



DISTRICT SCHOOL BOARD OF PASCO COUNTY
STUDENT REGISTRATION FORM

MIS Form #148
Rev. 4/17

Student's Legal Name: Last Appendage (Jr., etc.) First Middle

Home Address: # and Street Name Apt/Bldg

City State Zip Zip+4

Mailing Address (only if different from the home address): Mailing

Address

City State Zip Zip+4

Resident of this school's attendance zone? Yes No

Resident of Pasco County? Yes No

Primary Phone () - Unlisted? Yes No
Area Code Phone Number

The primary phone number listed above is a? Landline Phone Cell Phone

Is the student Hispanic or Latino? Yes No

Race (mark all that apply): American Indian or Alaska Native Asian Black or African American
Native Hawaiian or Other Pacific Islander White

Sex (M/F) Birth Information - Date City State
Month/Day/Year

Country of origin USA Other specify

Student's Social Security # (optional) Grade

The SSN will not be used to identify a student's immigration status. The Notice of Social Security Number Disclosure can be read on the District School Board of Pasco County's website.

Name and address of school last attended School Name Area Code Phone Number

and Street Name City State Zip

If the student has ever attended school in Florida, please enter the school name, county, and school year:

School Name County School Year

Florida Student # (if known)

Has the student ever been retained? Yes No If yes, which grade(s)?

Has the student ever been enrolled in an alternative, ESOL, gifted, or special education program(s)? Yes No If yes, which program(s)? Is the student presently in this program(s)? Yes No Does the student have a health condition that substantially interferes with his/her learning? Yes No If yes, explain

Has the student dropped out of school and is now returning? Yes No

Are the driver license requirements the reason or one of the reasons the student is returning to school? Yes No

Has the student ever been recommended for expulsion? Yes No If yes, which school year(s)?

Has the student been arrested resulting in a charge and juvenile justice action? Yes No

FOR KINDERGARTNER ONLY:

Did the student attend a PreK program (includes churches) or a family day care home in Pasco County last year? Yes No

If yes, did the student receive a government subsidy to pay the total or partial cost of this PreK child care last year? Yes No

FRONT OFFICE USE ONLY:

EntryDate/Code

Teacher/Team

Grade

District Student #

Birth Verification Yes Code

Physical Yes No Date

Immunization Yes Code No

Temporary Exp. Date

Records Req. Yes No N/A

Custody Concerns Yes No

Proof of Residency Yes No

ESE Yes Program

Special Attd. Req. Yes N/A

Registration C IC

Bus Letter/Pass Yes No

Bus Stop Number

Bus Number

Home Lang. Date

Migrant C IC

Emergency Card C IC

Cum/Folder Made Yes No

Please keep the school updated with current phone numbers and addresses in case we need to reach you.

PARENT OR GUARDIAN INFORMATION:

Parent/Guardian Name _____ Workplace _____ City _____ Work Phone _____ Cell Phone _____

Parent/Guardian Email Address _____

Parent/Guardian Name _____ Workplace _____ City _____ Work Phone _____ Cell Phone _____

Parent/Guardian Email Address _____

Other Person/Relationship _____ Workplace _____ City _____ Work Phone _____ Cell Phone _____

Student lives with _____
Name _____ Relationship _____

Is there a custody concern regarding this student? _____ Yes _____ No
Is there a current court order concerning this student? _____ Yes _____ No
Is the order still valid for this school year? _____ Yes _____ No
NOTE: FLORIDA STATUTE PROVIDES THAT BOTH PARENTS HAVE EQUAL RIGHTS AND ACCESS TO THEIR CHILD AND HIS/HER SCHOOL RECORDS, UNLESS A COURT ORDER STATES DIFFERENTLY. COURT ORDER(S) SHOULD BE COPIED AND KEPT IN THE CHILD'S CUMULATIVE RECORD AT SCHOOL.

SIBLING INFORMATION - Names (also last names, if different) of any brothers and/or sisters in other Pasco County schools:

- 1. _____
First Last School Grade
- 2. _____
First Last School Grade
- 3. _____
First Last School Grade
- 4. _____
First Last School Grade

Is the student a child of a military family or will he or she be a child of a military family at any time during this school year?
_____ Yes _____ No

Have you moved in the last three (3) years to seek work as a paid laborer in any type of farming (sod, dairy, chicken, vegetable, citrus, or other) or fishing? _____ Yes _____ No

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

Your signature below indicates that all information provided on this document is true and accurate. The School District expects residence information submitted regarding students to be truthful and accurate, and District forms pertaining to residence and household membership shall be verified under penalties of perjury. Florida Statutes §837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree. Additionally, a person who knowingly makes a false declaration under penalties of perjury commits a felony of the third degree, pursuant to Florida Statute 92.525. Providing school officials false information regarding your residence when enrolling your child may result in your child being withdrawn and/or reassigned to the appropriate zoned school, and referral of the matter to law enforcement for possible criminal prosecution. Additionally, falsification of this information may result in the permanent revocation of your child's privilege to engage in extracurricular activities, including organized sports.

Parents/legal guardians are responsible for notifying the school principal if there is a change in residence or parental responsibility of the student within five (5) days, even if the parent thinks the student is still in the school's zone. Failure to give timely notice may result in a reassignment to the student's zoned school and/or loss of eligibility for athletics and other activities.

Parent/Guardian Signature: _____

Date: _____



**DISTRICT SCHOOL BOARD OF PASCO COUNTY
INFORMATION CARD**

MIS Form #105
Rev. 04/17

PLEASE REMEMBER TO BRING YOUR PHOTO ID WHEN PICKING UP THE STUDENT

OFFICE USE ONLY

Gr. _____ Teacher _____

Student # _____

How student goes home _____

Date Completed ____ / ____ / _____ _____
Signature of Person Completing Card

Custody Issues: Yes ___ No ___ (Please initial one)
Legal documentation must be on file in the office.

Do Not Release to: _____

Full Legal Student Name _____ (Last) _____ (First) _____ (M)

Date of Birth ____ / ____ / _____ Student lives with: (check one) ___ Both Parents ___ Mother ___ Father ___ Guardians

Home Phone (_____) _____ Cell Phone (_____) _____ Parent e-mail _____

Home Address _____ City _____ State _____ Zip _____

Parent/Guardian Name _____ Employed by _____ Work Phone _____ Cell Phone _____

Parent/Guardian Name _____ Employed by _____ Work Phone _____ Cell Phone _____

In case of emergency and I cannot be reached, please contact one of the following:

Name _____ Relationship _____ Phone (_____) _____

Name _____ Relationship _____ Phone (_____) _____

List all brothers/sisters enrolled in ANY Pasco County Schools _____

DATE	TIME	REASON	SIGNATURE

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: _____



JUNTA DIRECTIVA ESCOLAR DEL CONDADO DE PASCO
INFORMACIÓN DEL ESTUDIANTE

RECUERDE TRAER UNA IDENTIFICACIÓN CON FOTO PAR

OFFICE USE	
ONLY	
Gr.	Teacher

Fecha en que se completó ____ / ____ / ____ _____

Firma de la persona que llenó la tarjeta _____

Problema de custodia: Sí No
(Favor de marcar una)
La oficina necesita tener en sus archivos la

Nombre legal completo del estudiante _____
(Apellido) _____ (Nombre) _____ (Inicial) _____

Fecha de nacimiento ____ / ____ / ____ Estudiante vive con: (marque uno) ____ Ambos padres ____ Madre ____ Padre ____ Encargado

Teléfono hogar (____) _____ Celular (____) _____ Correo electrónico/padres _____

Dirección del hogar _____ Ciudad _____ Estado _____ Código postal _____

Nombre del padre _____ Empleado por _____ Teléfono del trabajo _____ Teléfono celular _____

Nombre de la madre _____ Empleada por _____ Teléfono del trabajo _____ Teléfono celular _____

En caso de emergencia y que no me puedan localizar, pueden llamar a una de las siguientes personas:

Nombre _____ Relación _____ Teléfono (____) _____

Nombre _____ Relación _____ Teléfono (____) _____

Dé los nombres de los hermanos/hermanas registrados en CUALQUIER escuela en el Condado de Pasco _____

FECHA	HORA	RAZÓN	FIRMA

El distrito escolar espera que la información sobre la dirección residencial del estudiante presentada sea correcta y verdadera, y los formularios del distrito relacionados a la vivienda y personas que viven en la misma serán verificados bajo penalidades de perjurio. La ley de Florida 837.06 declara que quien a sabiendas haga una declaración escrita falsa con la intención de engañar a un servidor público en el desempeño de sus responsabilidades oficiales será culpable de un delito de segundo grado. Además, una persona que a sabiendas hace una declaración falsa bajo penalidad de perjurio comete un crimen de tercer nivel de acuerdo a la ley de Florida 92.525. El proveer a un oficial escolar información falsa sobre su dirección residencial al registrar a un niño podría resultar en que se de de baja a su niño y que sea reasignado a la escuela en la zona apropiada de acuerdo a la dirección residencial, y que el asunto sea referido a las autoridades para su posible enjuiciamiento judicial. Además, la falsificación de la información podría resultar en la revocación permanente de los privilegios de su niño a participar en actividades extracurriculares, incluyendo deportes organizados.

Los padres, encargados legales, son responsables de notificar al director de la escuela de cualquier cambio de dirección o de responsabilidad paterna/materna sobre el estudiante dentro de cinco (5) días. aún cuando el padre/madre piense que el estudiante todavía está viviendo dentro de la zona escolar. De no hacerse la notificación, esto podría resultar en la reasignación del estudiante a la escuela de zona y/o pérdida de elegibilidad a atletismo u otras actividades.

i-
_____ Iniciales del padre/madre/encargado



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



JUNTA DIRECTIVA DEL DISTRITO ESCOLAR DEL CONDADO DE PASCO
INFORMACIÓN DE ACCESO Y EMERGENCIA – GRADOS 6 – 12

Información actual

Form fields for student information: Estudiante (Apellido, Nombre, 2do nombre), # Estudiante, Fecha nacimiento, Grado, Teléfono principal, Dirección del hogar, Ciudad, Código postal, Padre/encargado legal, Madre/encargada legal, Teléfono celular, Correo electrónico, Empleado por, Teléfono del trabajo.

Persona(s) que pueden encargarse del niño(a) en caso de que el padre/madre/encargado legal no pueda ser localizado. Esta persona(s) pueden recoger a mi niño(a). (Se les requerirá identificación con foto):

Table with 3 columns: Nombre, Relación, Teléfono. Multiple rows for listing emergency contacts.

Nombre y apellidos de hermanos(as) que asisten a Escuelas del Condado de Pasco

Persona(s) que por razones legales NO PUEDE contactar o sacar al niño(a) de la escuela (provea la documentación legal)

Indique cualquier medicamento que su niño(a) esté recibiendo actualmente (hogar/escuela)

Indique cualquier problema(s) de salud o alergias (alimentos, medicinas, picaduras, etc.) aún cuando ya se haya reportado

El padre/madre/encargado debe reportar a la cafetería cualquier alergia a alimentos o necesidad nutricional especial del estudiante.

Es responsabilidad del padre/madre/encargado legal mantener actualizada cualquier nueva información y números telefónicos de contacto.

CONSENTIMIENTO DEL PADRE/MADRE/ENCARGADO LEGAL EN EL REVERSO – SE REQUIERE SU FIRMA

Estudiante: Grado:

El distrito escolar espera que la información sobre la dirección residencial del estudiante presentada sea correcta y verdadera, y los formularios del distrito relacionados a la vivienda y personas que viven en la misma serán verificados bajo penalidades de perjurio. La ley de Florida 837.06 declara que quien a sabiendas haga una declaración escrita falsa con la intención de engañar a un servidor público en el desempeño de sus responsabilidades oficiales será culpable de un delito de segundo grado. Además, una persona que a sabiendas hace una declaración falsa bajo penalidad de perjurio comete un crimen de tercer nivel de acuerdo a la ley de Florida 92.525. El proveer a un oficial escolar información falsa sobre su dirección residencial al registrar a un niño podría resultar en que se dé de baja a su niño y que sea reasignado a la escuela en la zona apropiada de acuerdo a la dirección residencial, y que el asunto sea referido a las autoridades para su posible enjuiciamiento judicial. Además, la falsificación de la información podría resultar en la revocación permanente de los privilegios de su niño a participar en actividades extracurriculares, incluyendo deportes organizados.

Los padres, encargados legales, son responsables de notificar al director de la escuela de cualquier cambio de dirección o de responsabilidad paterna/ materna sobre el estudiante dentro de cinco (5) días, aún cuando el padre/madre piense que el estudiante todavía está viviendo dentro de la zona escolar. De no hacerse la notificación, esto podría resultar en la reasignación del estudiante a la escuela de zona y/o pérdida de elegibilidad a atletismo u otras actividades.

CONSENTIMIENTO DEL PADRE/MADRE/ENCARGADO LEGAL

Por ese medio doy mi consentimiento para que mi niño(a) participe en el programa de Servicios de Salud Escolar. Esto significa que mi niño(a) recibirá en algunos grados pruebas pre-diagnósticas de visión, audición, escoliosis, presión arterial, y estatura y peso. Además, la enfermera escolar realizará en algunos grados presentaciones en el aula, individuales y en grupos pequeños, sobre temas de salud como abstinencia, prevención del abuso de sustancias, temas sobre citas y relaciones, control de natalidad y enfermedades de transmisión sexual. De estar en desacuerdo con alguna de estas pruebas o programas, lo notificaré a la escuela por escrito.

En caso de accidente o enfermedad grave, solicito que la escuela me llame. Si la escuela no puede localizarme, por este medio autorizo a la escuela a contactar al médico o dentista indicados abajo, y a cumplir sus instrucciones. Si fuese imposible contactar a ese médico o dentista, la escuela puede hacer los arreglos que sean necesarios para proveerle cuidados y tratamientos a mi niño(a), y compartir información médica con el proveedor según sea necesario para apoyar la continuidad de los cuidados a mi niño(a). Acepto pagar todos los gastos incurridos por el manejo de estos cuidados de emergencia. En caso de un accidente o enfermedad donde no se indique tratamiento inmediato a mi niño(a), pero que no pueda permanecer en la escuela, solicito que una de las personas indicadas en el frente de este formulario sea contactada y se le solicite que asuma el cuidado del niño(a) hasta que yo pueda ser localizado(a).

Autorizo al Distrito Escolar del Condado de Pasco a entregar e intercambiar información confidencial sobre mi niño(a) (nombre del estudiante, registros e información relacionada con los servicios provistos) con agencias del estado de Florida que pudieran permitir al Distrito verificar la elegibilidad para Medicaid, facturar a Medicaid para que reembolse el importe de los servicios Certified School Match referenciados en el Plan Educativo Individualizado (IEP) de mi niño(a), y a recibir el reembolso de Medicaid por servicios de Educación de Estudiantes Excepcionales (ESE) que se proveyeron a mi niño(a) estando en la escuela. Entiendo que mi niño(a) continuará recibiendo los servicios referenciados en su IEP, otorgue o no yo mi consentimiento.

Form fields for medical information: Nombre del médico, Hospital de preferencia, Nombre del dentista, Teléfono.

Mi firma abajo indica mi consentimiento, comprensión y acuerdo como padre/madre/encargado legal.



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/>



JUNTA DIRECTIVA DEL DISTRITO ESCOLAR DEL CONDADO DE PASCO
ENCUESTA SOBRE EL IDIOMA QUE SE HABLA EN EL HOGAR
INGLÉS PARA PERSONAS QUE HABLAN OTROS IDIOMAS (ESOL)

MIS Form #580
Sp Rev. 3/17

Fecha de la encuesta _____ Número de estudiante _____ Grado _____

Nombre del estudiante _____ Fecha de nacimiento: ____/____/____
Nombre Inicial Apellido(s) Mes Día Año

Nombre del padre/madre/encargado _____ Teléfono _____

Correo electrónico del padre/madre/encargado _____ Tel. alternativo _____

Preguntas sobre la elegibilidad al Programa ESOL:

1. Si la contestación a una o más de las siguientes preguntas (2-4) es sí, se evaluará el conocimiento del idioma inglés de su niño de acuerdo a las leyes de Florida para determinar su elegibilidad a los servicios de lenguaje ESOL. Favor de firmar sus iniciales afirmando que entiende esta declaración antes de continuar. _____
2. ¿Se habla en el hogar otro idioma que no sea el inglés? Sí _____ No _____
Si contestó "Sí", ¿qué idioma es? _____
¿Quién habla ese idioma? _____
3. ¿Es el idioma natal del estudiante otro que no sea el inglés? Sí _____ No _____
Si contestó "Sí", ¿qué idioma es? _____
4. ¿Habla el estudiante otro idioma con más frecuencia que el inglés? Sí _____ No _____
Si contestó "Sí", ¿qué idioma es? _____
5. ¿Cuándo ingresó el estudiante a una escuela en los Estados Unidos por primera vez? _____/____/____
(Kindergarten al grado 12) Mes Día Año
6. ¿En qué idioma prefiere usted recibir información de la escuela cuando sea posible? _____

Preguntas para elegibilidad al programa para niños y jóvenes inmigrantes

Niños y jóvenes inmigrantes: personas entre las edades de 3-21 años; no nacieron en ninguno de los estados de Estados Unidos de América; han asistido a una o más escuelas en los Estados Unidos de América por menos de 3 años académicos completos. El programa provee apoyo educativo y cultural.

1. ¿Nació el estudiante fuera de los Estados Unidos de América? Sí ___ No ___ Si contestó sí, dónde: _____
País
2. Si el estudiante nació fuera de los Estados Unidos de América, ¿cuántos años de escuela ha terminado el estudiante en los Estados Unidos de América?
____ 0 años ____ 1 año ____ 2 años ____ 3 o más años

Firma _____ Parentesco con el estudiante _____

Para más información sobre estos programas, llame a la Oficina de Programas de Apoyo y Servicios al Estudiante
(813) 794-2251 (352) 524-2251 (727) 774-2251 <http://www.pasco.k12.fl.us/esol/>



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
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