

Pasco County Schools
REGISTRATION REQUIREMENTS

2021-2022

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school officials false information regarding your residence when enrolling your child may result in your child being withdrawn and/or reassigned to the appropriate zoned school, and referral of the matter to law enforcement for possible criminal prosecution.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

J. W. Mitchell High School

New Student Registration Check List

Forms Completed by Parent/Guardian

- Student Registration Form
- Home Language Survey
- Exceptional Student Education Form
- Student-In-Transition (SIT) Program
- Migrant Questionnaire
- Request for Records
- Course Selection

Required Documents Provided by Parent/Guardian

- Evidence of Residency (3 proofs **required**)
 - **MUST INCLUDE ONE OF THE FOLLOWING:**
 - Owned Residence: Deed or property tax assessment or mortgage statement
 - OR**
 - Lease Residence: Current Lease or Rental Agreement or notarized letter from the landlord
 - **MUST INCLUDE TWO OF THE FOLLOWING with address matching deed/lease address:**
 - Electric Bill (or initial order for service)
 - Water Utility Bill (or initial order for service)
 - Florida Driver's License
 - Florida ID Card
 - Car registration
 - Voters Registration ID
- Transcript/Report Card/Withdrawal grades from previous school
- Parent/Guardian Driver's License (can be used as evidence of residency)
- Birth Certificate
- Social Security Card
- Immunization Record (DH 680 State of Florida Immunization Form)
- Physical dated and signed by health professional within one year of enrollment (first day of school). If the student has ever been in a Florida public or private school at any time throughout his/her school career, a new physical is **not** required. **Required for out-of-state enrollments.**

Additional Documents (as appropriate)

- TIEP
- 504 Plan
- Legal Documents, i.e. copy of any current judgement or divorce or other court order establishing the right of custody



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
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/>

Exceptional Student Education
J.W. Mitchell High School

Student Name

Student #

Date of Birth

Name of Last School

City/State

Date(s) Attended Last School

Is your child receiving any ESE services? Yes _____ No _____

Does your child have a current Transition Individual Education Plan/ Educational Plan?

(TIEP or EP)

Yes _____ No _____

If YES, please provide JWMHS the most recent copy

In what area(s) is your child receiving services: _____

(i.e. InD, SLD, SI, Gifted, ASD, etc)



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

MIS 140
Rev. 06/20

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/mailed immediately to: sitprogram@pasco.k12.fl.us



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 ____

If "**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

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 JANET MENDIETA, REGISTRAR JMENDIET@PASCO.K12.FL.US
Contact Person

School/Agency J. W. MITCHELL HIGH SCHOOL **Phone** 727-774-9211

Address 2323 LITTLE ROAD, NEW PORT RICHEY, FL 34655

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:

- | | |
|--|--|
| <input type="checkbox"/> Entire Cumulative Record Folder (Applicable for student transfer to another school or system) | <input type="checkbox"/> Medical/Health Records (including speech, language, hearing, vision reports and immunization records) |
| <input type="checkbox"/> Exceptional Student Education Records | <input type="checkbox"/> Official School Transcript |
| <input type="checkbox"/> Grades at Time of Withdrawal | <input type="checkbox"/> Psychiatric Evaluation |
| <input type="checkbox"/> Grading System | <input type="checkbox"/> Psychological/Social Work Reports |
| <input type="checkbox"/> Graduation Requirements | <input type="checkbox"/> Standardized Test Scores |
| <input type="checkbox"/> Home Language Survey | <input type="checkbox"/> Treatment/Services Plan |
| <input type="checkbox"/> Record of Achievements, Special Awards/Activities | |
| <input type="checkbox"/> Other Confidential Records (specify): _____ | |

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

DISTRIBUTION: White-Referral Agency; Canary-Cumulative Folder; Pink-Originator; Goldenrod-Parent