify students who are experiencing homelessness (often referred to as being in transition in your housing situation) (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 in grades Preschool – 12 by the parent or guardian or if the student is a homeless unaccompanied youth, the student may complete the questionnaire. The Enrollment Form/Residency Questionnaire should be completed when students are enrolling in school or when students have had a change in address. Preschool includes any PCS Program for 3-5 year olds, such as Pre-K or Head Start.

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 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 Act, **code** the student(s) in FOCUS as homeless in the Exit Interview Tab under sections: **HOMELESS STUDENT PK-12, UNACCOMPANIED HOMELESS YOUTH AND HOMELESS CAUSE. ALL THREE SECTIONS MUST BE CODED FOR STATE REPORTING PURPOSES.** (See the purple DMT Cheat Sheet for further information.)
 - ✓ Once coded, send the completed questionnaire to the HEAT 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 extremely important to enter the correct 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) and for data collection to the Florida Department of Education.
 - ✓ The Pony information is: **HEAT Program c/o Clearview Adult Education Center (Pony Route #3)**

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

Foreign Exchange Student: Yes No

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**

Required Documents

Birth certificate or other proof of identity/age:

Students must be 5 years old on or before Sept. 1 to attend kindergarten. Students must be 6 years old on or before Sept. 1 and have completed kindergarten to attend grade 1. 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, call your child's assigned school.

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. 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 two of the items listed in the name of the person with whom you reside and who is listed on the affidavit.

Child's Social Security number:

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

Child's most recent report card:

This is for students entering grades 1-12. If available, the report card should include the school's address and phone number.

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.

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).

A recent Individual Education Plan (IEP):

If the student participates in exceptional student education, he or she must have an IEP.

PINELLAS COUNTY SCHOOLS
AFFIDAVIT OF RESIDENCY

STATE OF FLORIDA
COUNTY OF PINELLAS

BEFORE ME, the undersigned Notary Public, personally appeared

_____, and upon being duly sworn, deposes and
says:

1. I, _____, am the parent or legal guardian of
(parent or legal guardian)

(student's name)

2. I am now residing at _____
(address)

This means that my child (children) and I sleep at this address on every week night.

3. I am making this statement under oath for the purpose of establishing

residency so as to legally enroll my child in _____
(name of school)

4. I UNDERSTAND THAT KNOWINGLY MAKING A FALSE STATEMENT UNDER OATH WITH THE INTENT TO MISLEAD A SCHOOL OFFICIAL IN THE PERFORMANCE OF HIS OR HER OFFICIAL DUTY CONSTITUTES A MISDEMEANOR IN THE FIRST AND SECOND DEGREE. A CHARGE AND CONVICTION OF THIS MISDEMEANOR MAY RESULT IN A TERM OF IMPRISONMENT NOT TO EXCEED ONE YEAR.

Signature of Parent or Guardian

SWORN TO AND SUBSCRIBED before me this _____ day of _____,

_____, by _____
(name of person making statement)

NOTARY PUBLIC - STATE OF FLORIDA

Personally Known _____

OR Produced Identification

Type of Identification Produced _____

SUPPORTING AFFIDAVIT OF RESIDENCY

STATE OF FLORIDA
COUNTY OF PINELLAS

BEFORE ME, the undersigned Notary Public, personally appeared

_____, and upon being duly sworn, deposes and
says:

1. I, _____, am the owner or tenant of the residence
(owner or tenant)

located at _____
(address)

2. Now residing with me at that address are _____

(student's and parent's or legal guardian's names)

3. I am making this statement under oath for the purpose of establishing
residency of the persons named in paragraph 2 so as to legally enroll a student in

(name of school)

4. I UNDERSTAND THAT KNOWINGLY MAKING A FALSE STATEMENT UNDER OATH WITH THE INTENT TO MISLEAD
A SCHOOL OFFICIAL IN THE PERFORMANCE OF HIS OR HER OFFICIAL DUTY CONSTITUTES A MISDEMEANOR
IN THE FIRST AND SECOND DEGREE. A CONVICTION OF THIS MISDEMEANOR MAY RESULT IN A TERM OF
IMPRISONMENT NOT EXCEED ONE YEAR.

Signature of Owner or Tenant

SWORN TO AND SUBSCRIBED before me this _____ day of _____,

_____, by _____
(name of person making statement)

NOTARY PUBLIC - STATE OF FLORIDA

Personally Known _____

OR Produced Identification

Type of Identification Produced _____