



**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  
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: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

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. 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.**



# 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**





## Transportation Information Sheet

Student Name(s): \_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_  
Grade: \_\_\_\_\_  
\_\_\_\_\_  
Grade: \_\_\_\_\_  
\_\_\_\_\_  
Grade: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Contact #(s): \_\_\_\_\_  
\_\_\_\_\_

For the **2020-2021** 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



Phone: 727-774-4500

10055 Sweet Bay Court  
New Port Richey, FL 34654

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, Rev. 03/20

**The following items are required to register a student in a Pasco County school:**

**EVIDENCE OF RESIDENCE:**

Owned residence – ☐ deed or current property tax assessment records; **AND**

☐ a copy of a current utility (electric/water) bill or recent initial order for service; **AND**

One of the following **current** documents as evidence that parent(s) own(s) and live(s) at the stated address:

☐ auto registration

☐ Florida Driver's License

☐ Florida State ID card

☐ Voter Registration card.

Leased Residence – ☐ Current lease or current rental agreement or a recent notarized letter from the landlord; **AND**

☐ a copy of a current utility (electric/water) bill or recent initial order for service; **AND**

One of the following **current** documents as evidence that parent(s) live(s) at the stated address:

☐ auto registration

☐ Florida Driver's License

☐ Florida State ID card

☐ Voter Registration card.

**EVIDENCE OF AGE, PHYSICAL, AND IMMUNIZATIONS:**

☐ Birth certificate (original required for copying) **For KG, 1st time Pasco and out-of-county/state/country enrollments**

☐ Physical (dated and signed by a health professional within one (1) year of enrollment (first day of school). **For KG, 1st time Pasco and out-of-state/country enrollments**

☐ Current DH 680 State of Florida Immunization Form transcribed by a health professional - **For ALL enrollments**

☐ Social Security card/number (Optional)

**LEGAL DOCUMENTS, IF APPLICABLE:**

☐ Legal documents, for example, a copy of any current judgment of divorce (dissolution of marriage), parenting plan, or other court order establishing the right of custody/contact will be required for registration.

**ESE PAPERWORK**

☐ Complete copy of most recent IEP or 504 plan.