

## WESLEY CHAPEL HIGH SCHOOL

30651 Wells Road, Wesley Chapel, FL 33545  
813-794-8700 FAX 813-794-8791

Principal, Danielle Johnson

Rebecca Jarke  
Assistant Principal

Mary Katherine Hale  
Assistant Principal

Stephanie Koslin  
Assistant Principal

### REGISTRATION REQUIREMENTS

OUT-OF-STATE TRANSFERS – Students entering a Pasco County Public School for the first time at any grade level must present the following items upon registration:

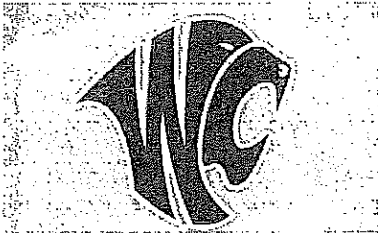
1. BIRTH CERTIFICATE
2. CURRENT PHYSICAL – DATED AND SIGNED BY A PHYSICIAN WITHIN THE LAST 12 MONTHS AND SPECIFIES HEART, LUNG AND BLOOD PRESSURE. Needs to be more than a statement that reads “child is in good health” or “normal”.
3. IMMUNIZATION RECORDS:
  - a. 4 DTP Plus 1 booster
  - b. Hepatitis B Series
  - c. MMR (Measles, mumps, rubella)
  - d. 3 Polio plus 1 booster
  - e. Tdap Booster (7<sup>th</sup> grade) unless TD was received on or after 8/27/07
  - f. Varicella – Date of vaccine or disease
4. PROOF OF RESIDENCY IN WCHS ZONE – 1 current utility bill (electric, water, gas, etc.) and 1 residency (lease agreement, rental agreement, house contract, mortgage, etc.). Must display your name and physical address. (PO Box number and driver’s license is NOT acceptable.)
5. TRANSCRIPT (OR REPORT CARD) FROM LAST SCHOOL ATTENDED – If entering during the year, a WITHDRAWAL FORM WITH GRADES from the previous school is required.
6. SOCIAL SECURITY CARD
7. SPECIAL EDUCATION RECORDS (if applicable) to include copies of current IEP with psychological report or 504 Plan.

IN-STATE TRANSFER - Students transferring from another Florida school must present the following items upon registration:

1. BIRTH CERTIFICATE
2. IMMUNIZATION RECORDS
3. PROOF OF RESIDENCY IN WCHS ZONE (see #4 above)
4. SOCIAL SECURITY CARD
- 5.
6. SPECIAL EDUCATION RECORDS (if applicable – see #7 above)
7. WITHDRAWAL FORM WITH WITHDRAWAL GRADES OR RECENT REPORT CARD

IN-COUNTY TRANSFERS – Students transferring from within Pasco County must present the following items upon registration:

1. PROOF OF RESIDENCE IN WCHS ZONE (see # 4 above)
2. WITHDRAWAL FORM WITH WITHDRAWAL GRADES



WESLEY CHAPEL HIGH SCHOOL  
 30351 Avdila Road, Wesley Chapel, FL 33575  
 813-794-8700 FAX 813-794-8794  
 Principal: Danielle Johnson

Rebecca Jarke  
 Assistant Principal

Mary Katherine Hale  
 Assistant Principal

Kelly McPherson  
 Assistant Principal

Stephanie Koslin  
 Assistant Principal

**Release of Records – Fax 813-794-8791 or email to [cmasso@pasco.k12.fl.us](mailto:cmasso@pasco.k12.fl.us)**

School: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Attn: Registrar / Records Date: \_\_\_\_\_

Student/Grade/Pasco ID#: \_\_\_\_\_ DOB: \_\_\_\_\_

The student listed above has enrolled in our school on \_\_\_\_\_. Please send the entire cumulative file or:

- |   |   |
|---|---|
| <input type="checkbox"/> Birth Certificate                    | <input type="checkbox"/> Intellectual/Psychological Evaluations             |
| <input type="checkbox"/> Discipline                           | <input type="checkbox"/> Special Education Records (Gifted, IEP, 504)       |
| <input type="checkbox"/> Grading System                       | <input type="checkbox"/> Test Scores – State and EOC (Alg, Bio, etc.)       |
| <input type="checkbox"/> Health/Immunizations/Physical        | <input type="checkbox"/> Transcript ( <b>mail signed/stamped official</b> ) |
| <input type="checkbox"/> Home Language Survey                 | <input type="checkbox"/> Withdrawal Form / Grades                           |
| <input type="checkbox"/> CELLA/WIDA                           | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> ELL Eligible/Ineligible – Exit Forms |   |

These records will be for the professional use of authorized Pasco County personnel only. Records will be used for educational planning, placement, and/or evaluations. Parent permission is not required when records are requested from authorized personnel or from officials of schools/school systems in which the student seeks to enroll (Family Educational Rights and Privacy Act of 1974; FERPA).

Conditions of this exchange of information shall be in compliance with federal regulations, the Family Education Rights and Privacy Act of 1974 (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPPA), and all other applicable federal laws, state statutes, State Board of Education Rules, and local School Board policy.

Authorized Personnel Signature: Christine L. Masso  
 Christine L. Masso, Registrar



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.

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
	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  
TRANSFER STUDENT 30 DAY IMMUNIZATION WAIVER FORM

MIS Form #447  
Rev. 4/14

Student \_\_\_\_\_ Date of Enrollment \_\_\_\_\_

DOB \_\_\_\_\_ Grade \_\_\_\_\_ Student # \_\_\_\_\_ Exclusion Date \_\_\_\_\_  
30 days from Enrollment

This student is enrolling in \_\_\_\_\_

Records are requested from \_\_\_\_\_ (school last attended)

If these records do not contain adequate immunization certification, the parents will be notified immediately and will be responsible for providing the school with certification before the exclusion date. If this is not done, I understand that this student will be excluded from school until the immunization records are complete.

\_\_\_\_\_  
Parent/Guardian/Adult Student Signature

**PREVIOUS SCHOOL STUDENT EXPULSION STATUS**

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Prior to admission, Wesley Chapel High School shall require the parent, guardian, or other person having control or charge of a child of school age to provide, upon registration:

1. A sworn statement or affirmation indicating whether the student has been expelled from school attendance at a private school or in a public school of Florida or in another state for an offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person.
  
2. A sworn statement or affirmation indicating whether the student has been found guilty of or adjudicated delinquent for any of the following offenses listed below or any substantially similar offense under the laws of any state, the District of Columbia, or the United States or its territories: a firearm offense; homicide; felonious assault and bodily wounding; criminal sexual assault; manufacture, sale, gift or possession of Schedule I or II controlled substances; manufacture, sale or distribution of marijuana; arson and related crimes; burglary and related offenses; robbery; prohibited street gang participation; prohibited criminal street gang activity; or recruitment of other juveniles for a criminal street gang or street gang activity

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**PLEASE COMPLETE AND SIGN  
THE APPLICABLE STATEMENT BELOW**

I affirm that \_\_\_\_\_  
(print student's full name)

**HAS**     **HAS NOT**  
been expelled from school attendance at a private school or at a public school in Florida or in another state for an offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person;

**HAS**     **HAS NOT**  
been suspended for more than thirty days from attendance at school by a school board or a private school in Florida or in another state or been withdrawn by a private school in Florida or in another state for an offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person; and

HAS    HAS NOT

been found guilty or adjudicated delinquent for any offense listed in Number 2 above or any substantially similar offense under the laws of any state, District of Columbia, or the United States or its territories.

I understand that my child will be enrolled on a conditional basis in Wesley Chapel High School until the records are received. I further understand that my child may be found ineligible for enrollment at this time based on information about current suspensions or expulsions obtained from the student's record.

I certify that the information provided above is true to the best of my knowledge.

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(Signature of parent, guardian, or person having control or charge of child)

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(Date)





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
- b. working on a ranch
- c. working in a cannery
- d. working in a dairy
- e. working in a fishery
- f. working in a slaughter house
- g. working on a poultry farm
- h. working in a plant nursery
- i. tree growing or harvesting
- j. cotton farming/ginning
- k. picking fruit, nuts or vegetables
- l. other similar work: \_\_\_\_\_

Please complete the information. (Please Print)

Number of children in your family: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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

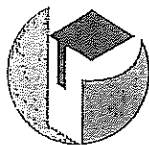
Telephone: \_\_\_\_\_ Best Time to Contact You: \_\_\_\_\_

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





# Pasco County Schools

Kurt S. Browning, Superintendent of Schools

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

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## Mid-Season/Year Athletic Transfer Verification – Effective August 1, 2016

Any student-athlete who is authorized to transfer from one school to another must meet the following criteria:

Eligibility of students who transfer is immediate, with certain limitations:

- a) School Districts, FHSAA, Charter Schools may NOT delay eligibility if student changes schools due to controlled open enrollment or choice. New controlled open enrollment provisions go into effect in 2017-18.
- b) Students may not participate in the same sport in the same year at more than one school (see list of exceptions below that are clarifying language)
- c) Mid-season transfers may seek to immediately join a team under certain conditions:
  1. Roster for the sport has not reached maximum size
  2. Coach determines student has skill and ability
  3. May not participate if already participated in same sport at another school that same year – unless they meet one of the items on the exception list below:
    - A. Children of active duty military whose move resulted from military orders
    - B. Children relocated due to foster care placement
    - C. Children who move due to a court-ordered change in custody due to separation or divorce, or serious illness or death of a custodial parent.
    - D. Authorized for good cause in district, private or charter school board policy.
      1. Move to a new residence following the marriage of the student. The student immediately establishes a new residence that makes it necessary to attend a different school.
      2. Reassignment by District School Board or Charter School Board (ex. Transfer of school within the first twenty days of the school year — i.e. acceptance into a previously applied for magnet program).
      3. Undue Hardship appeal which will require the

# PARENT RESOURCES

## myStudent

The myStudent parent portal is a tool designed to enhance communication and involvement for you in your child's education. This portal will allow you to monitor your child's progress in school by providing timely access to academic and attendance information. In addition, this tool will allow parents ongoing access to their student's test history information.

This communication tool will improve your ability to assist your child and to communicate with their teacher(s).

Parents will access the parent portal account through the following steps:

1. Navigate to the **Pasco County Schools Website**
2. Selecting the **PARENTS** menu  
<http://www.pasco.k12.fl.us/parents>
3. Select **Check Grades / Attendance** under the **PARENT LINKS** menu area located on the right side of the screen.

## myPascoConnect

Students in Pasco County Schools utilizes myPascoConnect for accessing all of their digital resources which require username and password authentication.

Students can access myPascoConnect at [mypascoconnect.pasco.k12.fl.us](http://mypascoconnect.pasco.k12.fl.us).

Students credentials are as follows:

**Username:** Student ID/Lunch Number Ex. 123456

**Password:** myPascoConnect Password Ex. Stars21#

## Office 365

Pasco County Schools offers the Microsoft Student Advantage program, which allows our students to download and install Microsoft Office ProPlus desktop applications on their home computers and devices for FREE!

1. Log into myPascoConnect
2. Click on Office 365
3. Click on Install Office Apps
4. Where it says to "Sign in with your organization account" enter your username in the format 123456@student.pasco.k12.fl.us where 123456 is your 6-digit student number.
5. Click in the "Password" field and type in your myPascoConnect password. Click the "Sign In" button.