



WESLEY CHAPEL HIGH SCHOOL

30651 Wells Road, Wesley Chapel, FL. 33545

813-794-8700 FAX: 813-794-8791

Principal, Matt McDermott

Stephanie Koslin
Assistant Principal

Eric Hermansen
Assistant Principal

Jennifer Waselewski
Assistant Principal

Mark Feldman
Assistant Principal

Previous School _____ Phone: _____

Address _____ Fax: _____

City _____ State _____ Zip _____

Student Name: _____

DOB: _____ Student Number: _____

The above student has enrolled in our school in grade _____. Please send the entire cumulative information on this student including the following:

- | | |
|---|-----------------------------------|
| _____ Language Survey | _____ Test Scores (FSA, EOC) |
| _____ Transcript showing credits earned | _____ Health/Immunization Records |
| _____ Grades at time of withdrawal | _____ Discipline Records |
| _____ Attendance Records** | _____ Special Education Records |
| _____ Florida Student Number | _____ Psychological Evaluations |
| _____ Graduation Requirements | _____ 504 Plan |
| _____ WHOLE CUMULATIVE FOLDER | |

****NOTE: Beginning October 1, 1989, 15, 16 and 17 year olds who wish to obtain a Driver's License must meet an attendance requirement. Therefore, please include attendance records.**

Parent/Guardian Signature _____ Date _____

Principal's Designee Signature _____ Date _____

Please be advised that parental permission is no longer required when records are requested by authorized personnel. (Family Education Right & Privacy Act, Final Rule on Education Records, Federal Register, June 17, 1976, Vol. 41 No. 118, Page 24273).

Denise A. Garcia - Registrar
813-794-8711
dagarcia@pasco.k12.fl.us



**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 _____
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: _____



GRADES 6 - 12 ACCESS AND EMERGENCY INFORMATION CARD

Updated Info. _____

Student _____ Student # _____ DOB _____ Grade _____
Last Name First Middle

Primary Phone _____ City _____ Zip _____
Home Address _____

Parent/Guardian _____ Parent/Guardian _____
Cell Phone _____ Cell Phone _____
Email Address _____ Email Address _____
Employed By _____ Employed By _____
Phone At Work _____ Phone At Work _____

Person(s) who will care for child in case parent/guardian cannot be reached; these individuals may sign my child out (photo I.D. required):
Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

First and last names of brothers/sisters attending Pasco County Schools _____

Person(s) who MAY NOT legally contact or remove my child from school (provide legal documentation) _____

List any medication(s) your child is currently taking (at home or school)
List all health problems and/or allergies (food, medication, sting, etc.) even if previously reported _____

*Parent/guardian must notify school cafeteria of food allergies or special nutritional needs of student.
It is the parent/guardian's responsibility to keep the school updated with new information and contact numbers.*

PARENTAL CONSENT ON BACK - SIGNATURE REQUIRED

MIS Form #415
Rev. 4/17 Back

Student _____ Grade _____

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