



# Registration Requirements

*Please Provide Your Completed Packet When Registering*

## FIRST TIME ENTRY

**(All documents must be presented for admission)**

Students entering Pasco County Public Schools from public or private schools out of state or out of country

### Required Documentation – Three Proofs of Residency

#### **Evidence of Residence:**

\_\_\_ Owned residence – deed **or** property tax assessment records, **and** a copy of a current utility (electric/water) bill or initial order for service; **and** one of the following current documents supporting stated address: auto registration, Florida driver’s license, Florida ID card, or voter registration as evidence that parent(s) owns and lives at the residence.

\_\_\_ Leased Residence – Current lease **or** rental agreement **or** a notarized letter from the landlord, **and** a copy of a current utility (electric/water) bill or initial order for service; **and** one of the following current documents supporting stated address: auto registration, driver’s license, Florida ID card, or voter registration as evidence that parent(s) lives at the residence.

#### **Other:**

\_\_\_ Birth certificate (original required for copying) or other evidence of age. [Please see section 1003.21, Florida Statutes, for a complete list of acceptable documents](#)

\_\_\_ Physical (dated and signed by a health professional within one (1) year of enrollment (first day of school).

\_\_\_ Current DH 680 State of Florida Immunization Form that is transcribed by a health professional. (See [Immunization/Physical Requirements](#) for school entry)

\_\_\_ Social Security number, to be viewed (voluntary).

\_\_\_ Report Card (with grades) or Withdrawal Form if transferring during the school year, or transcript for proper course placement.

#### **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.

\_\_\_ Special Education records (IEP, TIEP Psychological Report, Gifted EP)

\_\_\_ 504 Plan

## STUDENTS PREVIOUSLY ENROLLED

**WITHIN THE STATE OF FLORIDA**

Students Previously Enrolled in Pasco County Public Schools, Public School Within the State of Florida, or Private School Within the State of Florida

### Required Documentation – Three Proofs of Residency

#### **Evidence of Residence:**

\_\_\_ Owned residence – deed **or** property tax assessment records, **and** a copy of a current utility (electric/water) bill or initial order for service; **and** one of the following current documents supporting stated address: auto registration, Florida driver’s license, Florida ID card, or voter registration as evidence that parent(s) owns and lives at the residence.

\_\_\_ Leased residence – Current lease **or** rental agreement **or** a notarized letter from the landlord, **and** a copy of a current utility (electric/water) bill or initial order for service; **and** one of the following current documents supporting stated address: auto registration, driver’s license, Florida ID card, or voter registration as evidence that parent(s) lives at the residence.

#### **Other:**

\_\_\_ Birth certificate (original required for copying) or other evidence of age. [Please see section 1003.21, Florida Statutes, for a complete list of acceptable documents](#)

\_\_\_ If a student has ever been in a Florida public or private school at any time throughout his/her school career, a new physical examination is NOT required for entry.

\_\_\_ Current DH 680 State of Florida Immunization Form that is transcribed by a health professional. (See [Immunization/Physical requirements](#) for school entry)

\_\_\_ Social Security number, to be viewed (voluntary).

\_\_\_ Report Card (with grades) or Withdrawal Form if transferring during the school year, or transcript for proper course placement.

#### **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.

\_\_\_ Special Education records (IEP, TIEP Psychological Report, Gifted EP)

\_\_\_ 504 Plan

## **Immunization Requirements** *Kindergarten – 12<sup>th</sup> Grade*

Before entering or attending school in Florida (kindergarten through twelfth grade), each child must provide a Florida Certification of Immunization (Form DH 680) documenting that the student has met the following minimum state requirements:

- Four or five doses of diphtheria-tetanus-pertussis (DTaP) vaccine\*
- Three doses of hepatitis B (Hep B) vaccine
- Three, four or five doses of polio (IPV) vaccine\*\*
- Two doses of measles-mumps-rubella (MMR) vaccine
- Two doses of varicella vaccine \*\*\* for KG – 11th grade
- One dose of varicella vaccine \*\*\* for grade 12
- One dose of tetanus-diphtheria-pertussis (Tdap) vaccine for grades **7th – 12th only**

\*The fifth dose of DTaP vaccine is not necessary if the fourth dose was administered at age 4 years or older.

\*\*If four or more doses are administered before age 4 years, an additional dose should be administered at age 4 through 6 years and at least six months after the previous dose. A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least six months after the previous dose.

\*\*\*Varicella vaccine is not required if varicella disease is documented by the health care provider

### **Florida Department of Health**

33845 FL-54, Wesley Chapel, FL – (813) 780-0740

### **Florida Department of Health**

13941 15<sup>th</sup> Street, Dade City, FL – (352) 521-1450

## **Pasco County Schools Registration Requirements**

[http://www.pasco.k12.fl.us/comm/page/registration\\_requirements](http://www.pasco.k12.fl.us/comm/page/registration_requirements)

All students must attend the school to which they are assigned based on their home address, 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.**

**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.

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.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**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  
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  
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

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**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