

**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		FOR OFFICE USE ONLY
				STUDENT ID NUMBER
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 _____				ENTRY CODE/DATE
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		<input type="checkbox"/> PROOF OF IDENTITY/AGE <input type="checkbox"/> PHYSICAL <input type="checkbox"/> FL IMMUNIZATION <input type="checkbox"/> PROOF OF ADDRESS 1 <input type="checkbox"/> PROOF OF ADDRESS 2 <input type="checkbox"/> HLS SURVEY FORM <input type="checkbox"/> RECORDS REQUESTED DATE _____ <input type="checkbox"/> RECORDS RECEIVED DATE _____ <input type="checkbox"/> IEP <input type="checkbox"/> EP <input type="checkbox"/> 504
*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)				
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 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 IF YES, PLEASE PROVIDE DETAILS _____				

*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.

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 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)			

PINELLAS COUNTY SCHOOLS

REQUEST FOR STUDENT RECORDS

School: _____

Date: _____

Phone: _____

Fax: _____

Please send us the school records of:

Name of Student	Date of Birth	Grade
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Please include:

Health records (including immunization records, physical, birth certificate)

Withdrawal Grades – If applicable

Academic History/Transcripts for grades 6, 7 ad 8

Test Scores (FSA or other state required testing)

Discipline Records

Court Documents/Custody issues – If applicable

IEP (Individual Education Plan) – If applicable

504 plan – If applicable

ELL/ESOL Information – If applicable

Please fax, mail or scan records to:

Stephanie Fletcher, DMT
Palm Harbor Middle School

727-669-1146

727-669-1244 (fax)

fletcherst@pcsb.org

Parent/Guardian Signature _____

Authorized Personnel Signature _____

These records will be for the professional use of authorized District School Board of Pinellas County personnel. Please be advised that parental permission is no longer required when records are requested by the authorized personal. Family Education Rights & Privacy Act, 6/17/76, Vol 41 Section 99.31.

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
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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 (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.

HEALTH INFORMATION REGISTRATION SHEET

Student's Name _____

School _____

Grade _____

Date _____

The following information will be reviewed by the school nurse and shared with your child's teacher if needed. Please circle the appropriate answers.

Does your child have a chronic health problem? Yes No If yes, describe _____

Does your child take any medication? Yes No If yes, what? _____
When? _____

Will medication need to be given at school? Yes No If yes, what? _____

Does your child have any food or medication allergies? Yes No If yes, what? _____
Describe reaction _____

Does your child wear eye glasses Yes No If yes, are they required for all activities? _____

Has your child had dental problems and or treatment? Yes No If yes, list dentist's name _____

Check if your child has been diagnosed and treated for any of the following conditions.

_____ Asthma Medications given _____

_____ Convulsions/Seizures Medications given _____

_____ Heart problems - any activity restrictions? _____

_____ Hearing problems - describe _____

_____ Insect sting allergies - What kind? _____ Describe reaction _____

_____ Hyperactivity Medications? _____
Other treatment measures _____

_____ Other - please list any other health problems your child has had below:

Signature of parent or guardian _____

Doctor's name and phone number _____

Address _____

Contact phone number _____

Thank you for helping us make school a safe and healthy place for your child!!