

# 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)
- \_\_\_\_\_ Thirty-day Immunization Waiver (only for students previously enrolled in a Florida Public School; Does NOT apply for students entering Kindergarten or 7th grade)
- \_\_\_\_\_ Emergency Card (please note, as per Pasco County guidelines you will need to complete a new emergency card after July 1st for the upcoming school year)
- \_\_\_\_\_ Signed Release of Records
- \_\_\_\_\_ Family Acknowledgements with initials and signature
- \_\_\_\_\_ *IF APPLICABLE*: Student/Family Domicile Questionnaire (SIT)

### Please provide the following information:

- \_\_\_\_\_ Proof of Annual Fee payment
- \_\_\_\_\_ Proof of Residency (utility bill, mortgage statement, lease agreement, etc.)
- \_\_\_\_\_ Parent ID
- \_\_\_\_\_ 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). A thirty-day waiver can be used if the student is transferring from another Florida Public School.
- \_\_\_\_\_ Birth Certificate issued by state of birth (not necessary if a student is transferring from a **Pasco County** K-12 Public School)
- \_\_\_\_\_ Signed custody/legal papers (if applicable)
- \_\_\_\_\_ Copy of IEP for ESE students (if applicable)
- \_\_\_\_\_ Homeschool students ONLY: Student Progression Plan-Release of Records
- \_\_\_\_\_ Medical Management Plan (if applicable)

**Return completed enrollment packets to the  
lower school (building #1), or upper school (building #2).**

**If you have any questions, please email [enrollment@classicalprep.org](mailto:enrollment@classicalprep.org)**

**Incomplete applications will not be accepted.**

# CLASSICAL PREPARATORY SCHOOL

2021-22 *Enrollment Application*

Internal Use Only:  
Date Received:  
Received By:

Legal Name Last First Middle

Sex  Male  Female Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year 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 Email: \_\_\_\_\_

Grade Entering 2021-22

### CLASSICAL PREP OFFICE USE:

- Proof of Residency
- Parent Identification
- Home Language Survey
- Student Health Info Form
- Current Immunization OR 30 Day Waiver Exp \_\_\_\_\_
- Emergency Card
- S.I.T. Form
- Annual Fee (non-refundable)
- Family Acknowledgements
- If Applicable:**
- Birth Certificate
- Current Physical
- Original Custody Papers
- Copy of IEP
- Student Driver Application
- For Grades 6-12 ONLY**
- Most recent schedule
- Most recent report card
- Locker contract (w/combo)

( ) - ( ) -  
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 your 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

Will he/she be a child of an active military parent/guardian during the applicable school year?  Yes  No

Is student Hispanic or Latino?  Yes  No

Ethnicity (Mark all that apply):  White  Black or African American  Asian  
 Native American Indian or Alaska Native  Hawaiian or Other Pacific

### FOR KINDERGARTEN USE ONLY:

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

# CLASSICAL PREPARATORY SCHOOL

## 2021-22 *Enrollment Application*

### PARENT/GUARDIAN INFORMATION

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**Parent/Guardian #1:** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Relationship to student \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_  Landline  Cell Phone  Subscribe to text communications

**Secondary Phone:** \_\_\_\_\_  Landline  Cell Phone  Subscribe to text communications

**Work Phone:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Email:** \_\_\_\_\_  Subscribe to Alerts

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**Parent/Guardian #2:** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Relationship to student \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_  Landline  Cell Phone  Subscribe to text communications

**Secondary Phone:** \_\_\_\_\_  Landline  Cell Phone  Subscribe to text communications

**Work Phone:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Email:** \_\_\_\_\_  Subscribe to Alerts

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**Parent/Guardian #3:** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Relationship to student \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_  Landline  Cell Phone  Subscribe to text communications

**Secondary Phone:** \_\_\_\_\_  Landline  Cell Phone  Subscribe to text communications

**Work Phone:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Email:** \_\_\_\_\_  Subscribe to 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 your student?  No  Yes  
Is the order valid for the 2020-21 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/>**



**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



STATE OF FLORIDA
School Entry Health Exam

To Parent/Guardian: Please complete and sign Part I — Child’s Medical History. State law for school entry requires a health examination by a legally qualified professional. Additional requirements may be determined by local school districts.

(Please Print)

Form with fields: Name of Child (Last, First, Middle), Birth Date, Sex, Address (Street), School, Grade, City and ZIP Code, Home Telephone Number, Parent/Guardian (Last, First, Middle)

PART I — CHILD’S MEDICAL HISTORY

To Parent/Guardian: Please check answers to questions 1 through 8 below in the column on the left. (Please explain any “Yes” answers in the space provided below.)

- 1. Yes [ ] No [ ] Any concerns about general health (eating and sleeping habits, weight, etc.)?
2. Yes [ ] No [ ] Any other specific illness or social/emotional or behavioral problems?
3. Yes [ ] No [ ] Any allergies (food, insects, medication, etc.)?
4. Yes [ ] No [ ] Any prescription medication (daily or occasionally)?
5. Yes [ ] No [ ] Any problems with vision, hearing, or speech (glasses, contacts, ear tubes, hearing aids)?
6. Yes [ ] No [ ] Any hospitalization, operation, or major illness (specify problem)?
7. Yes [ ] No [ ] Any significant injury or accident (specify problem)?
8. Yes [ ] No [ ] Would you like to discuss anything about your child’s health with a school nurse?

To Parent/Guardian: Please explain any “Yes” answers from above.

Four horizontal lines for writing answers to the questions above.

I am the parent/guardian of the child named above. I give permission for the information on PARTS I and II of this form provided about my child to be reviewed and utilized only by the staff of this school and any school health personnel providing school health services in the district for the limited purpose of meeting my child's health and educational needs.

[X] Signature of Parent/Guardian Date

Partnership for School Readiness Recommendations for Prekindergarten and Kindergarten

To Parent/Guardian: Please obtain the services listed below in order to find any problems. Please work with your health care provider to correct or treat any problems that may reduce your child’s ability to learn in school. (These services are recommended but not required.)

Table with 2 columns: Service (Vision, Dental, Hearing) and Description of corrective actions. Includes fields for Date of Exam, Results of Exam, and Health Care Provider.



Name of Child (Last, First, Middle) Birth Date

PART II — MEDICAL EVALUATION

To be completed and signed by the Health Care Provider ONLY:

The child named above has had a complete history and physical exam on the following date:
(Exam must be within one year of enrollment) Month Day Year

Screening Results:

Height: Weight: BMI%: B/P: Hct/Hgb: Lead: Urinalysis:

Table with screening results for Vision (With/Without Glasses), Hearing (Right/Left), and Referred status.

- Gross dental (teeth and gums)
Head/scalp/skin
Eyes/Ears/Nose/Throat
Chest/Lungs/Heart
Abdomen
Postural assessment

TB risk assessment done (Please review Targeted Testing Guidelines listed below.)

This child has the following problems that may impact the educational experience:

- Vision Hearing Speech/Language Physical Social/Behavioral Cognitive

Specify:

This child has a health condition that may require emergency action at school, e.g. seizures, allergies. Specify below.
(This form will be stored in the child's Cumulative Health Folder and may be accessed by both school and health personnel.)

Recommendations (Attach additional sheet if necessary):

(Please Check One)

- This child may participate fully in school activities including physical education.
This child may participate in school activities including physical education with the following restriction/adaptation.
(Specify reason and restriction)

Signature/Title of Health Care Provider, Date, Address (Please print or stamp), Name (Please print or stamp)

Tuberculosis Targeted Testing Guidelines for Health Care Providers
Tuberculosis Infection Risk:
Review the following risks and administer a Mantoux TB skin test if child is in one or more categories. The TB test is administered confidentially as part of the health examination. Do not record administration of any TB test or related information on this form.
Active TB Disease Risk:



## Guide for Completing the School Entry Health Exam (DH 3040 Form)

DH 3040, 6/02, Stock Number: 5744-000-3040-2

### General Information

**Purpose:** The School Entry Health Exam has been designed to meet the requirements for the school entry health examination, as mandated by s.1003.22, F.S. (formerly s. 232.0315, F.S.) for student entry into Florida public and private schools, grades Pre-Kindergarten to 12. It provides basic health and screening information that will assist the school and school health personnel in meeting the needs of the child.

**Health Care Provider:** A health professional who is licensed in Florida or in the state where the student resided at the time of the health examination, and who is authorized to perform a general health examination under such licensure shall certify that the health examination has been completed.

**Time Limits:** The child's health examination must be completed within one year prior to enrollment in school. A homeless child shall be given a temporary exemption for 30 school days.

**Exemptions:** A child shall be exempt from this requirement upon written request from parent or guardian on religious grounds.

**Copies:** A copy of the front and back of the completed form may be retained in the child's medical file kept by the health care provider. The original completed DH 3040 Form should be given to the parent to take to the school to provide information and to document that this requirement is met.

### Directions for completing the School Entry Health Exam Form

**Page 1:** The health history is to be filled in by the parent or interviewer in the provider's office. If the parent seeks the exams recommended by the Partnership for School Readiness, the appropriate provider will fill in the information regarding the exam results.

1. Child Identifying Information: Fill in all of the information requested, including child's middle name and parent's complete names. This information is critical for distinguishing between children with the same or similar name.
2. PART I—CHILD'S MEDICAL HISTORY: The parent or interviewer in the provider's office should answer these questions before the exam. All questions answered "yes" should be explained in the space provided below.
3. Partnership for School Readiness Recommendations for Pre-kindergarten and Kindergarten: After the school entry health exam form has been completed, parents should be encouraged to seek the recommended vision examination from an optometrist or ophthalmologist and the dental examination from a dentist. The practitioner providing the school entry health exam may provide the hearing screening.

**Page 2:** This page is to be completed by the health care provider only.

1. Fill in the complete name and birth date of the child, as it appears on page 1.
2. PART II—MEDICAL EVALUATION: Provide the month, day and year of the entry exam.
3. Screening Results: Perform the indicated screenings and fill in the results of each of the indicated screenings, including vision and hearing information.
4. Exam Components: Indicate whether the results of the exam are normal or abnormal and any actions taken by the provider.
5. TB Risk Assessment: See guidelines on the bottom of the page for TB risk assessment. The screening and results should not be recorded on the school health form. If a test is given, arrangements should be made with the parent/guardian for follow up.
6. If the child has any physical or behavioral problem that may adversely affect the educational experience, check the appropriate box and explain the impairment or restrictions. Because the record will not be subject to the strict protection of medical records, providers are asked to refrain from including information of a confidential nature such as child abuse and HIV/AIDS.
7. Participation in Activities: Indicate whether the child has health or physical conditions that would prevent participation in normal school activities such as physical activities in recess, physical education or other physical activities during the school day.
8. Provider information: Fill out or stamp the form to provide information that identifies the provider and their address.



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

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 the child in case parent/guardian cannot be reached; these individuals may sign the 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 an 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 a 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



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



RECORDS TO BE RELEASED TO: Lorena Waseem (K-5) or Jasmine Hopkins (6-12) - Admissions & Records Coordinator

Email: [jhopkins@classicalprep.org](mailto:jhopkins@classicalprep.org) or [lwaseem@classicalprep.org](mailto:lwaseem@classicalprep.org) Phone: (813) 803-7903 Fax: (813) 402-0603

School/Agency: Classical Preparatory School Address: 16500 Lyceum Way, Spring Hill, FL, 34610

RECORDS TO BE RELEASED FROM: \_\_\_\_\_ Fax: \_\_\_\_\_  
(Name of Prior School/Agency)

Student Name	Date of Birth	Student #
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The above named student  has enrolled or  intends to enroll at Classical Preparatory School in Pasco County, Florida. Please forward the following information on record regarding this student:

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Entire Cumulative Record Folder<br>(Applicable for students who transfer to another school or district)<br><br><input checked="" type="checkbox"/> Exceptional Student Education Records (IEP, 504 Plan, etc.)<br><br><input checked="" type="checkbox"/> Grades at Time of Withdrawal<br><br><input type="checkbox"/> Grading System<br><br><input type="checkbox"/> Graduation Requirements | <input type="checkbox"/> Home Language Survey<br><br><input type="checkbox"/> Record of Achievements, Special Awards/Activities<br><br><input type="checkbox"/> Medical/Health Records (including speech, language, hearing/vision reports)<br><br><input type="checkbox"/> Official School Transcript<br><br><input type="checkbox"/> Psychiatric Evaluation | <input type="checkbox"/> Psychological/Social Work Reports<br><br><input checked="" type="checkbox"/> Standardized Test Scores<br><br><input type="checkbox"/> Treatment/Services Plan<br><br><input type="checkbox"/> Other confidential records (please specify):<br>_____<br>_____ |
|---|---|---|

**\*Florida transcripts should also be sent via FASTER to: 51-Pasco County, 4326-Classical Preparatory School**

Send to: 51 - PASCO - 4326 - CLASSICAL PREPARATORY SCHOOL

FASTER request made:  Yes /  No

### 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.

\_\_\_\_\_  
Authorized Personnel Signature

\_\_\_\_\_  
Date



# Classical Preparatory School

*Traditional Education. Transformational Learning.*



## 2021-22 Family Acknowledgements

Classical Preparatory School's Family Handbook contains the rules and policies that have been put in place after much consideration and adopted by our school board for the governing of the school. The full Family Handbook can be found on our website. The points that are listed below are just some of the sections that may be of interest to you. Each family is required to be familiar with the policies set forth in the Family Handbook as they will greatly affect our ability to fulfill our mission and vision.

Please take the time to visit the 'Parents' tab on our website to view the Family Handbook in its entirety. Also, please initial next to each section below to confirm your acceptance of each policy.

\_\_\_\_\_ **Aftercare** - Any child that is a car-rider and is not picked up by 3:45 p.m. will be escorted to the aftercare program and the parent will be responsible for any fee that is incurred as a result.

\_\_\_\_\_ **Attendance Policy** - Regular attendance and prompt arrival at school are vital to a student's attitude and subsequent success as a serious scholar. It is the responsibility of the parent to report an absence by submitting the online absence form on the school's website within three days of the student's Absence. Students will be recorded as having an unexcused absence if no form is submitted within three days. Absences cannot be recorded and/or excused verbally; they must be submitted in writing. Pre-arranged absences must be approved at least seven days prior to the anticipated absence.

\_\_\_\_\_ **Cell Phones/Smart Devices** - The use of cell phones during the school day is prohibited. Phones brought to campus will be powered off and voluntarily surrendered at the front door each morning and picked up from the front office at dismissal time.

\_\_\_\_\_ **Drop-off and Pick-up** - Car-riders must be picked up through the carline. Families cannot park their vehicle and come into the building to pick up their child(ren) after 2:15 p.m.

\_\_\_\_\_ **Emergency Contact Information** - It is important that all contact information is kept current with Classical Prep. This includes but is not limited to, change of address, phone, number, email Address, custody, medical conditions, etc. The form to update this information is located on our website. Only a parent/guardian may submit an Emergency Information Card.

\_\_\_\_\_ **Family Handbook Amendments** - The Board reserves the right to amend the Family Handbook throughout the school year. If this is the case, changes will be posted on the school website and parents will be notified electronically.

\_\_\_\_\_ **Homework Policy** - Homework is necessary for learning. Students should expect to do meaningful homework each night. Parents should provide a quiet time and place for homework completion.

\_\_\_\_\_ **Illness Policy** - If your child has a fever with a temperature greater than 100 degrees (orally), has been vomiting or has diarrhea he or she must stay home for 24 hours AFTER the symptoms are gone.

\_\_\_\_\_ **Lost/Damaged Instructional Materials Policy** - Instructional materials are the Property of the school. These items must be returned at the end of the semester or year in the same condition in which they were issued. Any damaged or lost books must be paid for before another book is issued for home use.



# Classical Preparatory School

*Traditional Education. Transformational Learning.*



\_\_\_\_\_ **Media Release Consent** - There are times that authorized photos/videos will be taken on campus. Photos and/or videos may appear in media receptacles covering Classical Preparatory School. Classical Prep may use, at no cost, photos or video of students for official websites, promotional materials, and collateral. If families do not want their child(ren) to be included in photos and/or videos please contact the school directly.

\_\_\_\_\_ **Medication Procedures** - No medication will be administered by any staff member without a specific prescription/letter from a doctor that specifies the type of medication to be administered as well as the specific amount and times each medication must be administered. Students may not carry any prescription or over-the-counter medication during the school day unless stated clearly in a doctor's note. Parents may choose to come to school and administer the medication themselves, including cough drops, if they are unable to obtain a doctor's note.

\_\_\_\_\_ **Medical Procedures** - Classical Prep does not have a school nurse on site. It is at the discretion of Classical Prep staff to determine whether or not to call an ambulance in an emergency situation. Students must be up-to-date on all immunizations records in order to attend school.

\_\_\_\_\_ **Parent Grievance** - Throughout the school year, conflict between teachers, students, and parents may arise from time to time. The positive resolution of conflict promotes growth for all parties involved. How both sides handle conflict plays a major role in defining the culture of our school. Resolving conflicts with civility allows the Classical Preparatory School administration and parents to model behaviors that we seek to instill in our students. It is hoped that issues that cause conflict between students, teachers, and parents can be resolved at the earliest time and at the lowest level.

\_\_\_\_\_ **Transportation** - Classical Prep utilizes buses for field trips and athletic events only. For safety and security purposes, all students must ride school-provided transportation for school-related field trips and events and hereby release Classical Preparatory School, its Board of Directors, administration, teachers, or other employees of the school, and volunteer leaders from any financial responsibility because of injury or sickness of the student while being transported on the bus.

\_\_\_\_\_ **Uniform Policy** - The uniform policy will be strictly enforced and uniform violations will be issued if your child is out of uniform at any time during the school day.

\_\_\_\_\_ **Volunteer Hours** - Classical Prep recognizes that for a classical education to be effective, teachers, administrators, students and parents must volunteer time and talent. Classical Prep requires all enrolled families to complete a minimum of 10 service hours per year. These hours may be satisfied during school hours, after school hours or during weekend Events.

\_\_\_\_\_ **Print Name**

\_\_\_\_\_ **Sign Name**

\_\_\_\_\_ **Date**



DISTRICT SCHOOL BOARD OF PASCO COUNTY

**STUDENTS IN TRANSITION (SIT) PROGRAM  
MCKINNEY-VENTO ACT REFERRAL FORM**

MIS 140  
Rev. 06/20

(One form per family) Submit online at: [sitprogram@pasco.k12.fl.us](mailto:sitprogram@pasco.k12.fl.us)

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 determine 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. Specific rights are listed on the next page.

A student qualifies for the McKinney-Vento Act if they are between the ages of 0-22 and lack a fixed, regular and adequate nighttime residence. Specifically, if a student lives under any of these conditions:

- a house or apartment with more than one family because of economic hardship or loss
- a shelter (family, youth or domestic violence shelter or transitional living program)
- a motel, hotel or weekly rate housing
- an abandoned building, in a car, at a campground, on the street, etc.
- substandard housing (without electricity, heat or water)
- with friends or family because the youth is a runaway or unaccompanied youth

**PLEASE DO NOT** complete this form if your housing **DOES NOT** meet one of the conditions listed above. If you rent, share housing for convenience, or if you are buying a house and do not need support services, your students **DO NOT** qualify for the McKinney-Vento Act.

**STUDENT INFORMATION**

**School-Aged AND Non School-Aged Children - List ALL children in your family, please PRINT or TYPE**

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

**HOUSING INFORMATION**

Where is the student(s) living at this time? (Please check all that may apply)

- 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 living: (If due to COVID-19, please check additional reasons)

- Foreclosure (M)     Tornado (T)     Tropical Storm (S) : Storm Name: \_\_\_\_\_
- Eviction     Earthquake (E)     Hurricane (H) : Storm Name: \_\_\_\_\_
- Unemployment (O)     Flooding (F)     Man Made Disaster (D)
- Fire (W)     Wildfire (W)     Other (N) : \_\_\_\_\_
- COVID-19 (P)

The student(s) is/are (Check 1 only):

1.  in the physical custody of a parent or legal guardian
2.  NOT in the physical custody of a parent or legal guardian (ex: living alone, with a relative who is not their legal guardian, living with other people, etc.) . If you checked #2, please provide the following information:

Student Contact Information for Unaccompanied Youth:

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**PARENT/GUARDIAN/CAREGIVER CONTACT INFORMATION**

Parent/Guardian/Caregiver Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Temporary address or location of housing: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Language Spoken: \_\_\_\_\_

How long has/have the student(s) been in the TEMPORARY place? \_\_\_\_\_

**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.

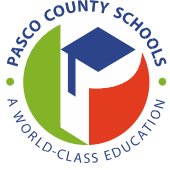
**STUDENT IS IN SCHOOL ZONE:**  YES  NO    **SIT BUS REQUIRED:**  YES  NO    **PARENT/STUDENT RIGHTS PAGE PROVIDED:**  YES

\_\_\_\_\_  
Name of the Person Completing This Form (print)

\_\_\_\_\_  
Signature of the Person Completing This Form

\_\_\_\_\_  
Date

## PARENT/STUDENT RIGHTS PAGE



DISTRICT SCHOOL BOARD OF PASCO COUNTY  
**STUDENTS IN TRANSITION (SIT) PROGRAM**  
**MCKINNEY-VENTO ACT REFERRAL FORM**

(One form per family) Submit online at: [sitprogram@pasco.k12.fl.us](mailto:sitprogram@pasco.k12.fl.us)

### MCKINNEY-VENTO ACT 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 school that he/she attended before becoming homeless, or the school for which they are currently enrolled.
- 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 of origin.
- Child can participate in school programs with children who are not homeless.
- Child is eligible to receive free school meals.

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### SIT PROGRAM & BAND APPLICATION FOR SMART PHONES/ONLINE:

BAND is a communication app that helps the SIT Program stay connected with you, and it can be downloaded to any Apple or Android device. Being able to communicate with you about your housing, educational (electronics and WIFI), and basic needs can be a challenge.

We have created a group for SIT families/students on this application and will use this to post information, resources, reminders, forms, etc. We can communicate with the entire group, or just with you. You can get started by scanning this QR code:



Students In Transition  
Hey you, Welcome! Join us!  
Scan this QR code and join!



### PROGRAM CONTACT

If you need supportive services, such as those found in the rights listed above, please contact our office. **Students**

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#### In Transition (SIT) Program

7227 Land O'Lakes Blvd. Land O'Lakes, FL 34638

(813) 794-2262

[sitprogram@pasco.k12.fl.us](mailto:sitprogram@pasco.k12.fl.us)

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