

## NEW STUDENT REGISTRATION CHECKLIST

**It is the responsibility of the parent to provide  
our school with the documents listed below.  
We are unable to register your child if we do  
not have the following items:**

- \_\_\_ Most Recent Report Card
- \_\_\_ Physical
- \_\_\_ Immunizations (FL Form)
- \_\_\_ Birth Certificate
- \_\_\_ Social Security Card (optional)
- \_\_\_ 3 Proofs of Residency (Property Deed/Lease Agreement, Utility Bill & Driver's License, Auto or Voter Registration)



**\*\*The information above must be presented  
prior to our school requesting records from  
your child's previous school\*\***



## Registration Information for New Kindergarten Students (To be completed by Parent or guardian)

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Did your child attend a full-time or part-time preschool program prior to Kindergarten?

\_\_\_\_\_ YES (continue)                      \_\_\_\_\_ NO (Z) (stop here)

Please check the type of program your child attended:

\_\_\_\_\_ **Voluntary Prekindergarten Program (VPK) held at \_\_\_\_\_**

VPK is a state funded early learning program designed to prepare children for success in kindergarten. Prekindergarten Services offers VPK during the school year to Head Start children as part of a blended funding model, which includes 540 hours of instruction.

\_\_\_\_\_ **Title 1 Prekindergarten (C)**

A federal funded preschool program serving three and four-year olds who live in Chapter 1 attendance zones and are educationally disadvantaged.

\_\_\_\_\_ **Prekindergarten Program from Children with Disabilities (D)**

A federal and state funded program within the Florida Education Finance Program for three and four year olds with disabilities.

\_\_\_\_\_ **Fee for Service (F)**

A prekindergarten program operated by a local school district in which parents pay tuition includes a prekindergarten program operated on a Sliding fee payment scale.

\_\_\_\_\_ **Head Start (H)**

A federal funded preschool program serving three and four year olds who meet income eligibility requirements; program may be operated by school district or community agency.

\_\_\_\_\_ **Readiness Program Operated by Local Coalition (L)**

These programs operated under contract with local readiness coalitions and are supported by state or federal funds an/or a sliding fee scale based on the parents' income. These include programs formerly known as Subsidized Child Care and Prekindergarten Early Intervention.

\_\_\_\_\_ **Migrant (M)**

A federally funded preschool program for eligible three and four years old children of migratory agricultural or fishing laborers.

\_\_\_\_\_ **Private Prekindergarten Program (P)**

A student parentally placed in a private preschool.

\_\_\_\_\_ **Teenage Parent Program (T)**

A child care program provided by the district for the child (ren) of a parent or parents who are in or who have completed a Teenage Parent program and who are enrolled full-time in a public school in district.

\_\_\_\_\_ **Funded through other sources (S)**

A prekindergarten program operated by a local school district, which is funded through a source(s) other than those, listed above.



# Pasco County Schools

Kurt S. Browning, Superintendent of Schools

7227 Land O' Lakes Boulevard • Land O' Lakes, Florida 34638

Dear Parents/Guardians:

## Kindergarten 2019 - 2020 immunization requirements are as follows:

Diphtheria, Tetanus, Pertussis (DTaP) (If the 4 <sup>th</sup> dose was given on or after the 4 <sup>th</sup> birthday a 5 <sup>th</sup> dose is not required)	4 or 5 doses
Polio vaccine (OPV) (If the last dose was given <i>prior to</i> the 4 <sup>th</sup> birthday, <b>an additional dose is required</b> )	3, 4, or 5 doses
Measles, Mumps, Rubella (MMR)	2 doses
Hepatitis B series	3 doses
Varicella (protects against chicken pox) (or documented date of varicella/chicken pox disease)	2 doses

Proof of a **physical exam** completed within one calendar year prior to enrollment date is required for all kindergarten students who have **never** been enrolled in a Florida school before.

State law mandates compliance with these requirements. Your child **cannot** complete the registration process (i.e. receive teacher assignment) without the required immunizations and physical exam.

Please document any health concerns or allergies on your child's Emergency Information Card at registration / orientation, and be sure to sign the Contact me at 813-794-0700 or mbrazier@pasco.k12.fl.us if you wish to discuss your child's health.

Pasco County School Nurse

Seven Oaks Elementary School

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 Initials: \_\_\_\_\_



**DISTRICT SCHOOL BOARD OF PASCO COUNTY**  
**GRADES Pre-K – 5 ACCESS AND EMERGENCY INFORMATION CARD**

MIS Form #416

Rev. 4/17

☐ Updated Info. \_\_\_\_\_

Student \_\_\_\_\_ Student # \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_  
Last Name First Middle

Primary Phone \_\_\_\_\_ Teacher \_\_\_\_\_

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**

MIS Form #416

Rev. 4/17 Back

Student \_\_\_\_\_ Grade \_\_\_\_\_

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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**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, skin, blood pressure, and height and weight screening 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.

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**  
**STUDENT HEALTH INFORMATION FORM**  
(To be completed for initial registration and for change in health status)

MIS Form #442  
Rev. 5/13

Student \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_  
Last Name First Middle

Student # \_\_\_\_\_ 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. 5/13 - 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. Mental health concerns? ☐ 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 \_\_\_\_\_ and name of the Medicaid Insurance Plan \_\_\_\_\_

\_\_\_\_\_  
Print - Parent/Guardian Name

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

\_\_\_\_\_  
Date



# Seven Oaks Elementary School

## Exceptional Student Education Questionnaire

Student Name \_\_\_\_\_

Date \_\_\_\_\_

☐ My child did NOT participate in any Exceptional Student Education programs at his/her previous school.

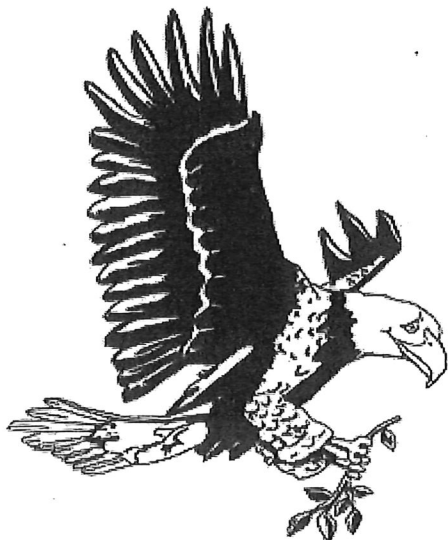
☐ My child did participate in Exceptional Student Education programs at his/her previous school.  
Check all that apply below.

- ☐ Gifted
- ☐ Speech Impaired
- ☐ Language Impaired
- ☐ Physical Therapy
- ☐ Occupational Therapy
- ☐ Visually Impaired
- ☐ Other Health Impaired
- ☐ Varying Exceptionalities
- ☐ Specific Learning Disability (Inclusion Setting)
- ☐ Specific Learning Disability (Self Contained Setting)
- ☐ Autism (Inclusion Setting)
- ☐ Autism (Self Contained Setting)
- ☐ Deaf/Hard of Hearing
- ☐ TALK (Pre-K DHH)
- ☐ Developmentally Delayed
- ☐ ESOL

\*Please note in the event your child needs any of the above, we may need to reassign their classroom.

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

\_\_\_\_\_  
Date



SEVEN OAKS ELEMENTARY SCHOOL  
27633 MYSTIC OAK BLVD.  
WESLEY CHAPEL, FL 33543-7701  
PHONE: (813) 794-0700  
FAX: (813) 794-0791

**"TRANSPORTATION INFORMATION"**

DATE: \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_ Grade: \_\_\_\_\_

**My child's dismissal will be:**

- \_\_\_\_\_ Attending PLACE
- \_\_\_\_\_ Walker
- \_\_\_\_\_ Bike Rider
- \_\_\_\_\_ Car Rider
- \_\_\_\_\_ Bus Rider
- \_\_\_\_\_ Van Rider (Name of Facility \_\_\_\_\_)

Parent Signature: \_\_\_\_\_



**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  
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

# RELEASE OF RECORDS

SEVEN OAKS ELEMENTARY SCHOOL

27633 MYSTIC OAK BLVD.

WESLEY CHAPEL, FL 33543-7701

PHONE: (813) 794-0700

FAX: (813) 794-0791

*Principal: Shauntte Butcher*

Please Forward Records to: Terry Enyart, Data Entry/Registrar

[tenyart@pasco.k12.fl.us](mailto:tenyart@pasco.k12.fl.us)



Requesting records from: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Last Grade: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name: \_\_\_\_\_ Last Grade: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name: \_\_\_\_\_ Last Grade: \_\_\_\_\_ D.O.B. \_\_\_\_\_

The student (s) listed above has/have enrolled in our school. Please send the **entire cumulative information** including:

\_\_\_\_\_ Transcript of Grades for academic history \_\_\_\_\_ Test Scores \_\_\_\_\_ Withdrawal Grades

\_\_\_\_\_ Health Immunization \_\_\_\_\_ Physical \_\_\_\_\_ Birth Certificate

\_\_\_\_\_ 504 \_\_\_\_\_ Home Language Survey

\_\_\_\_\_ IEP and/or EP \_\_\_\_\_ Intellectual and/or Psychological Evaluations

**These records will be for the professional use of authorized school personnel. (Family Educational Rights and Privacy Act, Final Rule on Educational Records. Federal Register, June 1976, VOL. 41, NO. 188, PAGE 24673.)**

Parent Signature: \_\_\_\_\_

Authorized Personnel Signature: \_\_\_\_\_

1st Request \_\_\_\_\_

2nd \_\_\_\_\_

3rd \_\_\_\_\_