

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

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 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)

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

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)

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

E. List ALL children for the family in transition ONLY: (including infants and toddlers)	M/F	D.O.B.	Grade	Last Pasco County school child was enrolled in
F. List all adults in family:	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/Shannon Ranes - Data Entry Operators

Email for K-5 Records: MHersh@classicalprep.org Email for 6th-12th Records: SRanes@classicalprep.org

School/Agency: Classical Preparatory School Phone: (813) 803-7903 Fax: (813) 402-0603

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:

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Entire Cumulative Record Folder
(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

K-12 Access and Emergency Information Card

Student _____ Student # _____ DOB _____ Grade _____ Gender _____
Last Name First Middle Initial

Primary Phone _____ Date Card Completed _____

Home Address _____ City _____ Zip _____

Parent/Guardian _____ Parent Guardian _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Email Address _____ Email Address _____

Employed By _____ Employed By _____

Work Phone _____ Work Phone _____

Person(s) who will care for child in case parent/guardian cannot be reached; these individuals may sign child out (photo I.D. required)

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

First and Last name of brothers/sisters attending Classical Preparatory School _____

Person(s) who MAY NOT legally contact or remove my child (provide legal documentation) _____

List any medication(s) your child is currently taking at home _____

List any medication(s) your child is currently taking at school _____

List all health problems and or allergies (food, medication, sting, etc.) even if previously reported _____

Severity of Allergy symptoms _____

Hospital Preference _____ Hospital Address _____

Physician's Name _____ Physician's Number _____

Dentist Name _____ Dentist Number _____

Parent/guardian must notify the school cafeteria of food allergies or special nutritional needs for student.
It is the parent/guardian's responsibility to keep the school updated with new information and contact numbers

PARENTAL CONSENT- SIGNATURE REQUIRED

I hereby give my consent for my child to participate in the School Health Services Program. This means my child will receive vision, hearing, dental, skin, blood pressure, and height and weight screening at certain grade levels. (Grade 6-12 in addition, the school nurse conducts classroom, individual, and small group presentations on health issues such as abstinence, substance abuse prevention, dating and relationship issues, birth control, and sexually transmitted diseases at certain grade levels). If I object to any of these health screening or programs, I will notify the school in writing.

In Case of accident or serious illness. I want to be contacted by the school. If the school is unable to reach me, I hereby authorize the school to contact the physician or dentist indicated above and to follow his/her instructions. If it is impossible to contact physician or dentist, the school will take whatever actions necessary to provide care and treatment for my child, and exchange medical information with the provider as necessary to support continuity of care for my child. I agree to pay all expenses incurred by the handling of this emergency care. In case of an accident or illness where immediate treatment of my child is not indicated, but where he/she is unable to remain in school, I request that one of the persons listed on this form be contacted and requested to care for my child until I can be reached.

I authorize the District School Board of Pasco County to release and exchange my child's confidential information (e.g., student name, records, and information related to services provided) to agencies of the state of Florida which would be allowed the District to verify Medicaid eligibility, bill Medicaid for reimbursable Certified School Match services reference on my child's individualized educational plan (IEP), and receive Medicaid reimbursement for Exceptional Student Education (ESE) services it provides to my child while at school. I understand that my child will continue to receive service referenced in his/her IEP whether or not I give consent.

My Signature indicates my parental consent, understanding, and agreement.

PRINT- PARENT/GUARDIAN NAME

PARENT/GUARDIAN SIGNATURE

DATE