



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 – 12th 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 15th Street, Dade City, FL – (352) 521-1450

Pasco County Schools 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.

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.

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. 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/>



MIGRANT EDUCATION PROGRAM

Federal Programs: Title I Part C- Migrant Education Program
7227 Land O' Lakes Boulevard, Land O' Lakes, Florida 34638
(813) 794-2928 * www.pasco.k12.fl.us

MIS Form # 142 Sp
Rev. 03/21



The Pasco County Migrant Education Program provides a variety of educational services to families who work, in agriculture, **regardless of their nationality** or legal status. This program is **free of charge** to all eligible families and **may** include:

- early childhood programs (ages 3-5)
- free lunch eligibility
- drop-out prevention
- medical service information
- free tutoring program referrals
- parent engagement activities
- other services as needed

A program employee may contact you for further information if needed.

Parent/Guardian Name: _____ Telephone: _____

Child's Name: _____

Birthdate: _____ Grade: _____ School: _____

1. Has anyone in your household worked in or on: a farm, in a field, in a greenhouse, in a nursery or in a packing house? (**not including your own property**) Please circle all that apply.



Fruits



Vegetables



Tobacco



Pine Straw



Eggs



Chickens



Soil Preparation
(planting,
weeding, etc.)



Processing (meat,
fruit, vegetables,
trees, etc.)



Nursery, Sod,
Greenhouse
Flowers



Livestock (cattle,
pigs, sheep,
dairy, etc.).

Other agriculture work:

If you circled one or more, continue to #2.

If you circled none of these STOP here.

2. In the past 3 years, have you or another member of your household traveled to another county or another state to do the work identified above? (including during the summer, winter or spring break)

Yes _____

No _____

For more information, please contact the Migrant Education Program: (813)767-2018.

Please send completed forms to your child's school



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
STUDENTS IN TRANSITION (SIT) PROGRAM
MCKINNEY-VENTO ACT REFERRAL FORM

MIS 140
Rev. 06/20

(One form per family)

Submit online at: sitprogram@pasco.k12.fl.us

The Pasco County School District wants to make sure that your child receives the best possible education. The information from this form will help to determine if your student is able to receive benefits under the federal McKinney-Vento Act, a law that helps students who are temporarily displaced from their home for certain reasons. Specific rights are listed on the next page.

A student qualifies for the McKinney-Vento Act if they are between the ages of 0-22 and lack a fixed, regular and adequate nighttime residence. Specifically, if a student lives under any of these conditions:

- a house or apartment with more than one family because of economic hardship or loss
- a shelter (family, youth or domestic violence shelter or transitional living program)
- a motel, hotel or weekly rate housing
- an abandoned building, in a car, at a campground, on the street, etc.
- substandard housing (without electricity, heat or water)
- with friends or family because the youth is a runaway or unaccompanied youth

PLEASE DO NOT complete this form if your housing **DOES NOT** meet one of the conditions listed above. If you rent, share housing for convenience, or if you are buying a house and do not need support services, your students **DO NOT** qualify for the McKinney-Vento Act.

STUDENT INFORMATION

School-Aged AND Non School-Aged Children - List ALL children in your family, please PRINT or TYPE

Name	Student ID	D.O.B.	M/F	Grade	School

HOUSING INFORMATION

Where is the student(s) living at this time? (Please check all that may apply)

- ☐ An emergency or transitional shelter (A)
☐ Temporarily with another family due to loss of housing, economic hardship or similar reason (B)
☐ A vehicle of any kind, trailer park or campground, abandoned building or other substandard housing (D)
☐ A hotel/motel due to loss of housing, economic hardship or similar reason (E)

Reason for temporary living: (If due to COVID-19, please check additional reasons)

- ☐ Foreclosure (M) ☐ Tornado (T) ☐ Tropical Storm (S) : Storm Name: _____
☐ Eviction ☐ Earthquake (E) ☐ Hurricane (H) : Storm Name: _____
☐ Unemployment (O) ☐ Flooding (F) ☐ Man Made Disaster (D)
☐ Fire (W) ☐ Wildfire (W) ☐ Other (N) : _____
☐ COVID-19 (P)

The student(s) is/are (Check 1 only):

1. ☐ in the physical custody of a parent or legal guardian
2. ☐ NOT in the physical custody of a parent or legal guardian (ex: living alone, with a relative who is not their legal guardian, living with other people, etc.) . If you checked #2, please provide the following information:

Student Contact Information for Unaccompanied Youth:

Email: _____ Phone Number: _____

PARENT/GUARDIAN/CAREGIVER CONTACT INFORMATION

Parent/Guardian/Caregiver Name: _____ Relationship to student: _____
Temporary address or location of housing: _____ City: _____
Zip: _____
Cell Phone: _____ Alt. Phone: _____ Email: _____
Primary Language Spoken: _____
How long has/have the student(s) been in the TEMPORARY place? _____

SIGNATURES

The undersigned certifies that the information provided is accurate.

Florida Statute 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/her official duty shall be guilty of a misdemeanor of the second degree.

STUDENT IS IN SCHOOL ZONE: ☐ YES ☐ NO SIT BUS REQUIRED: ☐ YES ☐ NO

PARENT/STUDENT RIGHTS PAGE PROVIDED: ☐ YES

Name of the Person Completing This Form (print)

Signature of the Person Completing This Form

Date

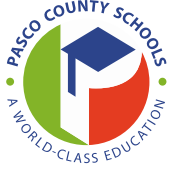
Forms must be scanned/emailed immediately to: sitprogram@pasco.k12.fl.us

PARENT/STUDENT RIGHTS PAGE

MIS 140

Rev. 06/20

Page 2



DISTRICT SCHOOL BOARD OF PASCO COUNTY **STUDENTS IN TRANSITION (SIT) PROGRAM** **MCKINNEY-VENTO ACT REFERRAL FORM**

(One form per family)

Submit online at: sitprogram@pasco.k12.fl.us

MCKINNEY-VENTO ACT RIGHTS

- Child must be immediately enrolled in school even if you lack a permanent address.
- Child's enrollment may NOT be delayed due to lack of proof of residency or other documents.
- Continued enrollment in the school that he/she attended before becoming homeless, or the school for which they are currently enrolled.
- Child can attend classes while the new school secures previous school records
- If enrollment dispute is made, child can continue to attend classes while dispute is being heard and resolved.
- Parent can request assistance with transportation to school of origin.
- Child can participate in school programs with children who are not homeless.
- Child is eligible to receive free school meals.

SIT PROGRAM & BAND APPLICATION FOR SMART PHONES/ONLINE:

BAND is a communication app that helps the SIT Program stay connected with you, and it can be downloaded to any Apple or Android device. Being able to communicate with you about your housing, educational (electronics and WIFI), and basic needs can be a challenge.

We have created a group for SIT families/students on this application and will use this to post information, resources, reminders, forms, etc. We can communicate with the entire group, or just with you. You can get started by scanning this QR code:



Students In Transition
Hey you, Welcome! Join us!
Scan this QR code and join!



PROGRAM CONTACT

If you need supportive services, such as those found in the rights listed above, please contact our office.

Students In Transition (SIT) Program

7227 Land O'Lakes Blvd. Land O'Lakes, FL 34638

(813) 794-2262

sitprogram@pasco.k12.fl.us
