

ADMITTING NEW STUDENTS INTO PINELLAS COUNTY

Before Enrollment begins all of these forms must be submitted.

Certified Birth Certificate

Florida Certificate of Immunization (including specific dates – month, date and year given)

Physical Examination (within 12 months prior to enrollment)

Proof of Residency (2 forms of documentation required)

Social Security Number (required to request, but not mandatory)

Proof of Enrollment Elsewhere, including official record of attendance and grade placement.

Home Language Survey (out of state students)

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

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

Has this student ever been enrolled in any Special Ed Classes? _____ If Yes, Explain: _____

Name of last School attended _____ Phone number: () _____

Address _____ Street _____ City _____

State _____ Zip _____

I, _____ attest that I am the parent/legal guardian of _____ the student listed herein. I give my

permission for the above listed step-parent(s) to participate in the following (check all applicable)

- () receive information regarding student
- () sign school forms related to student
- () attend parent conferences
- () remove student from school grounds
- () receive calls regarding an emergency or illness.

Signature of parent / legal guardian _____ Date _____

EMERGENCY CONTACTS

(1) Emergency contact other than Parent / Guardian: _____ relationship _____

Phone number: () _____ Cell phone number: () _____

(2) Emergency contact other than Parent / Guardian: _____ relationship _____

Phone number: () _____ Cell phone number: () _____

I authorize the above references as an Emergency contact person(s) to participate in: (check all applicable)
() receive calls regarding illness or injury () remove student from school grounds

BUS REQUEST

Transportation may be provided for your student if within the guidelines of our Pinellas County School district.

- Student living within 2 miles may not receive transportation.
- Students living outside of our "zone" may not receive transportation.
 - Magnet students will be issued "arterial" transportation.

Pinellas Park High School will request a bus for you. Once the bus is requested it may take up to 5-7 days.

We will call you as soon as transportation as responded to our request for your bus. Please provide us with

Student Name: _____

Phone number: _____

Email: _____

Please circle the appropriate rationale for our request

New Student

Address Change

Thank you

**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 _____
 Assigned School _____

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 8 WEEKS. CLASSROOM TEACHERS WILL ADJUST THEIR INSTRUCTION TO MEET THE ELL STUDENT'S NEEDS.

_____ 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

English Language Learner (ELL): ___ Yes ___ No **ELL Status:** LY ___ LF ___ TZ ___

Basis of Entry: A ___ R ___ L ___ T ___ **Basis of Exit:** BC ___ BE ___ 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)s BEG-LIN-HIN-PRF	Raw Score (RS)
Online CELLA (Form 3)		List./Speak:			
Other:		Reading:			
		Writing:			
		Comprehensive (Total):			

Check if applies:

Pre-K student with "YES" responses: code **LY basis of entry T**