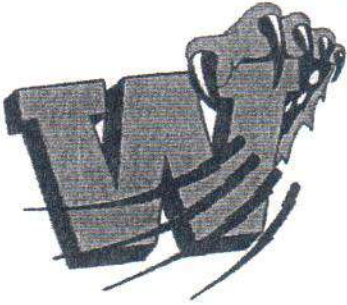


Thomas E. Weightman Middle School



Registration Checklist

2021-2022

It's great to be a Wildcat!

Prior School year Pasco County transfer

School Transferring from: \_\_\_\_\_

- Release of Records Form
- 2 proofs of residency ex. Lease or utility bill
- Copy of parent Driver's License
- Legal documents ex. Custody or placement

Out of county/state/country transfer

County/State Transferring from: \_\_\_\_\_

- Registration packet
- 2 proofs of residency ex. Lease or utility bill
- Copy of parent driver's license
- Birth certificate
- Florida immunization record \*Incoming 7<sup>th</sup> graders must have TDAP
- School Entry physical within the last year
- Middle school transcript 6<sup>th</sup> \_\_\_\_\_ 7<sup>th</sup> \_\_\_\_\_
- Special education records ex. IEP, EP, or 504 plan
- Legal documents ex. Custody or placement

**Any questions can be directed to Ms. Ayende at  
layende@pasco.k12.fl.us**

## **Immunization Requirements** *Kindergarten – 12<sup>th</sup> Grade*

Before entering or attending school in Florida (kindergarten through twelfth grade), each child must provide a Florida Certification of Immunization (Form DH 680) documenting that the student has met the following minimum state requirements:

- Four or five doses of diphtheria-tetanus-pertussis (DTaP) vaccine\*
- Three doses of hepatitis B (Hep B) vaccine
- Three, four or five doses of polio (IPV) vaccine\*\*
- Two doses of measles-mumps-rubella (MMR) vaccine
- Two doses of varicella vaccine \*\*\* for KG – 11th grade
- One dose of varicella vaccine \*\*\* for grade 12
- One dose of tetanus-diphtheria-pertussis (Tdap) vaccine for grades **7th – 12th only**

\*The fifth dose of DTaP vaccine is not necessary if the fourth dose was administered at age 4 years or older.

\*\*If four or more doses are administered before age 4 years, an additional dose should be administered at age 4 through 6 years and at least six months after the previous dose. A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least six months after the previous dose.

\*\*\*Varicella vaccine is not required if varicella disease is documented by the health care provider

### **Florida Department of Health**

33845 FL-54, Wesley Chapel, FL – (813) 780-0740

### **Florida Department of Health**

13941 15<sup>th</sup> Street, Dade City, FL – (352) 521-1450

## **Pasco County Schools Registration Requirements**

[http://www.pasco.k12.fl.us/comm/page/registration\\_requirements](http://www.pasco.k12.fl.us/comm/page/registration_requirements)

All students must attend the school to which they are assigned based on their home address, unless they have an approved assignment to another school or program (e.g. school choice). Applications for School Choice may be obtained by visiting the [Educational Options](#) website. Completed applications must be submitted during specified application periods.

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.

Section 837.06, Florida Statutes, provides that, "Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her 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 section 92.525, Florida Statutes. 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.



Thomas E. Weightman Middle School  
30649 Wells Rd. \* Wesley Chapel, FL 33545-3903  
(813) 794-0200 \* (352) 524-0200  
<http://tewms.pasco.k12.fl.us>

Rachel Fowler  
Principal

Laurie Johnson  
Assistant Principal

Andressa Williams  
Assistant Principal

## Tardy Policy

Thomas E. Weightman Middle School has a school-wide tardy policy and procedure that is strictly monitored and enforced. Students have 4 minutes to transition from one classroom to another and are given a one minute warning bell. Students who are not inside the classroom when the late bell rings and do not have a pass from a staff member, will be considered tardy and will not be permitted to enter the classroom without a pass. Tardy students will be sent to the Tardy Table located in the back office, where they will electronically sign-in as "unexcused tardy" and will be given a pass to enter his/her classroom. Upon return to the classroom with a tardy pass, teachers will mark student as "Tardy" on MyStudent. Please note that each unexcused tardy will result in a consequence. Consequences are progressive in nature and include warnings, lunch detentions, afterschool detentions, in-school suspension, and out-of-school suspension. Tardies are cumulative and not by period or day. Therefore, a student may get up to six tardies in one day, which will result in a more severe consequence. The system is reset at the end of each quarter.

Please note that students who are more than 10 minutes late to class will be considered "skipping" and may receive a disciplinary referral.

We urge you to speak with your child and encourage him/her to be in class on time. If you have any questions regarding our policy and procedures, please contact one of our Administrators.

# TEWMS Dress Code



**Students shall wear modest clothing.** Sexually implicit or explicit clothing, bikinis, tank tops, sleepwear including pajamas, tight-fitting sweat pants, spandex clothing (kinds of clothing usually worn at beaches and while engaging in recreation activities – **no yoga pants**) are not appropriate for school.



Students may wear shorts, skirts, and dresses as long as they are **not shorter than 4 inches above the knee**. Jeans cannot have any holes above the knee. Leggings can only be worn underneath shorts, skirts, dresses that are at or below the knee.



Students' clothing shall be worn appropriately with **pants worn securely at the waist** and with **no abdomen skin or underwear exposed**.



Blouses, shirts, and sweaters cannot dip below a line formed between the right and left armpit. **Muscle shirts, see through shirts, tank tops, shirts with spaghetti straps, and strapless tops are not acceptable.** Due to latest fashion, we will allow sleeveless shirts to be worn if it covers the entire shoulder and no undergarment is visible.



Tops must be long enough to **clearly overlap the belt line or stay tucked in** during the course of normal movement throughout the school day.



**Students shall not wear hats or head coverings to include hoodies** on the school campus during the regular school day unless previously approved for medical or religious reasons or special school activities by the Principal.



**Students shall wear shoes for foot protection and hygienic reasons** while on school grounds or on school transportation. **Slippers are not acceptable.**



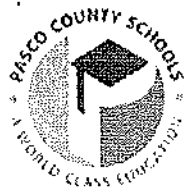
Decorations, symbols, mottos, or designs imprinted or attached to the body or clothing which are **offensive to good taste** or the maintenance of decorum, or which **advertise tobacco, alcohol, drugs**, or which identify them as members of secret antisocial groups or gangs shall not be worn to school or school functions.



**Wallet chains, dog collars, or costumes shall not be permitted.** Bandanas will not be permitted - not even as a hair accessory.

The Principal, or designee, shall determine the appropriateness of dress and appearance. The Principal, or designee, will make the decision if a student's appearance meets school and community standards. **The Principal's decision on the appropriateness of dress is final.**

**Special Note:** A student in violation of the dress code will be required to change into appropriate clothing before returning to class and parent contact will be made. If necessary, the student will contact parents to provide the appropriate clothing. Failure to do so may result in a discipline referral. Repeated violations of the dress code will result in disciplinary interventions.



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

MIS Form #580  
Rev. 2/16

Date of Survey \_\_\_\_\_ Student # \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First Middle Last Month Day Year

Parent or Guardian Name \_\_\_\_\_ Primary Phone \_\_\_\_\_

Parent or Guardian Email Address \_\_\_\_\_ Alternate Phone \_\_\_\_\_

**ESOL Program Eligibility Questions**

1. If the answer to one or more of the following questions (2-4) is **yes**, your child's English proficiency will be evaluated in accordance with Florida statutes to determine eligibility for ESOL language services. Please initial that you understand the above statement **before** proceeding. \_\_\_\_\_
2. Is a language **other** than English spoken in your home? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what language? \_\_\_\_\_  
Who speaks this language? \_\_\_\_\_
3. Does the student have a first language **other** than English? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what language? \_\_\_\_\_
4. Does the student most frequently speak a language **other** than English? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what language? \_\_\_\_\_
5. When did the student first enter a U.S. school (kindergarten-12th grade)? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year
6. In what language do you prefer to receive school information when possible? \_\_\_\_\_

**Immigrant Children and Youth Program Eligibility Questions**

Immigrant children and youth: are individuals ages 3-21; were not born in any U.S. state; and have attended one or more US schools for less than 3 full academic years. The program provides educational and cultural support.

1. Was the student born outside of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where? \_\_\_\_\_  
Country
2. If born outside of the U.S., how many years of school has the student completed in the United States?  
\_\_\_\_ 0 years \_\_\_\_ 1 year \_\_\_\_ 2 years \_\_\_\_ 3 or more years

Signature \_\_\_\_\_ Relation to student \_\_\_\_\_

For more information regarding these programs, contact The Office for Teaching and Learning  
(813) 794-2251 (352) 524-2251 (727) 774-2251 <http://www.pasco.k12.fl.us/esol/>



DISTRICT SCHOOL BOARD OF PASCO COUNTY  
STUDENT REGISTRATION FORM

MIS Form #148  
Rev. 4/17

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

Home Address: # and Street Name Apt/Bldg

City State Zip Zip+4

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

Address

City State Zip Zip+4

Resident of this school's attendance zone? Yes No

Resident of Pasco County? Yes No

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

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

Is the student Hispanic or Latino? Yes No

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

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

Country of origin USA Other specify

Student's Social Security # (optional) Grade

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

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

# and Street Name City State Zip

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

School Name County School Year

Florida Student # (if known)

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

Has the student ever been enrolled in an alternative, ESOL, gifted, or special education program(s)? Yes No If yes, which program(s)? Is the student presently in this program(s)? Yes No Does the student have a health condition that substantially interferes with his/her learning? Yes No If yes, explain

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

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

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

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

FOR KINDERGARTNER ONLY:

Did the student attend a PreK program (includes churches) or a family day care home in Pasco County last year? Yes No

If yes, did the student receive a government subsidy to pay the total or partial cost of this PreK child care last year? Yes No

FRONT OFFICE USE ONLY:

EntryDate/Code

Teacher/Team

Grade

District Student #

Birth Verification Yes Code

Physical Yes No Date

Immunization Yes Code No

Temporary Exp. Date

Records Req. Yes No N/A

Custody Concerns Yes No

Proof of Residency Yes No

ESE Yes Program

Special Attd. Req. Yes N/A

Registration C IC

Bus Letter/Pass Yes No

Bus Stop Number

Bus Number

Home Lang. Date

Migrant C IC

Emergency Card C IC

Cum/Folder Made Yes No

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

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



**DISTRICT SCHOOL BOARD OF PASCO COUNTY**  
**STUDENT HEALTH INFORMATION FORM**  
(To be completed for initial registration and for change in health status)

MIS Form #442  
Rev. 5/13

Student \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_  
Last Name First Middle

Student # \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Does your child have any of the following health conditions or concerns?

1. Allergy to any foods, medications, or insects?  Yes  No If yes, list \_\_\_\_\_  
Reaction:  Mild  Severe Needs:  Epipen  Benadryl
2. Asthma or wheezing?  Yes  No  
If yes, please indicate if uses nebulizer:  Yes  No If yes, how often? \_\_\_\_\_  
If yes, please indicate if uses inhaler:  Yes  No If yes, how often? \_\_\_\_\_
3. Diabetes or high/low blood sugar?  Yes  No If yes, list medication/treatment \_\_\_\_\_
4. Epilepsy or convulsion/seizure?  Yes  No If yes, list medication/treatment \_\_\_\_\_  
Date of last episode \_\_\_\_\_
5. Recent hospitalization?  Yes  No If yes, reason \_\_\_\_\_ Date \_\_\_\_\_  
If yes, reason \_\_\_\_\_ Date \_\_\_\_\_
6. Heart murmur or history of heart condition?  Yes  No If yes, explain \_\_\_\_\_
7. Serious burn or broken bone?  Yes  No If yes, explain \_\_\_\_\_
8. Ear infection or draining ear?  Yes  No If yes, explain \_\_\_\_\_
9. Trouble hearing?  Yes  No Wears hearing aid:  Yes  No  
Should be wearing hearing aid:  Yes  No
10. Trouble seeing?  Yes  No Wears glasses or contacts:  Yes  No  
Should be wearing glasses or contacts:  Yes  No
11. Major head injury or concussion?  Yes  No If yes, explain \_\_\_\_\_  
\_\_\_\_\_
12. Kidney or bladder problems?  Yes  No If yes, explain \_\_\_\_\_



**DISTRICT SCHOOL BOARD OF PASCO COUNTY**  
**STUDENT HEALTH INFORMATION FORM**  
(To be completed for initial registration and for change in health status)

MIS Form #442  
Rev. 5/13 - Back

13. Frequent bed-wetting?  Yes  No If yes, explain \_\_\_\_\_
14. Stomach or bowel problems?  Yes  No If yes, explain \_\_\_\_\_
15. Trouble sleeping?  Yes  No If yes, explain \_\_\_\_\_
16. Hernia or rupture of groin or navel?  Yes  No If yes, explain \_\_\_\_\_
17. Trouble with teeth?  Yes  No If yes, explain \_\_\_\_\_
18. Anemia or low iron?  Yes  No If yes, explain \_\_\_\_\_
19. Attention Deficit Disorder (ADD/ADHD) or hyperactivity?  Yes  No If yes, explain \_\_\_\_\_
20. Mental health concerns?  Yes  No If yes, explain \_\_\_\_\_
21. Difficulty understanding dangerous situations, wanders or runs away from adults?  Yes  No If yes, explain \_\_\_\_\_

Please list any other medicine taken regularly and dosage: \_\_\_\_\_

Are there any special health procedures that should be followed at school? \_\_\_\_\_

Are there any limits on your child's participation in physical education or recess activities due to a health condition? \_\_\_\_\_

If your child is Medicaid eligible, please provide Medicaid number \_\_\_\_\_ and name of the Medicaid Insurance Plan \_\_\_\_\_

Print - Parent/Guardian Name

Parent/Guardian Signature

Date

## **MIDDLE SCHOOL ACADEMIC HISTORY**

Our guidance counselors are required to document academic histories in middle school. Please indicate which middle school your child attended in 6-8 grades.

Grade 6: \_\_\_\_\_  
Name of School

\_\_\_\_\_  
City, State

Grade 7: \_\_\_\_\_  
Name of School

\_\_\_\_\_  
City, State

Grade 8: \_\_\_\_\_  
Name of School

\_\_\_\_\_  
City, State

If your child attended 4<sup>th</sup> and 5<sup>th</sup> grade in Florida, guidance is required to document FCAT scores. Please indicate the elementary schools your child attended if this applies to your child.

Grade 4: \_\_\_\_\_  
Name of School

\_\_\_\_\_  
City

Grade 5: \_\_\_\_\_  
Name of School

\_\_\_\_\_  
City

\_\_\_\_\_ N/A My child did not attend elementary school in Florida.

# RELEASE OF STUDENT RECORDS

STUDENT'S NAME: \_\_\_\_\_ TERMS STUDENT #: \_\_\_\_\_  
DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_ FL STUDENT ID #: \_\_\_\_\_ MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_

**SCHOOL TRANSFERRING FROM:**

**SCHOOL TRANSFERRING TO:**

\_\_\_\_\_  
SCHOOL NAME

THOMAS E. WEIGHTMAN MIDDLE SCHOOL  
30649 WELLS ROAD  
WESLEY CHAPEL, FL 33545  
PHONE: 813-794-0231 (Registrar)

\_\_\_\_\_  
CITY, STATE, ZIP

FAX: 813-794-0292 or 813-794-0291  
EMAIL: @PASCO.K12.FL.US

\_\_\_\_\_  
TELEPHONE

FAX# ATTN: Registrar/Data Entry

***\*IF THE STUDENT LEFT DURING A GRADING PERIOD, PLEASE SEND WITHDRAWAL GRADES FOR THAT PERIOD.***

The student listed above is enrolling in our school. Any information you can provide that will assist in proper placement of this student will be greatly appreciated. If these records are unavailable at your school, please advise or forward accordingly. Thank you.

Please FAX the following critical information so that we can enroll this student:

- \_\_\_\_\_ Immunizations and physical dated within one year
- \_\_\_\_\_ Withdrawal grades (please include information on your grading system.)
- \_\_\_\_\_ Individual Education Plan (IEP) *if applicable*
- \_\_\_\_\_ Standardized Test Scores (i.e. FCAT, FSA)

Please also forward the entire cumulative information, including:

- \_\_\_\_\_ Transcripts/Past Grades (including grading scale)
- \_\_\_\_\_ Attendance and Discipline Records
- \_\_\_\_\_ Special Education Records (*including IEP, psychological, social history, academic evaluations*)
- \_\_\_\_\_ 504 Accommodation Plan
- \_\_\_\_\_ Home Language survey
- \_\_\_\_\_ All of the above (via US Mail)
- \_\_\_\_\_ Entire Pasco County Cumulative Folder via Courier

These records will be for professional use of authorized Pasco county, Florida personnel only. Please be advised parental permission is no longer required when records are requested by authorized personnel (Family Rights & Privacy Act, final Rule on Ed Records, Fed. Register, June 17, 1976, Vol.41, No.,118, Page 24273).

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
1<sup>ST</sup> NOTICE      2<sup>ND</sup> NOTICE

\_\_\_\_\_  
REGISTRAR/AUTHORIZED PERSONNEL

\_\_\_\_\_  
3<sup>RD</sup> NOTICE      ADMIN. CONTACT

### Migrant Questionnaire

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 FORMS TO THE TITLE I OFFICE.**



**DISTRICT SCHOOL BOARD OF PASCO COUNTY**  
*Students In Transition (SIT) Program*  
**Student Eligibility Questionnaire**

MIS 140  
 Rev. 04/19

Dear Students/Families/Caregivers,

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 find out 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. **PLEASE PRINT VERY CLEARLY, COMPLETE ONE PER FAMILY, and return the survey to your student's school. Students/Families/Caregivers MUST CONTACT SIT PROGRAM OFFICE FOR NEEDED SERVICES..**

**SECTION 1: Your Housing is fixed, regular and adequate**

- Rent/Own your home
- Live with someone (not due to financial hardship)
- Live in foster care placement



**IF YOU CHECKED ONE OF THESE BOXES, PLEASE DO NOT COMPLETE THIS FORM.**

**SECTION 2: Your Housing is NOT fixed, regular and adequate (complete all sections below)**

Are you living in any of these situations?

YES NO

- 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 residence:

- 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) \_\_\_\_\_

**SECTION 3: Print Current Address and Contact Information**

Parent/Legal Guardian Name: \_\_\_\_\_  
 Street Address or location of housing: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION 4: Student Information**

Print the names of ALL school-aged AND preschool-aged (3 & 4 year old) children in your family

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

\*\* Be sure to mark if the student will need transportation to/from SCHOOL OF ORIGIN

**SECTION 5: Unaccompanied Youth Must Complete This Section**

- Student is living alone without an adult - sign Section 6 below
- Student is living with an adult that is NOT a parent/legal guardian -- fill out following:

Caregiver Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION 6: 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.

Name of the Person Completing This Form (Print)      Signature of the Person Completing This Form      Date

**DISTRIBUTION:**

- 1 - All schools MUST keep original forms separately from the Student Cumulative Folder for audit purposes during the year.
- 2 - SIT PROGRAM FAX: (813) 794-2560

Must be faxed or emailed immediately to [sitprogram@pasco.k12.fl.us](mailto:sitprogram@pasco.k12.fl.us)