

Pasco County Schools
REGISTRATION REQUIREMENTS

2022-2023

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school officials false information regarding your residence when enrolling your child may result in your child being withdrawn and/or reassigned to the appropriate zoned school, and referral of the matter to law enforcement for possible criminal prosecution.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

Transfer Student Registration Check List

Forms Completed by Parent/Guardian

- Student Registration Form
- 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/Final Report Card/Withdrawal grades from previous school
- Parent/Guardian Driver's License (can be used as evidence of residency)

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 No Code

Physical Yes No Date

Immunization Yes No 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

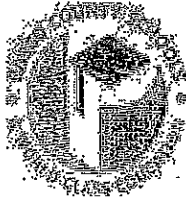
Are you currently living in a motel, hotel, campground, vehicle, abandoned building, substandard housing, shelter, or temporarily living with another family? _____ Yes _____ No

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 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 you 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 engage in extracurricular activities, including organized sports.

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Parent/Guardian Signature: _____

Date: _____



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 / Fax 727-774-9363 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