

Transferring from another Pinellas County School

Proof of Residency (2 forms of documentation required)

Completed Withdrawal Form

PINELLAS COUNTY SCHOOLS
STUDENT REGISTRATION FORM (K-12)

STUDENT'S LEGAL NAME (LAST, FIRST, MIDDLE)		PHONE NUMBER	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	SCHOOL NAME	
STUDENT'S ADDRESS - NUMBER, STREET & APT. # OR LOT #		CITY	ZIP CODE	GRADE	DATE
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		PERIOD OF ENROLLMENT: FROM _____ TO _____	
HAS STUDENT EVER ATTENDED A PINELLAS COUNTY SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, NAME, CITY AND STATE OF LAST SCHOOL ATTENDED		PERIOD OF ATTENDANCE: FROM _____ TO _____	
IF YES, NAME OF PINELLAS COUNTY SCHOOL		IF NO, NAME, CITY AND STATE OF LAST SCHOOL ATTENDED		PERIOD OF ATTENDANCE: FROM _____ TO _____	
*STUDENT SOCIAL SECURITY NUMBER (OPTIONAL)		PARENT/GUARDIAN EMAIL ADDRESS		PERIOD OF ATTENDANCE: FROM _____ TO _____	
MOTHER'S NAME/LEGAL GUARDIAN (CIRCLE ONE)		HOME ADDRESS (IF DIFFERENT FROM STUDENT)		PERIOD OF ATTENDANCE: FROM _____ TO _____	
FATHER'S NAME/LEGAL GUARDIAN (CIRCLE ONE)		HOME ADDRESS (IF DIFFERENT FROM STUDENT)		PERIOD OF ATTENDANCE: FROM _____ TO _____	
NAME OF STEP PARENT (IF APPLICABLE)		HOME ADDRESS (IF DIFFERENT FROM STUDENT)		PERIOD OF ATTENDANCE: FROM _____ TO _____	
NAME OF EMERGENCY CONTACT		EMERGENCY CONTACT PHONE		PERIOD OF ATTENDANCE: FROM _____ TO _____	
IS THERE ANY COURT ORDER RESTRICTING ACCESS TO THE STUDENT AND/OR STUDENT'S RECORDS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE THE SCHOOL WITH A CERTIFIED COPY.		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		PERIOD OF ATTENDANCE: FROM _____ TO _____	

PURSUANT TO FLORIDA STATUTE 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: _____

SIGNATURE OF PARENT/LEGAL GUARDIAN _____

DATE _____

*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.

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