



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school officials false information regarding your residence when enrolling your child may result in your child being withdrawn and/or reassigned to the appropriate zoned school, and referral of the matter to law enforcement for possible criminal prosecution.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



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: \_\_\_\_\_

# Exceptional Student Education Questionnaire

**Student Name:**

**Grade:**

- 1) Was the student eligible for any ESE programs including the Gifted Program? \_\_\_\_\_
- 2) Was the student ever placed in any special education classes, including Gifted? \_\_\_\_\_
- 3) Did the student ever have a 504 Accommodation Plan from any previous schools? \_\_\_\_\_
- 4) Do you have any copies of evaluation reports or Individual Education Plan (IEP)? \_\_\_\_\_
- 5) Does the student have any health or medical conditions?  
\_\_\_\_\_



**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  
**STUDENTS IN TRANSITION (SIT) PROGRAM**  
**MCKINNEY-VENTO ACT REFERRAL FORM**  
*(One form per family)*  
 Submit online at: [sitprogram@pasco.k12.fl.us](mailto:sitprogram@pasco.k12.fl.us)

MIS 140  
 Rev. 06/20

The Pasco County School District wants to make sure that your child receives the best possible education. The information from this form will help to determine if your student is able to receive benefits under the federal McKinney-Vento Act, a law that helps students who are temporarily displaced from their home for certain reasons. Specific rights are listed on the next page.

A student qualifies for the McKinney-Vento Act if they are between the ages of 0-22 and lack a fixed, regular and adequate nighttime residence. Specifically, if a student lives under any of these conditions:

- a house or apartment with more than one family because of economic hardship or loss
- a shelter (family, youth or domestic violence shelter or transitional living program)
- a motel, hotel or weekly rate housing
- an abandoned building, in a car, at a campground, on the street, etc.
- substandard housing (without electricity, heat or water)
- with friends or family because the youth is a runaway or unaccompanied youth

**PLEASE DO NOT** complete this form if your housing **DOES NOT** meet one of the conditions listed above. If you rent, share housing for convenience, or if you are buying a house and do not need support services, your students **DO NOT** qualify for the McKinney-Vento Act.

**STUDENT INFORMATION**

**School-Aged AND Non School-Aged Children - List ALL children in your family, please PRINT or TYPE**

Name	Student ID	D.O.B.	M/F	Grade	School

**HOUSING INFORMATION**

Where is the student(s) living at this time? *(Please check all that may apply)*

- An emergency or transitional shelter (A)  
 Temporarily with another family due to loss of housing, economic hardship or similar reason (B)  
 A vehicle of any kind, trailer park or campground, abandoned building or other substandard housing (D)  
 A hotel/motel due to loss of housing, economic hardship or similar reason (E)

Reason for temporary living: *(If due to COVID-19, please check additional reasons)*

- Foreclosure (M)       Tornado (T)       Tropical Storm (S) : Storm Name: \_\_\_\_\_  
 Eviction       Earthquake (E)       Hurricane (H) : Storm Name: \_\_\_\_\_  
 Unemployment (O)       Flooding (F)       Man Made Disaster (D)  
 Fire (W)       Wildfire (W)       Other (N) : \_\_\_\_\_  
 COVID-19 (P)

The student(s) is/are *(Check 1 only)*:

1.  in the physical custody of a parent or legal guardian  
 2.  NOT in the physical custody of a parent or legal guardian (ex: living alone, with a relative who is not their legal guardian, living with other people, etc.) . If you checked #2, please provide the following information:

Student Contact Information for Unaccompanied Youth:

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**PARENT/GUARDIAN/CAREGIVER CONTACT INFORMATION**

Parent/Guardian/Caregiver Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
 Temporary address or location of housing: \_\_\_\_\_ City: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Primary Language Spoken: \_\_\_\_\_  
 How long has/have the student(s) been in the TEMPORARY place? \_\_\_\_\_

**SIGNATURES**

**The undersigned certifies that the information provided is accurate.**

Florida Statute 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/her official duty shall be guilty of a misdemeanor of the second degree.

STUDENT IS IN SCHOOL ZONE:  YES  NO      SIT BUS REQUIRED:  YES  NO  
 PARENT/STUDENT RIGHTS PAGE PROVIDED:  YES

\_\_\_\_\_  
 Name of the Person Completing This Form (print)

\_\_\_\_\_  
 Signature of the Person Completing This Form

\_\_\_\_\_  
 Date

**Forms must be scanned/mailed immediately to: [sitprogram@pasco.k12.fl.us](mailto:sitprogram@pasco.k12.fl.us)**

# PARENT/STUDENT RIGHTS PAGE

MIS 140  
Rev. 06/20  
Page 2



## DISTRICT SCHOOL BOARD OF PASCO COUNTY **STUDENTS IN TRANSITION (SIT) PROGRAM** **MCKINNEY-VENTO ACT REFERRAL FORM**

(One form per family)

Submit online at: [sitprogram@pasco.k12.fl.us](mailto:sitprogram@pasco.k12.fl.us)

### **MCKINNEY-VENTO ACT RIGHTS**

- Child must be immediately enrolled in school even if you lack a permanent address.
- Child's enrollment may NOT be delayed due to lack of proof of residency or other documents.
- Continued enrollment in the school that he/she attended before becoming homeless, or the school for which they are currently enrolled.
- Child can attend classes while the new school secures previous school records
- If enrollment dispute is made, child can continue to attend classes while dispute is being heard and resolved.
- Parent can request assistance with transportation to school of origin.
- Child can participate in school programs with children who are not homeless.
- Child is eligible to receive free school meals.

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### **SIT PROGRAM & BAND APPLICATION FOR SMART PHONES/ONLINE:**

BAND is a communication app that helps the SIT Program stay connected with you, and it can be downloaded to any Apple or Android device. Being able to communicate with you about your housing, educational (electronics and WIFI), and basic needs can be a challenge.

We have created a group for SIT families/students on this application and will use this to post information, resources, reminders, forms, etc. We can communicate with the entire group, or just with you. You can get started by scanning this QR code:



Students In Transition  
Hey you. Welcome! Join us!  
Scan this QR code and join!



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### **PROGRAM CONTACT**

If you need supportive services, such as those found in the rights listed above, please contact our office.

#### **Students In Transition (SIT) Program**

7227 Land O'Lakes Blvd. Land O'Lakes, FL 34638

(813) 794-2262

[sitprogram@pasco.k12.fl.us](mailto:sitprogram@pasco.k12.fl.us)

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**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.**



# MIGRANT EDUCATION PROGRAM

Federal Programs: Title I Part C- Migrant Education Program  
7227 Land O' Lakes Boulevard, Land O' Lakes, Florida 34638  
(813) 794-2928 \* www.pasco.k12.fl.us

MIS Form # 142 Sp  
Rev. 03/21



The Pasco County Migrant Education Program provides a variety of educational services to families who work in agriculture, **regardless of their nationality** or legal status. This program is **free of charge** to all eligible families and **may** include:

- early childhood programs (ages 3-5)
- free lunch eligibility
- drop-out prevention
- medical service information
- free tutoring program referrals
- parent engagement activities
- other services as needed

A program employee may contact you for further information if needed.

Parent/Guardian Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

1. Has anyone in your household worked in or on: a farm, in a field, in a greenhouse, in a nursery or in a packing house? **(not including your own property)** Please circle all that apply.



Fruits



Vegetables



Tobacco



Pine Straw



Eggs



Chickens



Soil Preparation  
(planting,  
weeding, etc.)



Processing (meat,  
fruit, vegetables,  
trees, etc.)



Nursery, Sod,  
Greenhouse  
Flowers



Livestock (cattle,  
pigs, sheep,  
dairy, etc.).

Other agriculture work:  
\_\_\_\_\_

**If you circled one or more, continue to #2.**

**If you circled none of these STOP here.**

2. In the past 3 years, have you or another member of your household traveled to another county or another state to do the work identified above? (including during the summer, winter or spring break)

Yes \_\_\_\_\_

No \_\_\_\_\_

For more information, please contact the Migrant Education Program: (813)767-2018.

**Please send completed forms to your child's school**



# Pasco County Schools

Kurt S. Browning, Superintendent of Schools  
7227 Land O' Lakes Boulevard • Land O' Lakes, Florida 34638

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## Student Code of Conduct Acknowledgement

- Yes  No – My school has reviewed the Student Code of Conduct with me
- Yes  No – I have been advised that I can review the Student Code of Conduct online
- I have received, read, understand and agree to abide by the 2019-20 Student Code of Conduct.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

- I/we have read the Student Code of Conduct 2019-2020, discussed it with my/our child(ren), and will support the school's efforts to have a safe, well-disciplined learning environment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Email address

Please note that the Student Code of Conduct and other discipline materials may be viewed at: [www.pasco.k12.fl.us/ssps/conduct](http://www.pasco.k12.fl.us/ssps/conduct)

(Print on separate page – to be removed by recipient)



**DISTRICT SCHOOL BOARD OF PASCO COUNTY**

7227 Land O' Lakes Boulevard

Land O' Lakes, Florida 34638

**AUTHORIZATION FOR RELEASE OF RECORDS  
AND/OR INFORMATION FROM RECORDS**

MIS Form #791

Rev. 7/15

**Please print or type:**

**RECORDS TO BE RELEASED TO** \_\_\_\_\_

Contact Person

School/Agency \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**RECORDS TO BE RELEASED FROM** \_\_\_\_\_

Name of School/Agency/Person

Address \_\_\_\_\_

I, \_\_\_\_\_, do hereby authorize the release of the following

information on \_\_\_\_\_

Student Name

Date of Birth

Student #

from the above named school/agency/person:

\_\_\_\_\_ Entire Cumulative Record Folder (Applicable  
for student transfer to another school or system)

\_\_\_\_\_ Exceptional Student Education Records

\_\_\_\_\_ Grades at Time of Withdrawal

\_\_\_\_\_ Grading System

\_\_\_\_\_ Graduation Requirements

\_\_\_\_\_ Home Language Survey

\_\_\_\_\_ Record of Achievements, Special Awards/Activities

\_\_\_\_\_ Other Confidential Records (specify): \_\_\_\_\_

\_\_\_\_\_ Medical/Health Records (including  
speech, language, hearing, vision reports  
and immunization records)

\_\_\_\_\_ Official School Transcript

\_\_\_\_\_ Psychiatric Evaluation

\_\_\_\_\_ Psychological/Social Work Reports

\_\_\_\_\_ Standardized Test Scores

\_\_\_\_\_ Treatment/Services Plan

**AUTHORIZATION FOR EXCHANGE OF INFORMATION/RELEASE OF CLIENT RECORDS**

These records will be for the professional use of authorized District School Board of 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). Records information shall not be released except on the condition that they will not subsequently be transferred to a THIRD PARTY without first obtaining the proper consent of the parent or eligible student.

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

This authorization shall be terminated one year from the date of signature unless otherwise specified. This consent may be revoked by the client/representative at any time. Revocation has no effect on action previously taken.

\_\_\_\_\_  
Signature of Parent/Guardian or Eligible Student

\_\_\_\_\_  
Date

## School Meal Application and Information

Does your household qualify for free or reduced meals? It is easy to apply this year.

Visit [www.pascoschoolmeals.com](http://www.pascoschoolmeals.com) to apply online

find answers to Frequently Asked Questions and to review eligibility guidelines.

If you need a paper application, please call 813-794-2281.

### **What you need to apply...**

Your SNAP/TANF Case Number (if applicable) or **gross** monthly income amount and frequency for **all** people living in the household. Income includes: Earnings from Work, Social Security, Disability, Unemployment, Child Support, Alimony, Pension, Retirement, or any other form of income received.

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Applications may take up to 10 business days to process. Make sure to provide your student with money or a meal from home until you receive notification of eligibility.

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### **Meal Charge Policy**

Per School Board Policy, **it is the responsibility of the parent or guardian to provide lunch for their children while at school.** In the event that a child neither has a lunch or the funds to purchase a lunch:

Elementary students may charge up to five (5) lunches (\$12.50), Middle school students may charge up to two (2) lunches (\$6.00), High school students may charge one (1) lunch (\$3.25). Charge limits reset as soon as the past due balance is paid. A la carte items may never be charged.

When a student exceeds their charge limit, they will be given an alternate meal consisting of a ham & cheese sandwich, fruit, milk, and vegetable.

The USDA is an equal opportunity provider.

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## Solicitud e información de comidas escolares

¿Su hogar califica para comidas gratis o reducidas? Es fácil de aplicar este año.

Visite [www.pascoschoolmeals.com](http://www.pascoschoolmeals.com) para solicitar en línea.

encuentre respuestas a las preguntas frecuentes y revise las pautas de elegibilidad.

Si necesita una solicitud en papel, llame al 813-794-2281.

### **Lo que necesita para aplicar ...**

Su número de caso de SNAP / TANF (si corresponde) o la cantidad y frecuencia de ingresos mensuales para todas las personas que viven en el hogar. Los ingresos incluyen: ingresos del trabajo, asistencia pública, manutención de los hijos, pensión alimenticia, pensión, jubilación o cualquier otra forma de ingresos recibidos, excluyendo los beneficios de cupones de alimentos / SNAP.

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Las solicitudes pueden demorar hasta 10 días hábiles en procesarse. Asegúrese de proporcionarle a su estudiante dinero o una comida desde casa hasta que reciba una notificación de elegibilidad.

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### **Política de cargo de comida**

Según la Política de la Junta Escolar, **es responsabilidad del padre o tutor proporcionar almuerzo a sus hijos mientras están en la escuela.** En el caso de que un niño no tenga un almuerzo o los fondos para comprar un almuerzo:

Los estudiantes de primaria pueden cobrar hasta cinco (5) almuerzos (\$ 12.50), Los estudiantes de secundaria pueden cobrar hasta dos (2) almuerzos (\$ 6.00), Los estudiantes de secundaria pueden cobrar un (1) almuerzo (\$ 3.25)

Los límites de cargos se restablecen tan pronto como se paga el saldo vencido. Los comidas del menú a la carta nunca se pueden cobrar. Cuando un estudiante excede su límite de cargos, se le dará una comida alternativa que consiste en un sándwich de jamón y queso, fruta, leche y vegetales.





## NOTICE OF CHANGES DISTRICT SCHOOL BOARD OF PASCO COUNTY MEDIA RELEASE NON-CONSENT FORM

Dear Parents and Guardians:

In order to celebrate the many accomplishments of our students, The District School Board of Pasco County frequently submits press releases to local media. These releases may include certain pieces of student information, including, but not limited to, student names, honors and awards received, non-graded student work, student photographs, video and/or voice recordings. In addition, the District may also display this information in various District-sponsored publications, at school or public functions, **and in the school yearbook.**

The Federal Family Educational Rights and Privacy Act (FERPA) allows school districts to release certain pieces of school "directory information", including many of those listed above, unless parents choose to exercise their right of refusal.

Previously, the District required parents and/or guardians return a signed MIS #667 Media Release Form each year prior to the release of photos, video, student work and school-related directory information. Beginning in the 2012-2013 school year, the District will now require a signed form **ONLY** from those parents and/or guardians who wish to refuse permission for all such media releases and public displays.

If you agree to allow DSBPC to publish and/or display this information for non-commercial purposes and without cost, **NO ACTION IS REQUIRED.**

If you **DO NOT** grant permission for the District to release this information in the manner stated above, you must complete and return a signed District School Board of Pasco County MIS #667 - Media Release Non-Consent Form, available in the administrative office of your child's school and on the District web site ([http://www.pasco.k12.fl.us/library/is/forms/mis\\_667.pdf](http://www.pasco.k12.fl.us/library/is/forms/mis_667.pdf)). Please note that a signed Media Release Non-Consent Form is considered valid for one (1) school year.

For more information on FERPA and your rights as a parent, please visit:  
<http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

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