



Registration Requirements for New Student Registration

First Time Entry (All documents must be presented for admission)

- Students entering from home education, public or private schools out of county, state or country.

PASCO COUNTY SCHOOL DISTRICT REQUIRES 3 PROOFS OF RESIDENCY

Please provide one of these:

- ☐ Copy of deed or property tax assessment records, current lease or rental agreement or notarized letter from the landlord.

Please provide one of these:

- ☐ Copy of a current utility (electric/water) bill or initial order for service

Please provide one of these:

- ☐ Copy of **ONE** of the following current documents supporting stated address: Auto registration or Florida Driver's License or Florida ID card or voter registration.

Other:

_____ ***Must present a recent report card*** or withdrawal form if transferring during the school year, or transcript for proper course placement.

_____ Birth certificate (original required for copying) or other evidence of age.

_____ Social Security number to be viewed

_____ ***Must have a physical*** (dated and signed by a health professional within one (1) year of enrollment (first day of school) on Florida form.

_____ ***Must have*** current DH 680 State of Florida Immunization Form that is transcribed by a health professional.

K – 7th:

- 4-5 doses of DTaP vaccine (diphtheria, tetanus, & pertussis)
- 3-5 doses of polio vaccine (last one after age 4)
- 2 doses of MMR vaccine (measles, mumps, rubella)
- Hep B (3 Doses)
- 2 Doses of varicella vaccine or date of disease (year)

as verified by parent or Healthcare provider.

7th grade only: 1 dose of Tdap vaccine (diphtheria, tetanus, & pertussis)

8th – 12th grade students:

- 4-5 doses of DTaP vaccine (diphtheria, tetanus, & pertussis)
- 3-5 doses of polio vaccine (last one after age 4)
- 2 doses of MMR vaccine (measles, mumps, rubella)
- Hep B (3 Doses)
- 2 Doses of varicella vaccine or date of disease (year) as verified by parent or Healthcare provider
- 1 dose of Tdap vaccine (diphtheria, tetanus, & pertussis) if 7th grade requirement has not been met.

Required If applicable:

_____ Legal documents i.e., a copy of any current judgment of divorce (dissolution of marriage) or other court order establishing the right of custody will be required for registration.

Required documentation if applicable:

_____ Special Education records if applicable (IEP, TIEP, Psychological Report, Gifted EP)

_____ 504 Plan if applicable

PASCO COUNTY SCHOOL DISTRICT NOTICE REGARDING ENROLLMENT

All students must attend the school in the district where their parents/legal guardians reside unless they have an approved assignment to another school or program (e.g., School Choice). Applications for School Choice may be obtained by visiting the [Educational Options](#) website. Completed applications must be submitted during specified application periods.

The school district expects residence information submitted regarding students to be truthful and accurate, and district forms pertaining to residence and household membership shall be verified under penalties of perjury.

Section §837.06, Florida Statutes, provides that, “Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree.” Additionally, a person who knowingly makes a false declaration under penalties of perjury commits a felony of the third degree, pursuant to section 92.525, Florida Statutes. Providing school officials false information regarding your residence when enrolling your child may result in your child being withdrawn and/or reassigned to the appropriate zoned school, and referral of the matter to law enforcement for possible criminal prosecution. Additionally, falsification of this information may result in the permanent revocation of your child’s privilege to engage in extracurricular activities, including organized sports.

Parents/legal guardians are responsible for notifying the school principal if there is a change in residence or parental responsibility of the student within five (5) days, even if the parent thinks the student is still in the school’s zone. Failure to give timely notice may result in a reassignment to the student’s zoned school and/or loss of eligibility for athletics and other activities.



**DISTRICT SCHOOL BOARD OF PASCO COUNTY
STUDENT REGISTRATION FORM**

MIS Form #148

Rev. 4/17

Student's Legal Name: Last Appendage (Jr., etc.) First Middle

Home Address: # and Street Name Apt/Bldg

City State Zip Zip+4

Mailing Address (only if different from the home address): Mailing

Address

City State Zip Zip+4

Resident of this school's attendance zone? Yes No

Resident of Pasco County? Yes No

Primary Phone () - Unlisted? Yes No

Area Code Phone Number

The primary phone number listed above is a? Landline Phone Cell Phone

Is the student Hispanic or Latino? Yes No

Race (mark all that apply): American Indian or Alaska Native Asian Black or African American

Native Hawaiian or Other Pacific Islander White

Sex (M/F) Birth Information - Date City State

Month/Day/Year

Country of origin USA Other specify

Student's Social Security # (optional) Grade

The SSN will not be used to identify a student's immigration status. The Notice of Social Security Number Disclosure can be read on the District School Board of Pasco County's website.

Name and address of school last attended () -
School Name Area Code Phone Number

and Street Name City State Zip

If the student has ever attended school in Florida, please enter the school name, county, and school year:

School Name County School Year

Florida Student # (if known)

Has the student ever been retained? Yes No If yes, which grade(s)?

Has the student ever been enrolled in an alternative, ESOL, gifted, or special education program(s)? Yes No If yes, which program(s)? Is the student presently in this program(s)? Yes No Does

the student have a health condition that substantially interferes with his/her learning? Yes No If yes, explain

Has the student dropped out of school and is now returning? Yes No

Are the driver license requirements the reason or one of the reasons the student is returning to school? Yes No

Has the student ever been recommended for expulsion? Yes No If yes, which school year(s)?

Has the student been arrested resulting in a charge and juvenile justice action? Yes No

FOR KINDERGARTNER ONLY:

Did the student attend a PreK program (includes churches) or a family day care home in Pasco County last year? Yes No

If yes, did the student receive a government subsidy to pay the total or partial cost of this PreK child care last year? Yes No

FRONT OFFICE USE ONLY:

EntryDate/Code

Teacher/Team

Grade

District Student #

Birth Verification Yes Code

Physical Yes No Date

Immunization Yes Code No

Temporary Exp. Date

Records Req. Yes No N/A

Custody Concerns Yes No

Proof of Residency Yes No

ESE Yes Program

Special Attd. Req. Yes N/A

Registration C IC

Bus Letter/Pass Yes No

Bus Stop Number

Bus Number

Home Lang. Date

Migrant C IC

Emergency Card C IC

Cum/Folder Made Yes No

Please keep the school updated with current phone numbers and addresses in case we need to reach you.

MIS Form #148
Rev. 4/17
BACK

PARENT OR GUARDIAN INFORMATION:

Parent/Guardian Name Workplace City Work Phone Cell Phone

Parent/Guardian Email Address

Parent/Guardian Name Workplace City Work Phone Cell Phone

Parent/Guardian Email Address

Other Person/Relationship Workplace City Work Phone Cell Phone

Student lives with Name Relationship

Is there a custody concern regarding this student? Yes No

Is there a current court order concerning this student? Yes No

Is the order still valid for this school year? Yes No

NOTE: FLORIDA STATUTE PROVIDES THAT BOTH PARENTS HAVE EQUAL RIGHTS AND ACCESS TO THEIR CHILD AND HIS/HER SCHOOL RECORDS, UNLESS A COURT ORDER STATES DIFFERENTLY. COURT ORDER(S) SHOULD BE COPIED AND KEPT IN THE CHILD'S CUMULATIVE RECORD AT SCHOOL.

SIBLING INFORMATION - Names (also last names, if different) of any brothers and/or sisters in other Pasco County schools:

1. First Last School Grade

2. First Last School Grade

3. First Last School Grade

4. First Last School Grade

Is the student a child of a military family or will he or she be a child of a military family at any time during this school year?
Yes No

Have you moved in the last three (3) years to seek work as a paid laborer in any type of farming (sod, dairy, chicken, vegetable, citrus, or other) or fishing? Yes No

Are you currently living in a motel, hotel, campground, vehicle, abandoned building, substandard housing, shelter, or temporarily living with another family? Yes No

Your signature below indicates that all information provided on this document is true and accurate. The School District expects residence information submitted regarding students to be truthful and accurate, and District forms pertaining to residence and household membership shall be verified under penalties of perjury. Florida Statutes §837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree. Additionally, a person who knowingly makes a false declaration under penalties of perjury commits a felony of the third degree, pursuant to Florida Statute 92.525. Providing school officials false information regarding your residence when enrolling your child may result in your child being withdrawn and/or reassigned to the appropriate zoned school, and referral of the matter to law enforcement for possible criminal prosecution. Additionally, falsification of this information may result in the permanent revocation of your child's privilege to engage in extracurricular activities, including organized sports.

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Parent/Guardian Signature:

Date:



**DISTRICT SCHOOL BOARD OF PASCO COUNTY
MIGRANT QUESTIONNAIRE**

MIS #142
04/17

Dear Parents,

In order to better serve your children, the District School Board of Pasco County is helping the state of Florida identify students who may qualify to receive additional educational services.

The information provided below will be kept confidential. Please answer the following questions and return this form to your child's school. (If you receive more than one of these surveys, only complete one and list below the names of all your children.)

1. Have you or your family moved from one town or school district to another within the state or out-of-state within the past 3 years? Yes ____ No ____

If **"NO"**, then you do not need to complete the remainder of this survey. If **"YES"**, please continue.

2. Did the children in your family go with you or join you at a later date? Yes ____ No ____

"NO", then you do not need to complete the remainder of this survey. If **"YES"**, please continue.

3. During the last three years, were any of these moves made with the intent to find temporary or seasonal work in agricultural or fishing-related activities? Yes ____ No ____

If **"NO"**, then you do not need to complete the remainder of this survey. If **"YES"**, please continue and circle all that apply.

- | | |
|---------------------------------|--------------------------------------|
| a. working on a farm | g. working on a poultry farm |
| b. working on a ranch | h. working in a plant nursery |
| c. working in a cannery | i. tree growing or harvesting |
| d. working in a dairy | j. cotton farming/ginning |
| e. working in a fishery | k. picking fruit, nuts or vegetables |
| f. working in a slaughter house | l. other similar work: _____ |

Please complete the information. (Please Print)

Number of children in your family: _____

Name of Parent/Guardian: _____ Date: _____

Address: _____

Telephone: _____ Best Time to Contact You: _____

Name of your child(ren):

_____	Age _____	Grade _____	School _____
_____	Age _____	Grade _____	School _____
_____	Age _____	Grade _____	School _____

**Please forward the completed form to the Office for Student Support and Program Services -
Special Programs Division**



DISTRICT SCHOOL BOARD OF PASCO COUNTY
STUDENT HEALTH INFORMATION FORM
(To be completed for initial registration and for change in health status)

MIS Form #442
Rev. 10/19

Student _____ School _____ Date _____
Last Name First Middle

Student ID _____ Grade _____ DOB _____ Sex: Male _____ Female _____

Does your child have any of the following health conditions or concerns?

1. Allergy to any foods, medications, or insects? ____ Yes ____ No If yes, list _____
Reaction: ____ Mild ____ Severe Needs: ____ Epipen ____ Benadryl

2. Asthma or wheezing? ____ Yes ____ No
If yes, please indicate if uses nebulizer: ____ Yes ____ No If yes, how often? _____
If yes, please indicate if uses inhaler: ____ Yes ____ No If yes, how often? _____

3. Diabetes or high/low blood sugar? ____ Yes ____ No If yes, list medication/treatment _____

4. Epilepsy or convulsion/seizure? ____ Yes ____ No If yes, list medication/treatment _____
Date of last episode _____

5. Recent hospitalization? ____ Yes ____ No If yes, reason _____ Date _____
If yes, reason _____ Date _____

6. Heart murmur or history of heart condition? ____ Yes ____ No If yes, explain _____

7. Serious burn or broken bone? ____ Yes ____ No If yes, explain _____

8. Ear infection or draining ear? ____ Yes ____ No If yes, explain _____

9. Trouble hearing? ____ Yes ____ No Wears hearing aid: ____ Yes ____ No
Should be wearing hearing aid: ____ Yes ____ No

10. Trouble seeing? ____ Yes ____ No Wears glasses or contacts: ____ Yes ____ No
Should be wearing glasses or contacts: ____ Yes ____ No

11. Major head injury or concussion? ____ Yes ____ No If yes, explain _____

12. Kidney or bladder problems? ____ Yes ____ No If yes, explain _____

DISTRICT SCHOOL BOARD OF PASCO COUNTY
STUDENT HEALTH INFORMATION FORM
(To be completed for initial registration and for change in health status)

MIS Form #442
Rev. 6/19 - Back

13. Frequent bed-wetting? ___ Yes ___ No If yes, explain _____
14. Stomach or bowel problems? ___ Yes ___ No If yes, explain _____
15. Trouble sleeping? ___ Yes ___ No If yes, explain _____
16. Hernia or rupture of groin or navel? ___ Yes ___ No If yes, explain _____
17. Trouble with teeth? ___ Yes ___ No If yes, explain _____
18. Anemia or low iron? ___ Yes ___ No If yes, explain _____
19. Attention Deficit Disorder (ADD/ADHD) or hyperactivity? ___ Yes ___ No If yes, explain _____

20. Referrals to mental health services by the previous school district? ___ Yes ___ No If yes, explain _____

21. Difficulty understanding dangerous situations, wanders or runs away from adults? ___ Yes ___ No If yes, explain _____

Please list any other medicine taken regularly and dosage: _____

Are there any special health procedures that should be followed at school? _____

Are there any limits on your child's participation in physical education or recess activities due to a health condition?

If your child is Medicaid eligible, please provide Medicaid number the _____ and name of
Medicaid Insurance Plan _____.

Print - Parent/Guardian Name

Parent/Guardian Signature

Date

DISTRIBUTION: This form will be placed in your child's cumulative record.



DISTRICT SCHOOL BOARD OF PASCO COUNTY
HOME LANGUAGE SURVEY
ENGLISH FOR SPEAKERS OF OTHER LANGUAGES (ESOL)

MIS Form #580
Rev. 3/17

Date of Survey _____ Student # _____ Grade _____

Student Name _____ Date of Birth _____ / _____ / _____
First Middle Last Month Day Year

Parent or Guardian Name _____ Primary Phone _____

Parent or Guardian Email Address _____ Alternate Phone _____

ESOL Program Eligibility Questions

1. If the answer to one or more of the following questions (2-4) is yes, your child's English proficiency will be evaluated in accordance with Florida statutes to determine eligibility for ESOL language services. Please initial that you understand the above statement before proceeding. _____
2. Is a language **other** than English spoken in your home? Yes _____ No _____
If yes, what language? _____
Who speaks this language? _____
3. Does the student have a first language **other** than English? Yes _____ No _____
If yes, what language? _____
4. Does the student most frequently speak a language **other** than English? Yes _____ No _____
If yes, what language? _____
5. When did the student first enter a U.S. school (kindergarten-12th grade)? _____ / _____ / _____
Month Day Year
6. In what language do you prefer to receive school information when possible? _____

Immigrant Children and Youth Program Eligibility Questions

Immigrant children and youth: are individuals ages 3-21; were not born in any U.S. state; and have attended one or more US schools for less than 3 full academic years. The program provides educational and cultural support.

1. Was the student born outside of the United States? Yes _____ No _____ If yes, where? _____
Country
2. If born outside of the U.S., how many years of school has the student completed in the United States?
____0 years ____1 year ____2 years ____3 or more years

Signature _____ Relation to student _____

For more information regarding these programs, contact The Office for Student Support Programs and Services (813) 794-2251 (352) 524-2251 (727) 774-2251 <http://www.pasco.k12.fl.us/esol/>