

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

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

Grade Entering 2019/2020

Student ID # (if applicable)

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

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

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

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

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 7th 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: ____ / ____ / ____

30th 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 30th 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 31st calendar day.

Print Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____



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



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:

- | | | |
|---|---|--|
| <input type="checkbox"/> Foreclosure (M) | <input type="checkbox"/> Tornado (T) | <input type="checkbox"/> Tropical Storm (S) : storm name _____ |
| <input type="checkbox"/> Eviction | <input type="checkbox"/> Earthquake (E) | <input type="checkbox"/> Hurricane (H) : storm name _____ |
| <input type="checkbox"/> Unemployment (O) | <input type="checkbox"/> Flooding (F) | <input type="checkbox"/> Man Made Disaster (D) |
| <input type="checkbox"/> Fire (W) | <input type="checkbox"/> Wildfire (W) | <input type="checkbox"/> 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



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 #

From the above named school/agency/person:

☒ Entire Cumulative Record Folder

(Applicable for student transfer to
another school or system)

☐ Home Language Survey

☐ Record of Achievements,
Special Awards/Activities

☐ Psychological/Social Work
Reports

☒ Standardized Test Scores

☒ Exceptional Student Education
Records

☐ Medical/Health Records
(including speech, language,
hearing/vision reports)

☐ Treatment/Services Plan

☒ Grades at Time of Withdrawal

☐ Grading System

☐ Official School Transcript

☐ Graduation Requirements

☐ Psychiatric Evaluation

☐ 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