



DISTRICT SCHOOL BOARD OF PASCO COUNTY
GRADES 6 – 12 ACCESS AND EMERGENCY INFORMATION CARD

MIS Form #415
Rev. 4/17

Updated Info. _____

Student _____ Student # _____ DOB _____ Grade _____
Last Name First Middle

Primary Phone _____

Home Address _____ City _____ Zip _____

Parent/Guardian _____ Parent/Guardian _____

Cell Phone _____ Cell Phone _____

Email Address _____ Email Address _____

Employed By _____ Employed By _____

Phone At Work _____ Phone At Work _____

Person(s) who will care for child in case parent/guardian cannot be reached; these individuals may sign my child out (photo I.D. required):

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

First and last names of brothers/sisters attending Pasco County Schools _____

Person(s) who MAY NOT legally contact or remove my child from school (provide legal documentation) _____

List any medication(s) your child is currently taking (at home or school) _____
List all health problems and/or allergies (food, medication, sting, etc.) even if previously reported _____

Parent/guardian must notify school cafeteria of food allergies or special nutritional needs of student.

It is the parent/guardian's responsibility to keep the school updated with new information and contact numbers.

PARENTAL CONSENT ON BACK – SIGNATURE REQUIRED

Student _____ Grade _____

MIS Form #415
Rev. 4/17 Back

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school officials false information regarding your residence when enrolling your child may result in your child being withdrawn and/or reassigned to the appropriate zoned school, and referral of the matter to law enforcement for possible criminal prosecution.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.

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.

PARENTAL CONSENT

I hereby give my consent for my child to participate in the School Health Services Program. This means that my child will receive vision, hearing, dental, scoliosis, blood pressure, and height and weight screening at certain grade levels. In addition, the school nurse conducts classroom, individual, and small group presentations on health issues such as abstinence, substance abuse prevention, dating and relationship issues, birth control, and sexually transmitted diseases at certain grade levels. If I object to any of these health screenings or programs, I will notify the school in writing.

In case of accident or serious illness, I want to be contacted by the school. If the school is unable to reach me, I hereby authorize the school to contact the physician or dentist indicated below and to follow his/her instructions. If it is impossible to contact this physician or dentist, the school will take whatever actions are necessary to provide care and treatment for my child, and exchange medical information with the provider as necessary to support the continuity of care for my child. I agree to pay all expenses incurred by the handling of this emergency care. In case of an accident or illness where immediate treatment of my child is not indicated, but where he/she is unable to remain at school, I request that one of the persons listed on the reverse side of this form be contacted and requested to care for my child until I can be reached.

I authorize the District School Board of Pasco County to release and exchange my child's confidential information (e.g., student name, records, and information related to services provided) to agencies of the state of Florida which would allow the District to verify Medicaid eligibility, bill Medicaid for reimbursable Certified School Match services referenced on my child's individualized educational plan (IEP), and receive Medicaid reimbursement for Exceptional Student Education (ESE) services it provides to my child while at school. I understand that my child will continue to receive services referenced on his/her IEP whether or not I give consent.

Physician's Name _____ Phone: _____

Hospital Preference _____ Phone: _____

Dentist's Name _____ Phone: _____

My signature indicates my parental consent, understanding, and agreement.

PRINT -- PARENT/GUARDIAN NAME

PARENT/GUARDIAN SIGNATURE

DATE



**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.

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 check 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
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/>

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.



Pasco County Schools

Kurt S. Browning, Superintendent of Schools
7227 Land O' Lakes Boulevard • Land O' Lakes, Florida 34638

Student Code of Conduct Acknowledgement

- Yes No – My school has reviewed the Student Code of Conduct with me
- Yes No – I have been advised that I can review the Student Code of Conduct online
- I have received, read, understand and agree to abide by the 2019-20 Student Code of Conduct.

Student Signature

_____/_____/_____
Date

- I/we have read the Student Code of Conduct 2019-2020, discussed it with my/our child(ren), and will support the school's efforts to have a safe, well-disciplined learning environment.

Parent/Guardian Signature

_____/_____/_____
Date

Email address

Please note that the Student Code of Conduct and other discipline materials may be viewed at: www.pasco.k12.fl.us/ssps/conduct

(Print on separate page – to be removed by recipient)



DISTRICT SCHOOL BOARD OF PASCO COUNTY

7227 Land O' Lakes Boulevard

Land O' Lakes, Florida 34638

**AUTHORIZATION FOR RELEASE OF RECORDS
AND/OR INFORMATION FROM RECORDS**

MIS Form #791
Rev. 7/15

Please print or type:

RECORDS TO BE RELEASED TO _____

Contact Person

School/Agency _____ Phone _____

Address _____

RECORDS TO BE RELEASED FROM _____

Name of School/Agency/Person

Address _____

I, _____, do hereby authorize the release of the following

information on _____

Student Name

Date of Birth

Student #

from the above named school/agency/person:

_____ Entire Cumulative Record Folder (Applicable
for student transfer to another school or system)

_____ Exceptional Student Education Records

_____ Grades at Time of Withdrawal

_____ Grading System

_____ Graduation Requirements

_____ Home Language Survey

_____ Record of Achievements, Special Awards/Activities

_____ Other Confidential Records (specify): _____

_____ Medical/Health Records (including
speech, language, hearing, vision reports
and immunization records)

_____ Official School Transcript

_____ Psychiatric Evaluation

_____ Psychological/Social Work Reports

_____ Standardized Test Scores

_____ Treatment/Services Plan

AUTHORIZATION FOR EXCHANGE OF INFORMATION/RELEASE OF CLIENT RECORDS

These records will be for the professional use of authorized District School Board of Pasco County personnel only. Records will be used for educational planning, placement, and/or evaluations. Parent permission is not required when records are requested from authorized personnel or from officials of schools/school systems in which the student seeks to enroll (Family Educational Rights and Privacy Act of 1974, FERPA). Records information shall not be released except on the condition that they will not subsequently be transferred to a THIRD PARTY without first obtaining the proper consent of the parent or eligible student.

Conditions of this exchange of information shall be in compliance with federal regulations, the Family Educational Rights and Privacy Act of 1974 (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and all other applicable federal laws, state statutes, State Board of Education Rules, and local School Board policy.

This authorization shall be terminated one year from the date of signature unless otherwise specified. This consent may be revoked by the client/representative at any time. Revocation has no effect on action previously taken.

Signature of Parent/Guardian or Eligible Student

Date

School Meal Application and Information

Does your household qualify for free or reduced meals? It is easy to apply this year.

Visit www.pascoschoolmeals.com to apply online
find answers to Frequently Asked Questions and to review eligibility guidelines.
If you need a paper application, please call 813-794-2281.

What you need to apply...

Your SNAP/TANF Case Number (if applicable) or **gross** monthly income amount and frequency for all people living in the household. Income includes: Earnings from Work, Social Security, Disability, Unemployment, Child Support, Alimony, Pension, Retirement, or any other form of income received.

Applications may take up to 10 business days to process. Make sure to provide your student with money or a meal from home until you receive notification of eligibility.

Meal Charge Policy

Per School Board Policy, **it is the responsibility of the parent or guardian to provide lunch for their children while at school.** In the event that a child neither has a lunch or the funds to purchase a lunch:

Elementary students may charge up to five (5) lunches (\$12.50), Middle school students may charge up to two (2) lunches (\$6.00), High school students may charge one (1) lunch (\$3.25) Charge limits reset as soon as the past due balance is paid. A la carte items may never be charged.

When a student exceeds their charge limit, they will be given an alternate meal consisting of a ham & cheese sandwich, fruit, milk, and vegetable. The USDA is an equal opportunity provider.



NOTICE OF CHANGES DISTRICT SCHOOL BOARD OF PASCO COUNTY MEDIA RELEASE NON-CONSENT FORM

Dear Parents and Guardians:

In order to celebrate the many accomplishments of our students, The District School Board of Pasco County frequently submits press releases to local media. These releases may include certain pieces of student information, including, but not limited to, student names, honors and awards received, non-graded student work, student photographs, video and/or voice recordings. In addition, the District may also display this information in various District-sponsored publications, at school or public functions, **and in the school yearbook.**

The Federal Family Educational Rights and Privacy Act (FERPA) allows school districts to release certain pieces of school "directory information", including many of those listed above, unless parents choose to exercise their right of refusal.

Previously, the District required parents and/or guardians return a signed MIS #667 Media Release Form each year prior to the release of photos, video, student work and school-related directory information. Beginning in the 2012-2013 school year, the District will now require a signed form **ONLY** from those parents and/or guardians who wish to refuse permission for all such media releases and public displays.

If you agree to allow DSBPC to publish and/or display this information for non-commercial purposes and without cost, **NO ACTION IS REQUIRED.**

If you **DO NOT** grant permission for the District to release this information in the manner stated above, you must complete and return a signed District School Board of Pasco County MIS #667 - Media Release Non-Consent Form, available in the administrative office of your child's school and on the District web site (http://www.pasco.k12.fl.us/library/is/forms/mis_667.pdf). Please note that a signed Media Release Non-Consent Form is considered valid for one (1) school year.

For more information on FERPA and your rights as a parent, please visit:
<http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

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