PINELLAS COUNTY SCHOOLS
REGISTRATION CHECKLIST
KINDERGARTEN - GRADE 5
2026-2027

Student Name _____ School _____

KINDERGARTEN

_____ CERTIFIED BIRTH CERTIFICATE OR OTHER PROOF OF DATE OF BIRTH (must be five (5) on or before September 1, 2026). Birthdate must be on or before September 1, 2021. See reverse side for additional information.

_____ FLORIDA DH680 CERTIFICATE OF IMMUNIZATION (listing dates of all vaccines) or certified exemption

_____ PHYSICAL EXAMINATION SIGNED BY A LICENSED EXAMINER (within 12 months prior to enrollment in kindergarten)

_____ PROOF OF RESIDENCY (2 forms of documentation required)

_____ SOCIAL SECURITY NUMBER (required to request, but not mandatory)

_____ HOME LANGUAGE SURVEY

_____ ENROLLMENT FORM / RESIDENCY QUESTIONNAIRE (Enter Section B information in FOCUS)

GRADE 1

_____ PROOF OF DATE OF BIRTH (must be six (6) on or before September 1, 2026). Birthdate must be on or before September 1, 2020.

_____ PROOF OF SATISFACTORY COMPLETION OF KINDERGARTEN. Name of School _____

_____ FLORIDA DH680 CERTIFICATE OF IMMUNIZATION (listing dates of all vaccines) or certified exemption

_____ PHYSICAL EXAMINATION SIGNED BY A LICENSED EXAMINER (within 12 months prior to enrollment/ registration) if not previously enrolled in a Florida public school.

_____ PROOF OF RESIDENCY (2 forms of documentation required)

_____ SOCIAL SECURITY NUMBER (required to request, but not mandatory)

_____ HOME LANGUAGE SURVEY

TRANSFERS - KINDERGARTEN - GRADE 5

_____ PROOF OF DATE OF BIRTH (Certified Birth Certificate) see reverse side for further information

_____ PROOF OF ENROLLMENT ELSEWHERE, including official record of attendance and grade placement (K and grade 1, verify legal entrance age if transfer is from out of state).

_____ PROOF OF PROMOTION (Out of state/district)

_____ FLORIDA DH680 CERTIFICATE OF IMMUNIZATION (listing dates of all vaccines) or certified exemption

_____ PHYSICAL EXAMINATION SIGNED BY A LICENSED EXAMINER (within 12 months prior to enrollment/ registration) if not previously enrolled in a Florida public school.

_____ PROOF OF RESIDENCY (2 forms of documentation required)

_____ HOME LANGUAGE SURVEY (out of state students)

_____ ENROLLMENT FORM / RESIDENCY QUESTIONNAIRE (Enter Section B information in FOCUS)

_____
Signature of Principal or Designee

ADDITIONAL INFORMATION

According to State Statute 232.03 there are seven items which may be used as proof of birth. If the first prescribed evidence is not available, the next evidence obtainable in the order set forth below shall be accepted:

1. A duly attested transcript of the child's birth record filed according to law with a public officer charged with the duty of recording births; or

2. A duly attested transcript of a certificate of baptism showing the date of birth and place of baptism of the child, accompanied by an affidavit sworn to by the parent; or

3. An insurance policy on the child's life which has been in force for at least two years; or

4. A bona fide contemporary Bible record of the child's birth accompanied by an affidavit sworn to by the parent; or

5. A passport or certificate of arrival in the United States showing the age of the child: or

6. A transcript record of age shown in the child's school record of at least 4 years prior to application, stating the date of birth; or

7. If none of these evidences can be produced, an affidavit of age sworn to by the parent, accompanied by a certificate of age signed by a public health officer or practicing physician designated by the school board, which certificate shall state that the health officer or physician has examined the child and believes that the age as stated in the affidavit is substantially correct.

PINELLAS COUNTY SCHOOLS

K-12 STUDENT REGISTRATION FORM

STUDENT'S LEGAL NAME (LAST)	(FIRST)	(MIDDLE)	MALE ☐ FEMALE ☐
STUDENT'S ADDRESS - NUMBER, STREET & APT / LOT	CITY	ZIP CODE	SCHOOL GRADE DATE / /
DATE OF BIRTH / PLACE OF BIRTH (CITY, STATE, COUNTRY)	HISPANIC / LATINO? ☐ YES ☐ NO (MUST CHECK AT LEAST ONE) ☐ WHITE ☐ INDIAN ALASKAN ☐ ASIAN ☐ BLACK ☐ HAWAIIAN PACIFIC ISLANDER		FOR OFFICE USE ONLY STUDENT ID NUMBER

HAS STUDENT EVER ATTENDED A PINELLAS COUNTY SCHOOL OR A FLORIDA PUBLIC SCHOOL? ☐ YES ☐ NO

IF YES, SCHOOL NAME _____

IF NO, NAME, CITY AND STATE OF LAST SCHOOL _____

ENTRY CODE/DATE

HAS STUDENT EVER BEEN RETAINED? ☐ YES ☐ NO GRADE _____

SCHOOL _____

DOES STUDENT RECEIVE SPECIAL EDUCATION SERVICES?

IEP/EP ☐ YES ☐ NO 504 ☐ YES ☐ NO

*STUDENT SOCIAL SECURITY NUMBER (OPTIONAL)

MOTHER'S NAME/LEGAL GUARDIAN (CIRCLE ONE)

HOME ADDRESS (IF DIFFERENT FROM STUDENT)

MOTHER/LEGAL GUARDIAN PHONE # | EMAIL

FATHER'S NAME/LEGAL GUARDIAN (CIRCLE ONE)

HOME ADDRESS (IF DIFFERENT FROM STUDENT)

FATHER/LEGAL GUARDIAN PHONE # | EMAIL

NAME OF STEPPARENT (IF APPLICABLE)

STEPPARENT HOME ADDRESS (IF DIFFERENT FROM STUDENT)

NAME OF EMERGENCY CONTACT

EMERGENCY CONTACT PHONE

CHILD LIVES WITH? ☐ BOTH PARENTS ☐ LEGAL GUARDIAN ☐ MOTHER ☐ FATHER ☐ STEPMOTHER ☐ STEPFATHER

IS THERE ANY COURT ORDER RESTRICTING ACCESS TO THE STUDENT AND/OR TO THE STUDENT'S RECORDS? ☐ YES ☐ NO IF YES, PROVIDE THE SCHOOL WITH A CERTIFIED COPY OF THE COURT ORDER.

IS THE ENROLLMENT DUE TO A NATURAL DISASTER? ☐ YES ☐ NO IF YES, IS THE SCHOOL CLOSED? ☐ YES ☐ NO

PURSUANT TO FLORIDA STATUE 1006.07:

HAS YOUR CHILD EVER BEEN EXPELLED FROM A PREVIOUS SCHOOL? ☐ YES ☐ NO

HAS YOUR CHILD EVER BEEN ARRESTED RESULTING IN A CHARGE, OR HAVE THERE BEEN ANY JUVENILE JUSTICE ACTIONS? ☐ YES ☐ NO

HAS YOUR CHILD EVER BEEN REFERRED FOR MENTAL HEALTH SERVICES? ☐ YES ☐ NO

IN ADDITION, HAS YOUR CHILD EVER BEEN THE SUBJECT OF A THREAT MANAGEMENT PLAN, THREAT ASSESSMENT PLAN, OR SAFETY PLAN? ☐ YES ☐ NO

IF YES, PLEASE PROVIDE DETAILS _____

☐ PROOF OF IDENITY/AGE
☐ PHYSICAL
☐ FL IMMUNIZATION

☐ PROOF OF ADDRESS 1
☐ PROOF OF ADDRESS 2

☐ HLS SURVEY FORM

☐ RECORDS REQUESTED DATE _____
☐ RECORDS RECEIVED DATE _____

☐ IEP
☐ EP
☐ 504

*Section 1008.386, Florida Statues, requires the school district to request Social Security numbers from students registering in public schools. Social Security numbers are not required as a condition of enrollment or graduation. If you do not wish to provide the school with the student's social security number, you must inform the school in writing so that an alternate identification number can be assigned.

SIGNATURE OF PARENT/ LEGAL GUARDIAN DATE

ESCUELAS DEL CONDADO DE PINELLAS

FORMULARIO DE REGISTRO DE ESTUDIANTES (K-12)

Apellido(s) (Legal)	Nombre (Legal)	Segundo Nombre (legal)	Masculino ☐ Femenino ☐	
Dirección del estudiante: número, calle, apto, y/o núm. de lote	Ciudad	Código Postal	Escuela actual	
			Grado	Fecha / /
Fecha de nac. mes/día/año / Lugar de nacimiento (Ciudad/Estado/País)	Hispano / Latino? ☐ Sí ☐ No (Marque todas las que correspondan) ☐ Blanco ☐ Indio de Alaska ☐ Asiático ☐ Negro/Afroamericano ☐ Hawái/Islas del Pacifico			

¿Asistió antes a una escuela pública del condado ó de Pinellas o del Estado de Florida? ☐ Sí ☐ No

¿Si la respuesta es sí, como se llama la escuela? _____

Si es no, nombre, ciudad y estado de la última escuela a la que asistió _____

¿El estudiante ha repetido algún grado? ☐ Sí ☐ No Grado? _____ Escuela _____	¿Recibe el estudiante servicios de educación especial? PEI/EP ☐ Sí ☐ No 504 ☐ Sí ☐ No
Número de seguro social del estudiante (opcional)	
Nombre de la madre/tutora legal (seleccione uno)	
Dirección de la casa (si es diferente a la del estudiante)	
Madre/tutora legal (teléfono)	Correo electrónico
Nombre del padre/tutor legal (seleccione uno)	
Dirección de la casa (Si es diferente a la del estudiante)	
Padre/Tutor Legal (teléfono)	Correo electrónico
Nombre del padrastro/madrastra (si se aplica)	
Dirección de la casa (si es diferente a la del estudiante)	
Nombre de contacto de emergencias	
Número de teléfono para emergencias	

El niño vive con ☐ Ambos Padres ☐ Padre ☐ Madre ☐ Tutor Legal ☐ Madrastra ☐ Padrastro

¿Existe alguna orden judicial que limite el acceso al estudiante y/o a sus archivos? ☐ Sí ☐ No En caso afirmativo, favor de proporcionar una copia certificada a la escuela.

¿La matrícula es debido a un desastre natural? ☐ Sí ☐ No Si la respuesta es sí, está cerrada la escuela? ☐ Sí ☐ No

De acuerdo al estatuto de Florida 1006.07:

¿Ha sido expulsado el estudiante de una escuela anterior? ☐ Sí ☐ No

¿Ha sido su estudiante arrestado teniendo como resultado un cargo o ha habido alguna acción proveniente de la justicia juvenil? ☐ Sí ☐ No

¿Su estudiante ha sido referido alguna vez para servicios de salud mental? ☐ Sí ☐ No

Además, ¿ha estado su hijo alguna vez en un plan de tratamiento por amenazas, un plan de evaluación de amenazas o un plan de seguridad? ☐ Sí ☐ No

Si la respuesta es sí, por favor proporcione detalles _____

FOR OFFICE USE ONLY

STUDENT ID NUMBER

ENTRY CODE/DATE

☐ PROOF OF IDENITY/AGE
☐ PHYSICAL
☐ FL IMMUNIZATION
☐ PROOF OF ADDRESS 1
☐ PROOF OF ADDRESS 2
☐ HLS SURVEY FORM
☐ RECORDS REQUESTED DATE _____
☐ RECORDS RECEIVED DATE _____
☐ IEP
☐ EP
☐ 504

*La Sección 1008.386 de los Estatutos de la Florida requiere que el distrito escolar a solicitar los números de seguro social de todos los estudiantes que se registran en una escuela pública. Los números de seguro social no son requeridos como condición de matrícula o graduación. Si no desea proporcionar el número de seguro social, tiene que notificarlo por escrito a la escuela para que se pueda asignar un número de identificación alternativo.

Firma del padre/tutor legal Fecha

PINELLAS COUNTY SCHOOLS
ENROLLMENT FORM/RESIDENCY QUESTIONNAIRE

Information Referred by:

Self/Parent	☐	Outside Agency	☐
DMT(School)	☐	Friend/Relative	☐
Social Worker	☐	School Staff	☐
School Counselor	☐	HEAT Program	☐

McKinney-Vento Certification Date: _____

This questionnaire is intended to address the requirements of ***Every Student Succeeds Act: Title IX/Part A.*** The answers to questions below will assist us in determining if your student may qualify for additional educational support services. **PLEASE PRINT VERY CLEARLY, COMPLETE ONE FORM PER FAMILY, and return the questionnaire to your school's main office.**

1. How many other children/youths are in your household (even if not enrolled in school)? _____
2. Names of Students Enrolled in School (PK–grade 12) or not enrolled in school, including those ages 1-4 *(If needed, use additional paper.)*

a. **Name of Student to be Enrolled:**

First Name	MI	Last Name	Birth Date	Grade	School

b. **Other Children/Youth in Your Household (even if not enrolled in school):**

First Name	MI	Last Name	Birth Date	Grade	School

3. **Parent's, Guardian's, or Unaccompanied Youth's Name** (Print): _____

a. **Street Address** (Location of where you are living): _____

b. **Length of time at this Address:** _____

c. **Former Address:** _____

d. **Mailing Address:** _____

e. **Telephone:** _____ **Cell Phone:** _____ **Work Phone:** _____

The undersigned certifies that the information provided is accurate:

Parent's, Guardian's, or Unaccompanied Youth's Signature (Or Designee): _____ **Date:** _____

4. **Complete Nighttime Residence section by placing an "X" in "Yes" or "No" boxes:**

NIGHTTIME RESIDENCE	YES	NO	Code
1. My family lives in an emergency or transitional shelter (e.g., FEMA Trailer). **[A]**			[A]
2. My family shares the housing of other persons due to loss of housing, economic hardship, or a similar reason; doubled-up. **[B]**			[B]
3. My family lives in a car, park, temporary trailer park or campground due to lack of alternative adequate accommodations, public space, abandoned building, substandard housing, bus or train station, public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings or similar settings.**[D]**			[D]
4. My family lives in a hotel or motel due to lack of alternative adequate accommodations. **[E]**			[E]
5. A child/youth in my home is under the age of 16 and unaccompanied (not in the physical custody of a parent or guardian) or I am an unaccompanied youth under the age of 16 years.			Yes = Code U No = Code N
6. A child/youth in my home is 16 years of age or older and an unaccompanied youth (youth not in the physical custody of a parent or guardian) or I am an unaccompanied youth 16 years of age or older.			Yes = Code U No = Code N

5. **If you marked "Yes" to any questions above,** please indicate the cause by placing an "X" in the appropriate box below.

☐ Earthquake [E]	☐ Man-Made Disaster [D]	☐ Tornado [T]	☐ Other homelessness causes [N]
☐ Flooding [F]	☐ Mortgage Foreclosure [M]	☐ Tropical Storm [S]	☐ Unknown [U]
☐ Hurricane [H]	☐ Pandemic [P]	☐ Wildfire or Fire [W]	

If you answered "Yes" to any of the questions above, an educational representative may contact you to find out whether your child is or you, as an unaccompanied youth, are eligible for additional educational services. Directions for School Staff: For students with positive responses to any of the questions, make a copy of form for your records, and send the original in the Pony to: **The HEAT Program at Clearview Adult Ed, Rt B2.**

If you marked any of the items in the section below the dotted line, your child has the following rights, as defined in the federal McKinney-Vento Act that protects the educational rights of students in transitional housing situations:

- ✓ Student can continue to attend the school that he/she attended before the situation occurred even if they are now living out-of-zone for the duration of the school year.
- ✓ Parent can request assistance with PCS bus transportation.
- ✓ Student is entitled to receive free meals for the entire school year.
- ✓ Student can participate in school programs equal to students that have stable housing.
- ✓ Student must be immediately enrolled in school, even if lacking a permanent address or required documents such as proof of residency, immunization records etc. Additional time is provided to gather any missing documentation.
- ✓ If enrollment dispute is made, the student can continue to attend school while the dispute is being heard and resolved.

PCS Policy 5111.01 mandates that families/youth who are in transition or are experiencing homelessness will not be stigmatized.

Family/youth housing information shall be kept confidential to the maximum extent possible in order to provide for the student's educational needs. PCS staff may share this information with personnel such as the Homeless Liaison, the data management tech, the student's teachers, school counselor, social worker or other staff directly designated as working with the families/youth in transitional housing situations in the district. *The school staff should reassure the family/youth that all housing status information will be kept confidential. PCS staff will not contact a landlord to verify a student's housing status.*

****McKinney-Vento Act (MVA) eligibility is good for one school year.**

School-based MVA Contacts can provide enrollment and educational supports, referrals to community and housing organizations, and advocacy as related to the McKinney-Vento Act. For further information about the rights and provisions of the McKinney-Vento Act, please contact the HEAT Office at 727-507-4766.

Additional Resources

HEAT Website: https://www.pcsb.org/Page/1577

2-1-1 Tampa Bay Cares: http://www.211tampabay.org/

National Association for the Education of Homeless Children and Youth (NAEHCY):
http://www.naehcy.org/

National Center for Homeless Education: https://nche.ed.gov/

PINELLAS COUNTY SCHOOLS
HOME LANGUAGESURVEY

ADMINISTER TO EACH **NEW STUDENT ENROLLING IN A FLORIDA PUBLIC SCHOOL FOR THE FIRST TIME**

Student's Last Name_____ Student's First Name _____

Address _____City _____ Zip Code _____ Phone Number _____

Date Entered U.S. Schools_____ School: _____Current Grade _____

Date of Birth _____ Country of Birth _____Email Address_____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

a. Is a language **other than English** spoken at home? **Yes**___ **No** ___ What language? _____

b. Did the student have a first language **other than English**? **Yes** ___ **No** ___ What language? _____

c. Does the student most frequently speak a language **other than English**? **Yes** ___ **No** ___ What language? _____

ANY "YES" ANSWERS WILL RESULT IN TESTING TO DETERMINE ELIGIBILITY FOR ESOL SERVICES. BECAUSE OF THE LARGE NUMBER OF STUDENTS TO BE TESTED, THERE MAY BE A DELAY IN TESTING OF UP TO 4 WEEKS. CLASSROOM TEACHERS WILL ADJUST THEIR INSTRUCTION TO MEET THE ELL STUDENT'S NEEDS. EVEN IF YOUR CHILD IS IDENTIFIED AS AN EL, YOU MAY DECLINE THE PLACEMENT INTO ESOL CLASSES.

_____ _____
Parent/ Guardian Signature Date

SCHOOL USE ONLY

If answers to above questions are all NO: file Home Language Survey in cum folder

Any YES responses, Pre-K: Code LY basis of entry T on EL Tab in Fous; enter Classification Date (HLS date) and Entry Date (1st day of Pre-K)

Any Yes responses, K-12: Code LP basis of entry T on EL Tab in Focus. Give HLS to ESOL Teacher or send to ESOL Office for testing

ESOL USE ONLY

Is this a Foreign Exchange Student? If YES, do not test!

Language Learner (EL): Yes No **ELL Status:** LY LF TZ

Basis of Entry: A R L T **Basis of Exit:** H I J L

Classification Date _____Entry Date _____Exit Date _____

Native Language _____Tester _____

Comments: _____

TEST NAME	TEST DATE	Title	Achievement Level (AL)	Composite – Proficiency (Local) (CPL)
WIDA Screener		Listening		
Other		Speaking		
		Reading		
		Writing		
		Comprehensive/ Total		

PINELLAS COUNTY SCHOOLS

STUDENT INFORMATION - OFFICE FILE CARD

		LOCAL STUDENT ID	
LEGAL NAME OF STUDENT - Last, First, Middle		NAME OF TEACHER	GRADE
NAME OF STUDENT – IF DIFFERENT THAN ABOVE LEGAL NAME / NICKNAME	☐ MALE ☐ FEMALE	DATE OF BIRTH	BUS ROUTE NUMBER
LAST SCHOOL ATTENDED - Name, Address, City, State. Zip		PHONE NUMBER FOR PRIMARY CONTACT	
STUDENT ADDRESS - Number & Street	APT / LOT #	CITY	ZIP CODE
NAME OF MOTHER / STEPMOTHER / GUARDIAN - Circle One	EMAIL ADDRESS	PHONE–HOME/CELL	
MOTHER / STEPMOTHER / GUARDIAN HOME ADDRESS (IF DIFFERENT FROM STUDENT)		ALTERNATE PHONE	
NAME OF FATHER / STEPFATHER / GUARDIAN - Circle One	EMAIL ADDRESS	PHONE-HOME/CELL	
FATHER / STEPFATHER / GUARDIAN HOME ADDRESS (IF DIFFERENT FROM STUDENT)		ALTERNATE PHONE	
*PERSON DESIGNATED - EMERGENCY	PHONE-HOME/CELL	*PERSON DESIGNATED - EMERGENCY	PHONE - HOME/CELL

Category B
CC # 5940 Warehouse ID # 97996

HOSPITAL PREFERENCE	DENTIST'S NAME	PHONE
PHYSICIAN'S NAME		PHONE
MEDICATIONS - Is your child taking any medications? If yes, list the name(s) of the medication(s). ☐ YES ☐ NO		DATE/Last Tetanus Shot
ALLERGIES - List any allergies your child may have.		
OTHER HEALTH PROBLEMS OR CONCERNS		
LIST SIBLINGS FOR STUDENT AT THIS SCHOOL		
NAME OF PERSON ALLOWED TO PICK UP STUDENT OTHER THAN PARENT		PHONE-HOME/CELL
NAME OF PERSON ALLOWED TO PICK UP STUDENT OTHER THAN PARENT		PHONE-HOME/CELL
NAME OF PERSON ALLOWED TO PICK UP STUDENT OTHER THAN PARENT		PHONE-HOME/CELL

Required Documents

Birth certificate or other proof of identity/age:

Students must be 5 years old on or before Sept. 1 to attend kindergarten. Students must be 6 years old on or before Sept. 1 and have completed kindergarten to attend grade 1. All students new to Pinellas County Schools must present proof of identity/age. For other items that may be accepted as legal evidence of birth, call your child's assigned school.

Proof of residency:

Present two of the following items: utility bill for power, water, cable, sewer or land based telephone (not cellular); rental agreement or lease; closing document; Pinellas County tax statement with homestead exemption. The items must be recent and contain the name of the parent/guardian and service address on them.

If you do not have two of these items in the name of the parent or guardian, you must complete an Affidavit of Residency. This document is available at schools and by visiting the district website at www.pcsb.org. It must be completed, notarized on both sides and submitted with two of the items listed in the name of the person with whom you reside and who is listed on the affidavit.

Child's Social Security number:

School system personnel are required to ask for this, but students are not required to have them.

Child's most recent report card:

This is for students entering grades 1-12. If available, the report card should include the school's address and phone number.

Florida Certificate of Immunization:

All new students entering school in Florida for the first time must have a completed Florida Certificate of Immunization (DOH 680) appropriate for their grade level.

Physical examination certificate:

All new students entering school in Florida for the first time must have a school health examination certificate signed by a licensed examiner (certificate must have been issued within 12 months prior to enrollment/registration).

A recent Individual Education Plan (IEP):

If the student participates in exceptional student education, he or she must have an IEP.

FLORIDA DEPARTMENT OF EDUCATION

Office of Independent Education and Parental Choice

Student Data Collection Form

Dear Parent or Guardian:

Every school district in Florida is required to report to the Florida Department of Education each year student data by race and ethnicity categories that are set by the federal government. The Department of Education does not report individual student data to the federal government but does report the total number of students in various categories in each school. These reports help us keep track of changes in student enrollments and ensure that all students receive the education programs and services to which they are entitled.

The federal government has adopted new standards for collecting and maintaining ethnicity and race data that will allow individuals to more accurately report their origins. As a result of this, you have the opportunity to update the student data for your child. With the new reporting categories, you may now identify your child by ethnic group and by one or more racial groups.

Please answer all questions below by checking "Yes" or "No" for each of your children.

Question	YES	NO
ETHNICITY		
1. Is the student of Hispanic/Latino origin?		
RACE		
2. Is the student American Indian or Alaska Native?		
3. Is the student Asian?		
4. Is the student Black or African American?		
5. Is the student Native Hawaiian or Other Pacific Islander?		
6. Is the student White?		

Student Name _____ Grade _____

Name of School _____

Parent/Guardian Signature _____ Date _____

PCS PINELLAS COUNTY SCHOOLS

Pinellas County Schools Preschool Information

Child's Name _____ Parent/Guardian Name _____

DIRECTIONS: Please complete only **ONE** box below.

☑ **YES, my child attended Voluntary PreKindergarten (VPK) in Pinellas County.** STOP

OR

☐ **NO, my child DID NOT attend Voluntary PreKindergarten (VPK) in Pinellas County.**

4. Did your child attend any other type of preschool program, family daycare, or early childhood setting that was not VPK?

   ☐ Yes ☐ No

5. Please select the option below that best describes why your child did not participate in Voluntary PreKindergarten (VPK) in Pinellas County?

   ☐ My child attended VPK in another county in Florida.
   ☐ My child attended PreK/VPK in another state/country.
   ☐ My child has an IEP.
   ☐ We did not live in Pinellas County, Florida.
   ☐ My child's school didn't offer VPK (e.g., Family Day Care, Private School).
   ☐ I wanted to home-school my child.
   ☐ I wanted to keep my child at home.
   ☐ My child did not attend due to medical/health issues.
   ☐ I did not have custody.
   ☐ There was no bi-lingual VPK in my area.
   ☐ There were no convenient locations.
   ☐ I couldn't get the Certificate of Eligibility (voucher).
   ☐ There were no VPK seats left.
   ☐ I didn't have transportation.
   ☐ I didn't know about VPK.
   ☐ The cost for full day care was too much.
   ☐ I was too late to enroll.
   ☐ Other (Please explain.) _____

Revised 10/23/24

Pinellas County Schools Información de preescolar

Nombre del niño _____ Nombre del Padre/Tutor _____

INDICACIONES: Por favor llene **UNO** de los recuadros a continuación.

☐ **SI, mi hijo asistió al PreKindergarten voluntario (VPK) en Pinellas County.**

O

☐ **NO, mi hijo NO asistió al PreKindergarten voluntario (VPK) en Pinellas County.**

4. ¿Su hijo asistió a otro tipo de programa prescolar, guardería familiar o de educación temprana que no era el VPK?

   ☐ Si ☐ No

5. Por favor selecciones a continuación la opción que mejor describa por qué su hijo no participó en el PreKindergarten voluntario (VPK) en Pinellas County?

   ☐ Mi hijo asistió al VPK en otro condado en Florida.
   ☐ Mi hijo asistió al PreK/VPK en otro estado/país.
   ☐ Mi hijo tiene un IEP.
   ☐ No vivíamos en Pinellas County, Florida.
   ☐ La escuela de mi hijo no ofrecía VPK (ej. Guardería familiar, escuela privada).
   ☐ Quise la educación en el hogar para mi hijo.
   ☐ Quise dejar a mi hijo en la casa.
   ☐ Mi hijo no asistió por problemas de salud/médicos.
   ☐ No tenía la custodia.
   ☐ Otro (Por favor explique.)
   ☐ No había VPK bilingüe en mi área.
   ☐ No tenían un lugar conveniente.
   ☐ No pude obtener el Certificado de elegibilidad (cupón).
   ☐ No quedaban asientos para el VPK.
   ☐ No tenía transporte.
   ☐ No sabía acerca del VPK.
   ☐ El costo de todo el cuidado era muy alto.
   ☐ Estuve tarde para la matricula.

PINELLAS COUNTY SCHOOLS

NETWORK/INTERNET ACCEPTABLE USE AGREEMENT

Pinellas County Schools use computers to support learning and to enhance instruction. Computer networks in the schools allow students and staff to interact with many computers. The Internet, a network of networks, allows people to interact with hundreds of thousands of networks and computers. Internet access is now available to designated students in Pinellas County Schools. This resource offers vast, diverse, and unique resources to students that will allow them to communicate with people from around the world, visit electronic libraries, perform research on a variety of subjects, and participate in special projects with students from all points on the globe. The goal in providing this service is to promote educational excellence in schools by facilitating resource sharing, innovation, and communication. This technology will benefit all students as they prepare for work in a global marketplace.

The student is expected to follow all guidelines stated below, as well as those given orally by the staff, and to demonstrate ethical behavior that is of the highest order in using the network facilities at the school.

1. Acceptable Use

The purpose of the Internet is to facilitate communications in support of research and education by providing access to unique resources and the opportunity for collaborative work. The use of the student's account must be in support of and consistent with the educational objectives of Pinellas County Schools. Use of other organizations' networks or computing resources must comply with the rules appropriate for that network. Transmission of any material in violation of any U.S. or state regulation is prohibited. This includes, but is not limited to: copyrighted material, threatening or obscene material, or material protected by trade secret. Use for commercial activities is generally not acceptable. Use for product advertisement is also prohibited. It is prohibited to download or install unauthorized applications or alter the basic configuration of the computer. It is also prohibited to execute any unauthorized applications from a third-party device (hard drives, USB drives, etc.).

2. Privileges

The use of the Internet is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges. The districtwide network system administrator is the supervisor of distributive and user support systems. In addition, the principal will appoint a staff member to act as the school's network system administrator. Students may not allow others to use their account name or their password. Violation of this rule could jeopardize access to the Internet and students who violate this rule will immediately lose all network and computer access. The school's network system administrators will deem what is inappropriate use and their decision is final. Also, the school's network system administrators may close or restrict an account at any time as required. The administration and staff of the district or the school may also request the districtwide network system administrator or the school's network system administrator to deny, revoke, or suspend specific user access.

3. Network Etiquette

Students are expected to abide by the generally accepted rules of network etiquette. These include, but are not limited to the following:

a. Do not reveal personal address, phone numbers, or other personal information of yourself or classmates.
b. Be polite. Do not get abusive in messages to others.
c. Use appropriate language. Do not swear, use vulgarities, or any other inappropriate language.
d. Do not engage in activities that are prohibited under state or federal law.
e. Do not assume that electronic mail is private. People who operate the system do have access to all mail. Messages relating to or in support of illegal activities may be reported to the authorities.
f. Do not use the network in such a way that would disrupt the use of the network by other users.
g. All communications and information accessible via the network should be assumed to be private property.

4. Services

a. Pinellas County Schools will not be responsible for any charges related to fee for service access to on-line resources services incurred by account holders without prior written approval being received from the district.
b. Pinellas County Schools makes no warranties of any kind, either expressed or implied, for the service it is providing. Pinellas County Schools will not be responsible for any damages suffered. This includes loss of data resulting from delays, non-deliveries, mis-deliveries, or service interruptions caused by its own negligence or errors or omissions including any and all viruses. Use of any information obtained via the Internet is at the student's own risk. Pinellas County Schools specifically denies any responsibility for the accuracy or quality of information obtained through its services.

5. Security
Security on any computer system is a high priority, especially when the system involves many users. If the student can identify a security problem, the student must notify the school's network system administrator or the Pinellas County Schools districtwide network system administrator and should not demonstrate the problem to other users. Attempts to logon to the Internet as a network system administrator will result in cancellation of user privileges. Any user identified as a security risk or having a history of problems with other computer systems may be denied access to the Internet.

6. Vandalism
Vandalism will result in cancellation of Internet privileges. Vandalism is defined as any malicious attempt to harm or destroy data of another user, Internet, or any of the above listed agencies or other networks that are connected to Pinellas County Schools. This includes, but is not limited to the uploading or creation of computer viruses.

STUDENT

I understand and will abide by the Network and Internet Use Agreement. I further understand that any violation of the regulations stated is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school disciplinary and appropriate legal action may be taken.

Student Name _____ School _____
(please print)

Student Signature _____ Date _____

PARENT OR GUARDIAN

As the parent or guardian of this student, I have read the Network and Internet Use Agreement. I understand that my child's access is designed for educational purposes. I recognize it is impossible for Pinellas County Schools to restrict access to all controversial or offensive materials and I will not hold them responsible for materials acquired on the network. Further, I accept full responsibility for the supervision, if any, when my child's use is not in a school setting. I have read and understand the information in this agreement and hereby give my permission for my child to use the Internet pursuant to the terms of this agreement.

Parent or Guardian's Name (please print) _____

Parent or Guardian's Signature _____ Date _____

PINELLAS COUNTY SCHOOLS
MEDIA RELEASE FORM

During the school year, Pinellas County Schools may produce, reproduce, broadcast or publish student names, likenesses and/or voices on multiple media formats, including but not limited to:

- WPDS-Ch. 14
- Written publications
- District websites
- School websites
- Teacher websites
- Social Media Sites (For example: Facebook, Instagram, YouTube & X)
- Marketing Materials

All documents on district-sponsored websites are required to conform to school board policies, including Policy 7540.04, Use of Electronic Resources.

In addition, news media, including representatives of television, radio, newspaper and magazines, are periodically permitted on school board property and may take notes, still photographs, sound recordings and/or video that may include your child. These items may appear or be used in news or feature stories by print, television, digital or radio media.

Pursuant to Section 540.08 and Section 1002.22, Florida Statutes, the school board is required to obtain express written permission before using any student's name or likeness in the above described manner. If you do not object to the use of your child's name, picture or voice for any purpose mentioned above, please sign the form below granting your consent pursuant to Section 540.08(1) and Section 1002.221(2)(a), F.S. If you have any questions, please contact the principal of your child's school.

If the student or parent/guardian wishes to rescind this permission, he or she may do so at any time with written notice. Unless rescinded, this permission will remain in effect in subsequent years.

REGARDING: _____
(name of student)

NAME OF SCHOOL: _____

I grant permission to use the above student's name, likeness and/or voice in the manners described above.

Date: _____

_____
Student's signature (if 18 or older)

_____
Parent or guardian's signature (if student is under 18)

PINELLAS COUNTY SCHOOLS

DIRECTORY INFORMATION OPT-OUT LETTER

Dear Parent or Guardian:

Part 1: The following information in your child's school records is not confidential and may be released without your consent. This information is known as directory information. **Complete and return this form to your child's principal if you do not want directory information released concerning your child.** Please select the directory information below that you do **not** want released.

DIRECTORY INFORMATION

____ Student's name

____ Photograph (not including yearbook)

____ Yearbook Photograph

____ Major field of study

____ Grade level

____ Enrollment status

____ Dates of attendance

____ Participation in officially recognized activities and sports

____ Weight and height of members of athletic teams

____ Degrees, honors and awards received

____ The most recent educational agency or institution attended

____ Subsequent educational agency or institution attended

____ Academic work used for publication or display

Part 2: High School only: Additionally, military recruiters and institutions of higher education are entitled under federal law to a list of names, addresses, PCS-issued email addresses, and telephone numbers of **high school students** unless you object to such release.

____ I do not want my child's information released to military recruiters

____ I do not want my child's information released to institutions of higher education

Part 3: Please complete information below.

Print Child's Name_____ Grade _____

School _____ Birth Date _____

Parent Signature/Date _____

PLEASE RETURN TO YOUR CHILD'S PRINCIPAL.

WE WILL PROCESS YOUR REQUEST WITHIN A REASONABLE AMOUNT OF TIME AFTER RECEIVING IT.

REQUEST IS ONLY VALID FOR THE CURRENT SCHOOL YEAR.

PINELLAS COUNTY SCHOOLS

CONSENT FOR SCHOOL-BASED HEALTHCARE SERVICES

Per State statute, parental consent is required for the following healthcare services listed below. If you agree to allow your student to receive all or any of these services below if/when they are needed, please check the appropriate boxes in each section. Please complete one form for each student.

Emergency services will be provided to all students according to the standards found in the Florida Emergency Guidelines for Schools https://www.floridahealth.gov/programs-and-services/childrens-health/school-health/reports-information.html.

As required by law, a new consent form is needed every school year.

Student Name: _____ Grade Level: _____

Healthcare Services: Please check the appropriate box below to indicate your consent for school-based healthcare services.

- ☐ I consent to ALL school-based healthcare services as listed below.
- ☐ I consent to ONLY the services I check below:

Illness Assessment

- ☐ Nursing assessment: ear/throat check, heart and lung assessment, blood pressure monitoring
- ☐ Head lice check
- ☐ Scabies check

Health Screenings (Parent/guardian will be provided a copy of all results)

- ☐ Vision screening (for grades KG, 1, 3, 6 and as requested by teacher).
- ☐ Hearing screening (for grades KG, 1, 3, 6 and as requested by teacher).
- ☐ Height/Weight/BMI screening (for grades 1, 3, and 6).
- ☐ Scoliosis screening (for grade 6 only).

Parent/Guardian signature: _____ Date: _____

Parent/Guardian print name: _____ Phone: _____