



DISTRICT SCHOOL BOARD OF PASCO COUNTY
HOME LANGUAGE SURVEY
ENGLISH FOR SPEAKERS OF OTHER LANGUAGES (ESOL)

MIS Form #580
Rev. 2/16

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 Teaching and Learning
(813) 794-2251 (352) 524-2251 (727) 774-2251 <http://www.pasco.k12.fl.us/esol/>



**DISTRICT SCHOOL BOARD OF PASCO COUNTY
STUDENT REGISTRATION FORM**

MIS Form #148

Rev. 4/17

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

Home Address: # and Street Name Apt/Bldg

City State Zip Zip+4

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

Address

City State Zip Zip+4

Resident of this school's
attendance zone? Yes No

Resident of Pasco County? Yes No

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

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

Is the student Hispanic or Latino? Yes No

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

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

Country of origin USA Other specify

Student's Social Security # (optional) Grade

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

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

and Street Name City State Zip

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

School Name County School Year

Florida Student # (if known)

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

Has the student ever been enrolled in an alternative, ESOL, gifted, or special education program(s)? Yes No If yes, which
program(s)? Is the student presently in this program(s)? Yes No Does

the student have a health condition that substantially interferes with his/her learning? Yes No If yes, explain

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

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

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

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

FOR KINDERGARTNER ONLY:

Did the student attend a PreK program (includes churches) or a family day care home in Pasco County last year? Yes No
If yes, did the student receive a government subsidy to pay the total or partial cost of this PreK child care last year? Yes No

FRONT OFFICE USE ONLY:

EntryDate/Code

Teacher/Team

Grade

District Student #

Birth Verification Yes Code

Physical Yes No Date

Immunization Yes Code No

Temporary Exp. Date

Records Req. Yes No N/A

Custody Concerns Yes No

Proof of Residency Yes No

ESE Yes Program

Special Attd. Req. Yes N/A

Registration C IC

Bus Letter/Pass Yes No

Bus Stop Number

Bus Number

Home Lang. Date

Migrant C IC

Emergency Card C IC

Cum/Folder Made Yes No

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

MIS Form #148
Rev. 4/17
BACK

PARENT OR GUARDIAN INFORMATION:

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

Parent/Guardian Email Address _____

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

Parent/Guardian Email Address _____

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

Student lives with _____
Name _____ Relationship _____

Is there a custody concern regarding this student? _____ Yes _____ No

Is there a current court order concerning this student? _____ Yes _____ No

Is the order still valid for this school year? _____ Yes _____ No

NOTE: FLORIDA STATUTE PROVIDES THAT BOTH PARENTS HAVE EQUAL RIGHTS AND ACCESS TO THEIR CHILD AND HIS/HER SCHOOL RECORDS, UNLESS A COURT ORDER STATES DIFFERENTLY. COURT ORDER(S) SHOULD BE COPIED AND KEPT IN THE CHILD'S CUMULATIVE RECORD AT SCHOOL.

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

1. _____
First Last School Grade

2. _____
First Last School Grade

3. _____
First Last School Grade

4. _____
First Last School Grade

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

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

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

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

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

Parent/Guardian Signature: _____

Date: _____



Cypress Elementary School

Incoming Student Questionnaire

Student Name: _____

Are there any custody issues, injunctions, or legal proceedings involving this student? (If yes, please provide legal documentation.) YES NO

Does the student currently have a 504 Plan? YES NO
(A 504 Plan applies to children with medically recognized disabilities and may include testing accommodations, accessibility accommodations, etc.)

Is the student receiving any ESE services? YES NO
(ESE - Exceptional Student Education - services may include but are not limited to: Speech, Language, Physical, or Occupational therapy.)

Does the student have a current IEP? YES NO
(An IEP - Individual Education Plan - commonly applies to students who receive ESE services. If yes, please provide a copy of the IEP with your registration paperwork.)

Does the student have a current PMP? YES NO
(A PMP - Progress Monitoring Plan - commonly applies to students who are below grade level expectations in reading, writing, math, or science; interventions are taking place in small groups in the classroom.)

Does the student currently receive ESOL services? YES NO
(ESOL is a program for students who speak languages other than English.)

Has the student been retained or "held back"? YES NO

If yes, what grade level was repeated? _____

Please indicate why the student was retained:

- ☐ Parent/guardian request ☐ Administrative placement
☐ FCAT/FSA or other standardized scores ☐ Other: _____

Date: _____

Signature of Parent/Legal Guardian



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



Kindergarten Student Questionnaire

Child's Name: _____ Date: _____

Please choose the appropriate program your child participated in prior to Kindergarten:

☐ **Title 1 Pre-Kindergarten Program (C)**

This is a federally funded preschool program serving 3 and 4 year children who live in Chapter 1 attendance zones and are educationally disadvantaged.

☐ **Pre-Kindergarten Program for Children with Disabilities (D)**

This is a federal and state funded program within the Florida Education Finance Program for 3 and 4 year old children with disabilities.

☐ **Fee for Service Pre-Kindergarten Program (F)**

This is a pre-kindergarten program operated by a local school district in which parents pay tuition.

☐ **Head Start Program (H)**

This is a federally funded pre-school program serving 3 and 4 year old children who meet specific program eligibility requirements; the program may be operated by a public school district or a community agency.

☐ **Readiness Program Operated by a Local Coalition (L)**

These programs operate under contract with local readiness coalitions and are supported by state or federal funds and/or a sliding fee scale based on the parent(s) or guardian(s) income.

☐ **Migrant Pre-Kindergarten Program (M)**

This is a federal or state funded preschool program for 3 and 4 year old children of current or former migratory agricultural or fishing laborers.

☐ **Private Pre-Kindergarten Program (P)**

This is a program a parent placed a child into at a private school or preschool.

☐ **Teenage Parent Program (T)**

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

☐ **VPK (Voluntary Pre-Kindergarten Program)(V)**

This is a voluntary, state funded pre-kindergarten program for 4 year old children.

☐ **None**

Choosing this option indicates your child has not participated in any of the educational programs noted above prior to enrollment in kindergarten.



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



2018-2019 Transportation Information Sheet

Student Name(s): _____ Grade: _____
_____ Grade: _____
_____ Grade: _____
_____ Grade: _____

Address: _____

Parent/Guardian Name(s): _____

Parent/Guardian Contact #(s): _____

For the **2018-2019** school,

my child will come to school:

and leave from school:

_____ By Car	_____ By Car
_____ By School Bus	_____ By School Bus
Stop # _____	Intersection: _____

_____ Karate	_____ Karate (which one) _____
_____ From Place	_____ Coyote Outdoor Adventure
	_____ From Place



Cypress Elementary School

10055 Sweet Bay Court
New Port Richey, FL 34654

Phone: 727-774-4500



Fax: 727-774-4591

Child Custody Information

The following information is **needed only if your child does NOT reside with both parents**. The parent with whom the child primarily resides will be considered the custodial parent; however, the non-custodial parent has access to the child and the child's records in the absence of a court order limiting/forbidding it. It is the responsibility of the custodial parent to provide the school with any restrictive court order.

Please print.

Child's Name: _____

Name of custodial parent with whom the child resides: _____

Non-custodial parent name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Date of Birth: _____ Ethnicity: _____

Marital Status (circle one): Married Single Divorced Separated Remarried Widower

Do you, as custodial parent, have **LEGAL** custody through a court order?

_____ No _____ Yes _____ Notarized letter from non-custodial parent

If yes or notarized letter, a copy of the court order/notarized letter **MUST** be supplied at time of enrollment to be kept on file.

If court order is pending, the date to be finalized: _____

Does the child split the week with parents?

_____ No _____ Yes

If there is a court order, does it limit the non-custodial parent access to school records?

_____ No _____ Yes

If yes, a copy of the court order **MUST** be supplied at time of enrollment to be kept on file.

May the child be released from school to the non-custodial parent?

_____ No _____ Yes

If no, a copy of the court order **MUST** be supplied at time of enrollment to be kept on file.

Will you routinely provide the non-custodial parent with progress information such as report cards and conference forms?

_____ No _____ Yes

If no, please inform him/her that this information may be obtained if the child's teacher receives a written request from him/her.

Please provide any additional information (on the back of this sheet) regarding custody of which the school should be made aware.

Signature of Custodial Parent

Date

MEM: 01/15