

**Attached Are:**

- Parent Notification/Continued Eligibility  
 Home Language Survey  
 Birth Certificate  
 Shot records  
 Physical Exam Form

PINELLAS COUNTY SCHOOLS  
**EDUCATIONAL ALTERNATIVE SERVICES #7071**  
**TEEN PARENT**  
**PK Student Registration Form**  
 (for Baby)

School Year \_\_\_\_\_

Semester  1  2**Must be completed**

Baby Name \_\_\_\_\_ PK Student Number \_\_\_\_\_ Enrollment Date \_\_\_\_\_

Teen Parent Name \_\_\_\_\_ Teen Parent Student Number \_\_\_\_\_ Resource Teacher \_\_\_\_\_

**A. PROGRAM SITE (Mark One)**

- |   |                                       |  |  |
|---|---------------------------------------|--|--|
| <input type="checkbox"/> Bayside HS       | <input type="checkbox"/> Dunedin HS   | <input type="checkbox"/> Northeast HS              | <input type="checkbox"/> St. Petersburg HS |
| <input type="checkbox"/> Boca Ciega HS    | <input type="checkbox"/> East Lake HS | <input type="checkbox"/> Osceola HS                | <input type="checkbox"/> Tarpon Springs HS |
| <input type="checkbox"/> Clearwater HS    | <input type="checkbox"/> Gibbs HS     | <input type="checkbox"/> Palm Harbor University HS | <input type="checkbox"/> _____             |
| <input type="checkbox"/> Countryside HS   | <input type="checkbox"/> Lakewood HS  | <input type="checkbox"/> Pinellas Park HS          | _____ (other)                              |
| <input type="checkbox"/> Dixie Hollins HS | <input type="checkbox"/> Largo HS     | <input type="checkbox"/> Seminole HS               |  |

**ENROLLMENT CODE: (Mark One)**

- E01     E02     E05 (new)     R02 FROM \_\_\_\_\_

**B. BABY REGISTRATION INFORMATION:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Suffix \_\_\_\_\_

Date of Birth \_\_\_\_\_ **Gender**  Male  Female **Ethnicity**  Hispanic  Non-Hispanic

- Race:**  A-Asian     B-Black or African-American     I-American Indian or Alaska Native  
 P-Native Hawaiian or Other Pacific Islander     W-White

**RESIDENCE ADDRESS****MAILING ADDRESS (Complete if different from Residence)**

Street Address \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**TEEN PARENT INFORMATION**

**Relationship**  Mother  Father    Zoned School \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 Home Phone                      Work Phone                      Cell Phone

Email: \_\_\_\_\_ Is teen parent homeless?  Yes  No

**BABY BIRTH INFORMATION:**

Immunization Expiration Date: \_\_\_\_\_ Health Exam Date \_\_\_\_\_ Birth Place (City) \_\_\_\_\_

Birth Country \_\_\_\_\_ Birth Certification # \_\_\_\_\_ Home Language Survey Date \_\_\_\_\_

**C. WITHDRAWAL INFORMATION:**

Withdrawal Date of Parent \_\_\_\_\_ Withdrawal Date of Child \_\_\_\_\_

Withdrawal Code of Parent \_\_\_\_\_ Withdrawal Code of Child W25

Comment \_\_\_\_\_

Child Care Termination Form Completed  Yes  No  N/A

White – EAS/Admin. For Registration    Yellow – Baby Cum File For Social Worker    Pink – Pre-K Withdrawal For EAS/Admin.