

# Classical Preparatory School

## K-12 Enrollment Checklist

### Please print and complete the following forms:

- \_\_\_\_\_ Student Enrollment Application (2 pages)
- \_\_\_\_\_ Home Language Survey
- \_\_\_\_\_ Student Services Health Information Form (2 pages)
- \_\_\_\_\_ Student/Family Domicile Questionnaire (SIT) with parent signature
- \_\_\_\_\_ Thirty-day Immunization Waiver (only for students previously enrolled in a Florida Public School; Does NOT apply for students entering Kindergarten or 7th grade)
- \_\_\_\_\_ Signed Release of Records
- \_\_\_\_\_ Shadow Day Form (Grades 1-12 only)

### Please provide the following information:

- \_\_\_\_\_ Proof of Annual Fee payment
- \_\_\_\_\_ Proof of Residency (utility bill, mortgage statement, lease agreement, etc.)
- \_\_\_\_\_ **Original** Parent ID (school will make a copy)
- \_\_\_\_\_ Current Physical (dated within one year of school start date; doctor part and parent part must be completed and dated). This is not needed if the student is transferring from another Florida Public School
- \_\_\_\_\_ Florida Certificate of Immunizations (Must have doctor's signature)  
Thirty-day waiver can be used if student is transferring from another Florida Public School
- \_\_\_\_\_ **Original** Birth Certificate issued by state of birth (not necessary if a student is transferring from a **Pasco County** K-12 Public School; School will make a copy)
- \_\_\_\_\_ **Original** Social Security Card (school will NOT make a copy, we will only verify that the social security number is accurate on the Enrollment application.
- \_\_\_\_\_ **Original** custody/legal papers (if applicable; school will make a copy)
- \_\_\_\_\_ Copy of IEP for ESE students (if applicable)
- \_\_\_\_\_ Student Progression Plan-Release of Records for Homeschool students ONLY
- \_\_\_\_\_ Medical Management Plan (if applicable)

**In order to register your child, you must complete all forms and provide all required documents. Incomplete applications will not be accepted.**

# CLASSICAL PREPARATORY SCHOOL

## 2019-2020 Enrollment Application

CLASSICAL PREP

Date Rec'd:

Received By:

Legal Name Last First Middle

Sex  Male  Female Birthdate / /  
Month Day Year

Grade Entering 2019/2020

Student ID # (if applicable)

Place of Birth Social Security Number

Home Address: Street Number and Name Apt./Bldg.

City State Zip County

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

City State Zip County

Primary Phone: ( ) -  Landline  Cell Phone

Primary E-mail: \_\_\_\_\_

( ) - ( ) -

Name of Last School Attended Phone Fax

Name of Zoned School (if different from last school attended) City County

Has the student ever been retained?  Yes  No If yes, which grade? \_\_\_\_\_

Please indicate if the student ever enrolled or qualified for any of the following?

Alternative School  ESOL Program  Gifted Program  Special Education Program

Please elaborate: \_\_\_\_\_

Does the student currently receive any services?  Yes  No

If yes, please describe in detail: \_\_\_\_\_

Does the student have a health condition that substantially interferes with his/her learning?

Yes  No

If yes, please explain: \_\_\_\_\_

Has the student ever been recommended for expulsion?  Yes  No If yes, which grade? \_\_\_\_\_

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

Is the student a child of a military family or will he/she be a child of a military family during the school year?  Yes  No

FOR KINDERGARTEN ONLY:

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

Is student Hispanic or Latino?  Yes  No

Ethnicity (Mark all the apply):  White  Black or African American  Asian

Native American Indian or Alaska Native  Hawaiian or Other Pacific Islander

### CLASSICAL PREP OFFICE:

- Proof of Residency
- Parent Identification
- Home Language Survey
- Student Health Info Form
- Current Immunizations OR 30 Day Waiver Exp. \_\_\_\_\_
- Emergency Card
- S.I.T. Form
- Annual Fee (non-refundable)
- If Applicable:*
- Birth Certificate
- Current Physical
- Original Custody Papers
- Copy of IEP
- Most recent schedule
- Most recent report card

# CLASSICAL PREPARATORY SCHOOL

## 2019 -2020 *Enrollment Application*

### PARENT/GUARDIAN INFORMATION

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<b>Parent/Guardian #1:</b>	Last	First	Middle	Relationship to student
<b>Primary Phone:</b>	( ) -	<input type="checkbox"/> Landline	<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Subscribe to text communication
<b>Secondary Phone:</b>	( ) -	<input type="checkbox"/> Landline	<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Subscribe to text communication
<b>Work Phone:</b>	( ) -	<b>Employer:</b> _____		
<b>E-mail:</b>	_____			<input type="checkbox"/> Subscribe to Alerts

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<b>Parent/Guardian #2:</b>	Last	First	Middle	Relationship to student
<b>Primary Phone:</b>	( ) -	<input type="checkbox"/> Landline	<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Subscribe to text communication
<b>Secondary Phone:</b>	( ) -	<input type="checkbox"/> Landline	<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Subscribe to text communication
<b>Work Phone:</b>	( ) -			
<b>E-mail:</b>	_____			<input type="checkbox"/> Subscribe to Alerts

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<b>Parent/Guardian #3:</b>	Last	First	Middle	Relationship to student
<b>Primary Phone:</b>	( ) -	<input type="checkbox"/> Landline	<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Subscribe to text communication
<b>Secondary Phone:</b>	( ) -	<input type="checkbox"/> Landline	<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Subscribe to text communication
<b>Work Phone:</b>	( ) -			
<b>E-mail:</b>	_____			<input type="checkbox"/> Subscribe to E-mail Alerts

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**Student lives with** \_\_\_\_\_  
Name(s) Relationship to student

Is there a custody concern regarding this student?  No  Yes  
Is there a current court order concerning this student?  No  Yes  
Is the order valid for the 2019-2020 school year?  No  Yes

**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

	First Name	Last Name	School	Grade
1.				
2.				
3.				
4.				

***Your signature below indicates that all information provided on this document is true and accurate. Incorrect or false information may make an impact on your child's placement.***

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

Date \_\_\_\_\_



**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/>**



# *Immunization Waiver*

## TRANSFER STUDENT 30 DAY IMMUNIZATION WAIVER FORM

Students who are enrolling, and who have previously attended school in Florida, are granted a 30 day period of time for their previous records to arrive. A Florida Certification of Immunization (Form DH680) must be used to document the immunizations required for entry and attendance in a Florida school. The immunization record must show that the student has met the minimum state requirements.

A 30 day waiver is not applicable for first time Kindergarten enrollees or students entering the 7<sup>th</sup> Grade. Homeless students are the only exception to this rule. Florida Statute gives homeless students a 30 day grace period to comply.

Student's Name: \_\_\_\_\_

Previous School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**30<sup>th</sup> Calendar Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

As the parent/guardian of the above named student, I understand that I am responsible for obtaining the required certificate of immunization on or before the 30<sup>th</sup> calendar date from the date of enrollment. I further understand that if I fail to obtain the required documents, my child will be withdrawn from school on the 31<sup>st</sup> calendar day.

Print Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_



**DISTRICT SCHOOL BOARD OF PASCO COUNTY**  
**STUDENT HEALTH INFORMATION FORM**

MIS Form #442  
Rev. 5/13

(To be completed for initial registration and for change in health status)

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



**DISTRICT SCHOOL BOARD OF PASCO COUNTY**  
**Students In Transition (SIT) Program**  
**Student Residency Questionnaire / Domicile Form**

MIS Form #140  
 Rev 1/17

*Check all boxes that apply to your children or you in the case of a student not in the care of a parent or legal guardian.*

**A. Is your family residing in any of the following situations:**

1. Sharing the housing of others **due to loss of housing or economic hardship**. (B) How long? \_\_\_\_\_

2. Living in a motel or hotel **due to loss of housing or economic hardship**. (E) How long? \_\_\_\_\_

3. Staying in a transitional or emergency shelter or FEMA trailer. (A)  SADVS  SUDVS  GCCC  Other \_\_\_\_\_

4. Substandard housing; without electricity, running water, health code violations, lack of cooking capabilities, etc. (D)

5. Sleeping in a car, campground, park or public space. (D)

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**B. Are you an unaccompanied youth not in the custody of a legal parent or guardian?**     Yes     No

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**C. Are any of the below the reason for the displacement of your family:**

Mortgage Foreclosure (M)

**Natural Disasters:**  Earthquake (E)  Haiti  Other \_\_\_\_\_

Flooding (F)  Hurricane (H)  Tropical Storm (S)  Tornado (T)  Wildfire or Fire (W)  Man Made Disaster (D)

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**D. Hurricane/Earthquake**

Yes, this student moved to this district this school year due to a hurricane/earthquake. (Y)

Yes, this student changed schools within this district this school year due to a hurricane/earthquake. (W)

No, this student did not move to this district and did not change schools within this district this school year due to a hurricane. (Z)

**IF THE ABOVE IS NOT APPLICABLE, DO NOT CONTINUE**

<b>E. List ALL children for the family in transition ONLY: (including infants and toddlers)</b>	M/F	D.O.B.	Grade	Last Pasco County school child was enrolled in
<b>F. List all adults in family:</b>	M/F	Relationship to above children?	Interested in help with GED?	

If you marked any of the numbers 1 through 5 in category A, your child has the following 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 child's school that he/she attended before becoming homeless or the school for which you are currently zoned.
- 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.
- Child can participate in school programs with children who are not homeless.
- Child is eligible to receive free lunch.

**If you have any questions about any of the rights listed above, please contact the SIT program at:  
 813-794-4980/ 727-774-4980 / 352-524-4980**

**CHECK IF THESE MATERIALS WERE PROVIDED:    RESOURCE PACKET     BACKPACK(S)**

_____ PRINT Parent or Guardian Name	_____ Signature	_____ Date
_____ (Area Code) Phone Number	_____ Street Address	_____ City      State      Zip

**School Advocate or Administrator:** Based on the above information, I attest that to the best of my knowledge the above named child(ren) is/are eligible for benefits under the McKinney-Vento Act.

_____ PRINT name of school staff member (required)	_____ Title	_____ Signature (required)	_____ Date
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**SCHOOL STAFF: PLEASE FAX THIS FORM TO THE SIT OFFICE IMMEDIATELY AT #44987**





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



RECORDS TO BE RELEASED TO: Megan Hersh - Data Entry Operator

School/Agency: Classical Preparatory School

Phone: (813) 803-7903

Address 16500 Lyceum Way, Spring Hill, FL, 34610

RECORDS TO BE RELEASED FROM \_\_\_\_\_ Fax: \_\_\_\_\_

(Name of Prior School/Agency)

Address \_\_\_\_\_

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

Student Name	Date of Birth	Student #
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**From the above named school/agency/person:**

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Entire Cumulative Record Folder<br>(Applicable for student transfer to another school or system) | <input type="checkbox"/> Home Language Survey  | <input type="checkbox"/> Psychological/Social Work Reports   |
| <input checked="" type="checkbox"/> Exceptional Student Education Records  | <input type="checkbox"/> Record of Achievements, Special Awards/Activities                           | <input checked="" type="checkbox"/> Standardized Test Scores |
| <input checked="" type="checkbox"/> Grades at Time of Withdrawal   | <input type="checkbox"/> Medical/Health Records (including speech, language, hearing/vision reports) | <input type="checkbox"/> Treatment/Services Plan             |
| <input type="checkbox"/> Grading System  | <input type="checkbox"/> Official School Transcript  |  |
| <input type="checkbox"/> Graduation Requirements   | <input type="checkbox"/> Psychiatric Evaluation  |  |
| <input type="checkbox"/> Other confidential records (please specify): _____  |  |  |

**AUTHORIZATION FOR EXCHANGE OF INFORMATION/RELEASE FOR 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



# Classical Preparatory School

*Traditional Education. Transformational Learning.*



## Shadow and Test Days

Student's Name: \_\_\_\_\_ 2019-2020 Grade: \_\_\_\_\_

Congratulations on your acceptance to Classical Preparatory School for the 2019-2020 school year! We are excited to partner with you as you make this transition in your child's (children's) education. Your child and your next step is to spend some time on our campus to participate in the classroom environment and complete a brief assessment. This assessment allows us to make a course schedule that fits the learning needs of each child.

Students in 1st-8th grades can expect to be on campus for two hours. Students in 9th-12th grades should expect to be on campus for four hours. They will have the opportunity to join a class as well as complete a brief assessment. Parents will be offered an orientation during this time. If possible, please have your child dress in navy pants, shorts, or a skirt, along with a solid white, navy, or light blue polo-style shirt.

### Please bring the following (if applicable for your child):

- Copy of current schedule (for grades 6-12)
- Copy of most recent report card
- Copy of student's IEP
- Copy of most recent FSA scores (grades 3-12)

Please complete the applicable information below and return this form with your enrollment application.

### Grammar School Shadow and Test Day (Grades 1-5)

Friday, April 12, 2019 at 8:30 a.m..

- Yes, my child will attend  No, my child will not be attending

### Logic School Shadow and Test Day (Grades 6-8)

Friday, April 26, 2019 at 8:30 a.m.

- Yes, my child will attend  No, my child will not be attending

### Rhetoric School Shadow and Test Day (Grades 9-12)

Friday, April 12, 2019 at 7:15 a.m.

- Yes, my child will attend  No, my child will not be attending

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

- Yes, I will attend the orientation  No, I will not be attending the orientation