

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)
- _____ 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)
- _____ Family Acknowledgements with initials and signature
- _____ *IF APPLICABLE*: Student/Family Domicile Questionnaire (SIT)

Please provide the following information:

- _____ Proof of Annual Fee payment
- _____ Two Proof of Residency (utility bill, mortgage statement, lease agreement, etc.)
- _____ Parent ID
- _____ Current Physical (dated within one year of school start date; doctor and parent sections must be completed and dated).
- _____ Florida Certificate of Immunizations (Must have doctor's signature).
- _____ Birth Certificate issued by state of birth
- _____ 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
Grammar School for K-5 (building #1), or Upper School for 6-12 (building #2).**

If you have any questions, please email enrollment@classicalprep.org

Incomplete applications will not be accepted.

CLASSICAL PREPARATORY SCHOOL

2025-26 Enrollment Application

Internal Use Only:

Date Received:

Received By:

Legal Name Last First Middle

Sex ☐ Male ☐ Female Birthdate / / Student ID # (if applicable)
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 Email:

Grade Entering 2025-26

CLASSICAL PREP OFFICE USE:

Proof of Residency
Parent Identification
Home Language Survey
Student Health Info Form
Current Immunization
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

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
Alaska Native Hawaiian or Other Pacific Islander

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

2025-26 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		
Secondary Phone: _____	<input type="checkbox"/> Landline <input type="checkbox"/> Cell Phone		
Work Phone: _____	Employer: _____		
Email: _____			

Parent/Guardian #2: Last	First	Middle	Relationship to student
Primary Phone: _____	<input type="checkbox"/> Landline <input type="checkbox"/> Cell Phone		
Secondary Phone: _____	<input type="checkbox"/> Landline <input type="checkbox"/> Cell Phone		
Work Phone: _____	Employer: _____		
Email: _____			

Parent/Guardian #3: Last	First	Middle	Relationship to student
Primary Phone: _____	<input type="checkbox"/> Landline <input type="checkbox"/> Cell Phone		
Secondary Phone: _____	<input type="checkbox"/> Landline <input type="checkbox"/> Cell Phone		
Work Phone: _____	Employer: _____		
Email: _____			

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 2025-26 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

DISTRIBUTION: This form will be placed in your child's cumulative record.

2025-26 Classical Preparatory School

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 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



Classical Preparatory School

Traditional Education. Transformational Learning.



2025-26 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** - The YMCA provides aftercare on campus for our families until 6:00 pm for a fee. If a child is not in aftercare, it is the responsibility of the parent to arrive no later than 3:45 pm. to pick up any child(ren) in carline. If a parent/guardian is continually late picking up his/her child(ren) from Classical Prep, re-enrollment priority for the following school year can be impacted.

_____ **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 carline. Families cannot park their vehicle and come into the building to pick up their child(ren) after 1:00 p.m. for all grades. Parents may not park in the fire zone located in front of the building or handicap spot (unless they have a state-issued handicapped pass).

_____ **Emergency Contact Information** - It is important that all contact information is kept current with Classical Prep. This includes, but is not limited to, changes to address, phone number, email address, medical conditions, etc. All changes must be submitted to the front office by the legal guardian/parent. If a change of address is required, Classical Prep must be provided with updated proof of residency (ie: lease agreement, utility bill, mortgage statement, etc.) before it can be changed in any school system. I/We agree to keep all contact and pertinent medical information current with Classical Prep.

_____ **Parent Contract**- As a parent/legal guardian of a child who attends Classical Prep, there are specific guidelines that must be followed including, but not limited to the following: all meetings with teachers or administrators must be scheduled in advance, all celebrations, such as my/our scholar's birthday, must be scheduled with the appropriate teacher at least 24 hours in advance, a driver's license or state issued ID must be presented to check-in as a visitor/volunteer at Classical Prep. I/We agree to all of the above guidelines for parents.

Family Handbook Amendments - The Board of Directors reserves the right to amend the Classical Prep Family Handbook throughout the school year. All changes will be posted on the school website and parents will be alerted electronically. I/we are responsible for becoming familiar with all the policies and procedures that are practiced at Classical Prep as well as keep current with any changes that are made to the Family Handbook throughout the school year and adhere to any and all changes.

Homework Policy - Homework is necessary for learning. Students should expect to do meaningful homework each night. I/We will provide a quiet time and place for homework completion and monitor all work and grades, realizing that this investment of time is well spent.

Illness Policy - If your child has a fever with a temperature greater than 100 degrees (orally), has been vomiting, or has diarrhea should stay home for 24 hours AFTER the symptoms are gone. Students who come to the office with a fever will be sent home upon parent contact. Please refer to the section on medication for additional information regarding prescription and over the counter medications.

Lost/Damaged Instructional Materials Policy - Instructional materials are the property of the school and are issued for student use. Instructional materials are assigned to the student and become the responsibility of the student and/or parent; these items must be returned at the end of the semester or year in the same condition in which they were issued. Highlighting or writing on these materials is prohibited. All textbooks must be covered with a protective material. The use of contact paper as a protector is prohibited. Any damaged or lost books must be paid for before another book is issued for home use. Parents are expected to pay for lost or damaged materials within 5 school days. Any student who has not paid for a lost or damaged item may be restricted from participating in extracurricular school activities, which include but are not limited to field trips, sports, ceremonies, homecoming/prom, etc.

Scholar Email Acknowledgement - I acknowledge that my 4th -12th grade child will be issued a school email account. For specific questions about the use of email, please contact Mr. Darley at mdarley@classicalprep.org.

Media Release Consent- There are times that photos/videos will be taken on campus. Photos and/or videos may appear in media receptacles covering Classical Preparatory School. I/We give permission to Classical Preparatory School to use, at no cost, photos or video of my/our child for official websites, promotional materials, and collateral. If I/we do not want my/our child to be included in photos and/or videos, I/we will contact the school directly.

Medication Policy - Parents must fill out a Medical Information Form that will remain on file in the school office each school year. If a student must take prescription or any over-the-counter (OTC) drugs (cold remedies, pain relievers, etc.) while at school the parent must bring the prescription/OTC medication to the office and indicate this on the Emergency Contact and Medical Information Form. Medication cannot be administered by any staff member to a child 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. Parents may choose to come to school and administer the medication themselves if they are unable to obtain doctor's orders. No prescription analgesic narcotics will be administered at school. Parents of students with allergies, asthma, or diabetes must also complete a management plan for their child's condition. Students will be allowed to carry metered dose asthma inhalers, pancreatic enzyme supplements, and epinephrine auto-injectors and or diabetic supplies, medication, and equipment with written authorization from their parent/guardian and physician. Each instance of administration of a prescription or non-prescription OTC drug shall be documented by the administering office staff. Students are not permitted to keep prescription or OTC

medications on their person or in their backpacks on campus (all drugs, including cough drops, are kept locked in the school office). The administration must be notified immediately of students suspected of breaching these regulations. Violation of these policies place the student and others at great risk of personal harm, and as such, will result in disciplinary action. Sunscreens may be applied without a physician's order. Parent authorization is required and application must be documented on a MAR (Medical Administration Record).

Medical 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. Classical Prep does not have a school nurse on site. Students may not carry medications during the school day unless stated clearly in a doctor's note. Students must be up-to-date on all immunization records in order to attend school. It is at the discretion of CPS staff to determine whether or not to call an ambulance in an emergency situation. I/we authorize the use of emergency medical treatment for my/our child if an injury or sickness occurs and agree to pay for any medical expenses incurred as a result of said treatment. I/We have read and agree to all the medical procedures listed above and have read and understand the medical procedures that are provided in the Family Handbook.*

Conflict Resolution - 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 will provide 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 sickness of the student while being transported on the bus. Classical Prep will take the necessary precautions to ensure the safety of its students and staff. In consideration of the opportunity for my/our child to participate and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless Classical Preparatory School, nor any of the said persons be held financially responsible for any injury, illness or death as a direct or indirect result of this activity. I/We give permission for my/our child to ride school-provided transportation and/or walk with staff between buildings on campus. I/We have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance. I/We understand that there is no medical insurance provided by Classical Preparatory School

Uniform Policy - The uniform policy will be strictly enforced and uniform violations will be issued if my/our child is out of uniform at any time during the school day. I/we agree that it is my/our responsibility to become familiar with the policy and ensure my/our child(ren) adhere to all guidelines.

Volunteer Hours - Classical Prep recognizes that for a classical education to be effective, teachers, administrators, students and parents must volunteer time and talent. We must work together to teach our students to be moral and intellectual leaders. For that reason, 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. All volunteer hours completed must be recorded and approved by a Classical Prep staff member. I/We agree to the above volunteer guidelines.

I acknowledge that I have read and will abide by the policies listed above.

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

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

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.

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:



PROGRAM CONTACT

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

In Transition (SIT) Program

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

(813) 794-2262

sitprogram@pasco.k12.fl.us
