

## **New Student Information**

**Students Name:** \_\_\_\_\_

**Did your child attend Pre School?  Yes  No**

**If yes, where?** \_\_\_\_\_

**Does the student have an IEP?  Yes  No**

**Does the student have a first language *other than English*?  Yes  No**

**If Yes, What language?** \_\_\_\_\_

**Please use the space provided to inform us of any pertinent information you feel the School should be aware of regarding your child:**





**DISTRICT SCHOOL BOARD OF PASCO COUNTY  
INFORMATION CARD**

MIS Form #105  
Rev. 04/17

**PLEASE REMEMBER TO BRING YOUR PHOTO ID WHEN PICKING UP THE STUDENT**

**OFFICE USE ONLY**

Gr. \_\_\_\_\_ Teacher \_\_\_\_\_  
 Student # \_\_\_\_\_  
 How student goes home \_\_\_\_\_

Date Completed \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Signature of Person Completing Card \_\_\_\_\_

**Custody Issues: \_\_\_ Yes \_\_\_ No (Please initial one)**  
**Legal documentation must be on file in the office.**

**Do Not Release to: \_\_\_\_\_**

Full Legal Student Name \_\_\_\_\_  
 (Last) (First) (M)

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Student lives with: (check one) \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Guardians

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Parent e-mail \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Employed by \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Employed by \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

In case of emergency and I cannot be reached, please contact one of the following:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

List all brothers/sisters enrolled in ANY Pasco County Schools \_\_\_\_\_

DATE	TIME	REASON	SIGNATURE

The School District expects residence information submitted regarding students to be truthful and accurate, and District forms pertaining to residence and household membership shall be verified under penalties of perjury. Florida Statutes §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 official duty shall be guilty of a misdemeanor of the second degree. Additionally, a person who knowingly makes a false declaration under penalties of perjury commits a felony of the third degree, pursuant to Florida Statute 92.525. Providing school officials false information regarding your residence when enrolling your child may result in your child being withdrawn and/or reassigned to the appropriate zoned school, and referral of the matter to law enforcement for possible criminal prosecution. Additionally, falsification of this information may result in the permanent revocation of your child's privilege to engage in extracurricular activities, including organized sports.

Parents/legal guardians are responsible for notifying the school principal if there is a change in residence or parental responsibility of the student within five (5) days, even if the parent thinks the student is still in the school's zone. Failure to give timely notice may result in a reassignment to the student's zoned school and/or loss of eligibility for athletics and other activities.

**Parent/Guardian Initials:** \_\_\_\_\_



DISTRICT SCHOOL BOARD OF PASCO COUNTY
GRADES Pre-K – 5 ACCESS AND EMERGENCY INFORMATION CARD

MIS Form #416
Rev. 4/17

Updated Info.

Student Last Name First Middle Student # DOB Grade
Primary Phone Teacher
Home Address City Zip
Parent/Guardian Parent/Guardian
Cell Phone Cell Phone
Email Address Email Address
Employed By Employed By
Phone At Work Phone At Work

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

First and last names of brothers/sisters attending Pasco County Schools

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

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

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

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

PARENTAL CONSENT ON BACK – SIGNATURE REQUIRED

MIS Form #416
Rev. 4/17 Back

Student Grade

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PARENTAL CONSENT

I hereby give my consent for my child to participate in the School Health Services Program. This means that my child will receive vision, hearing, dental, skin, blood pressure, and height and weight screening at certain grade levels. If I object to any of these health screenings 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 below and to follow his/her instructions. If it is impossible to contact this physician or dentist, the school will take whatever actions are necessary to provide care and treatment for my child, and exchange medical information with the provider as necessary to support the 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 at school, I request that one of the persons listed on the reverse side of 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 allow the District to verify Medicaid eligibility, bill Medicaid for reimbursable Certified School Match services referenced 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 services referenced on his/her IEP whether or not I give consent.

Physician's Name Phone
Hospital Preference Phone
Dentist's Name Phone

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

PRINT PARENT/GUARDIAN NAME PARENT/GUARDIAN SIGNATURE DATE



**DISTRICT SCHOOL BOARD OF PASCO COUNTY**  
**HOME LANGUAGE SURVEY**  
**ENGLISH FOR SPEAKERS OF OTHER LANGUAGES (ESOL)**

MIS Form #580  
Rev. 3/17

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 Student Support Programs and Services (813) 794-2251 (352) 524-2251 (727) 774-2251 <http://www.pasco.k12.fl.us/esol/>**



DISTRICT SCHOOL BOARD OF PASCO COUNTY  
STUDENT REGISTRATION FORM

MIS Form #148  
Rev. 4/17

Student's Legal Name: Last Appendage (Jr., etc.) First Middle

Home Address: # and Street Name Apt/Bldg

City State Zip Zip+4

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

Address

City State Zip Zip+4

Resident of this school's attendance zone? Yes No

Resident of Pasco County? Yes No

Primary Phone ( ) - Unlisted? Yes No  
Area Code Phone Number

The primary phone number listed above is a? Landline Phone Cell Phone

Is the student Hispanic or Latino? Yes No

Race (mark all that apply): American Indian or Alaska Native Asian Black or African American  
Native Hawaiian or Other Pacific Islander White

Sex (M/F) Birth Information - Date City State  
Month/Day/Year

Country of origin USA Other specify

Student's Social Security # (optional) Grade

The SSN will not be used to identify a student's immigration status. The Notice of Social Security Number Disclosure can be read on the District School Board of Pasco County's website.

Name and address of school last attended ( ) -  
School Name Area Code Phone Number

# and Street Name City State Zip

If the student has ever attended school in Florida, please enter the school name, county, and school year:

School Name County School Year

Florida Student # (if known)

Has the student ever been retained? Yes No If yes, which grade(s)?

Has the student ever been enrolled in an alternative, ESOL, gifted, or special education program(s)? Yes No If yes, which program(s)? Is the student presently in this program(s)? Yes No Does the student have a health condition that substantially interferes with his/her learning? Yes No If yes, explain

Has the student dropped out of school and is now returning? Yes No

Are the driver license requirements the reason or one of the reasons the student is returning to school? Yes No

Has the student ever been recommended for expulsion? Yes No If yes, which school year(s)?

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

FOR KINDERGARTNER ONLY:

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

If yes, did the student receive a government subsidy to pay the total or partial cost of this PreK child care last year? Yes No

FRONT OFFICE USE ONLY:

EntryDate/Code  
Teacher/Team  
Grade  
District Student #  
Birth Verification Yes Code  
Physical Yes No Date  
Immunization Yes Code No  
Temporary Exp. Date  
Records Req. Yes No N/A  
Custody Concerns Yes No  
Proof of Residency Yes No  
ESE Yes Program  
Special Attd. Req. Yes N/A  
Registration C IC  
Bus Letter/Pass Yes No  
Bus Stop Number  
Bus Number  
Home Lang. Date  
Migrant C IC  
Emergency Card C IC  
Cum/Folder Made Yes No

**Please keep the school updated with current phone numbers and addresses in case we need to reach you.**

**PARENT OR GUARDIAN INFORMATION:**

Parent/Guardian Name \_\_\_\_\_ Workplace \_\_\_\_\_ City \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian Email Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Workplace \_\_\_\_\_ City \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian Email Address \_\_\_\_\_

Other Person/Relationship \_\_\_\_\_ Workplace \_\_\_\_\_ City \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Student lives with \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_

Is there a custody concern regarding this student? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Is there a current court order concerning this student? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Is the order still valid for this school year? \_\_\_\_\_ Yes \_\_\_\_\_ No  
**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** - Names (also last names, if different) of any brothers and/or sisters in other Pasco County schools:

- 1. \_\_\_\_\_  
First Last School Grade
- 2. \_\_\_\_\_  
First Last School Grade
- 3. \_\_\_\_\_  
First Last School Grade
- 4. \_\_\_\_\_  
First Last School Grade

Is the student a child of a military family or will he or she be a child of a military family at any time during this school year?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Have you moved in the last three (3) years to seek work as a paid laborer in any type of farming (sod, dairy, chicken, vegetable, citrus, or other) or fishing? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently living in a motel, hotel, campground, vehicle, abandoned building, substandard housing, shelter, or temporarily living with another family? \_\_\_\_\_ Yes \_\_\_\_\_ No

Your signature below indicates that all information provided on this document is true and accurate. The School District expects residence information submitted regarding students to be truthful and accurate, and District forms pertaining to residence and household membership shall be verified under penalties of perjury. Florida Statutes §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 official duty shall be guilty of a misdemeanor of the second degree. Additionally, a person who knowingly makes a false declaration under penalties of perjury commits a felony of the third degree, pursuant to Florida Statute 92.525. Providing school officials false information regarding your residence when enrolling your child may result in your child being withdrawn and/or reassigned to the appropriate zoned school, and referral of the matter to law enforcement for possible criminal prosecution. Additionally, falsification of this information may result in the permanent revocation of your child's privilege to engage in extracurricular activities, including organized sports.

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Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**DISTRICT SCHOOL BOARD OF PASCO COUNTY**  
**STUDENT HEALTH INFORMATION FORM**  
 (To be completed for initial registration and for change in health status)

Student \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_  
 Last Name First Middle

Student ID \_\_\_\_\_ 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. 6/19 - 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. Referrals to mental health services by the previous school district?     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 the \_\_\_\_\_ and name of

Medicaid Insurance Plan \_\_\_\_\_.

\_\_\_\_\_  
Print - Parent/Guardian Name

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

\_\_\_\_\_  
Date

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





DISTRICT SCHOOL BOARD OF PASCO COUNTY  
Students In Transition (SIT) Program  
Student Eligibility Questionnaire

MIS 140  
Rev. 04/19

Dear Students/Families/Caregivers,

The Pasco County School District wants to make sure that your child receives the best possible education. The information from this form will help to find out if your student is able to **receive benefits under the federal McKinney Vento Act**, a law that helps students who are temporarily displaced from their home for certain reasons. PLEASE PRINT VERY CLEARLY, COMPLETE ONE PER FAMILY, and return the survey to your student's school. **Students/Families/Caregivers MUST CONTACT SIT PROGRAM OFFICE FOR NEEDED SERVICES..**

**SECTION 1: Your Housing is fixed, regular and adequate**

- Rent/Own your home
- Live with someone (not due to financial hardship)
- Live in foster care placement



IF YOU CHECKED ONE OF THESE BOXES,  
PLEASE **DO NOT** COMPLETE THIS FORM.

**SECTION 2: Your Housing is NOT fixed, regular and adequate (complete all sections below)**

Are you living in any of these situations?

YES NO

- An emergency or transitional shelter. (A)
- Temporarily with another family due to loss of housing, economic hardship or similar reason (B)
- A vehicle of any kind, trailer park or campground, abandoned building or other substandard housing (D)
- A hotel/motel due to loss of housing, economic hardship or similar reason (E)

Reason for temporary residence:

- 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) \_\_\_\_\_

**SECTION 3: Print Current Address and Contact Information**

Parent/Legal Guardian Name: \_\_\_\_\_

Street Address or location of housing: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION 4: Student Information**

Print the names of ALL school-aged AND preschool-aged (3 & 4 year old) children in your family

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

\*\* Be sure to mark if the student will need transportation to/from SCHOOL OF ORIGIN

**SECTION 5: Unaccompanied Youth Must Complete This Section**

- Student is living alone without an adult - sign Section 6 below
- Student is living with an adult that is NOT a parent/legal guardian – fill out following:

Caregiver Name: \_\_\_\_\_

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

**SECTION 6: Signatures**

The undersigned certifies that the information provided is accurate.

Florida Statute 837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her official duty shall be guilty of a misdemeanor of the second degree.

\_\_\_\_\_  
Name of the Person Completing This Form (Print)      Signature of the Person Completing This Form      Date

**DISTRIBUTION:**

- 1 - All schools MUST keep original forms separately from the Student Cumulative Folder for audit purposes during the year.
- 2 - SIT PROGRAM FAX: (813) 794-2560

**Must be faxed or emailed immediately to sitprogram@pasco.k12.fl.us**



DISTRICT SCHOOL BOARD OF PASCO COUNTY  
MIGRANT QUESTIONNAIRE

MIS #142  
04/17

Dear Parents,

In order to better serve your children, the District School Board of Pasco County is helping the state of Florida identify students who may qualify to receive additional educational services.

**The information provided below will be kept confidential.** Please answer the following questions and return this form to your child's school. (If you receive more than one of these surveys, only complete one and list below the names of all your children.)

1. Have you or your family moved from one town or school district to another within the state or out-of-state within the past 3 years? Yes \_\_\_\_ No \_\_\_\_

If "NO", then you do not need to complete the remainder of this survey. If "YES", please continue.

2. Did the children in your family go with you or join you at a later date? Yes \_\_\_\_ No \_\_\_\_

"NO", then you do not need to complete the remainder of this survey. If "YES", please continue.

3. During the last three years, were any of these moves made with the intent to find temporary or seasonal work in agricultural or fishing-related activities? Yes \_\_\_\_ No \_\_\_\_

If "NO", then you do not need to complete the remainder of this survey. If "YES", please continue and circle all that apply.

- |                                 |                                      |
|---------------------------------|--------------------------------------|
| a. working on a farm            | g. working on a poultry farm         |
| b. working on a ranch           | h. working in a plant nursery        |
| c. working in a cannery         | i. tree growing or harvesting        |
| d. working in a dairy           | j. cotton farming/ginning            |
| e. working in a fishery         | k. picking fruit, nuts or vegetables |
| f. working in a slaughter house | l. other similar work: _____         |

Please complete the information. (Please Print)

Number of children in your family: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Best Time to Contact You: \_\_\_\_\_

Name of your child(ren):

_____	Age _____	Grade _____	School _____
_____	Age _____	Grade _____	School _____
_____	Age _____	Grade _____	School _____

**Please forward the completed form to the Office for Student Support and Program Services -  
Special Programs Division**



# IMPORTANT

*Please inform us of any MEDICAL CONDITIONS or MEDICATIONS your child may be taking or may have to have administered during school hours. A doctor prescription will be required. Please see the Clinic Assistant for more information and to complete all necessary paperwork.*

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*If you have a CUSTODY CONCERN regarding your child, you MUST provide Trinity Elementary with necessary documentation. A current and valid court order needs to be on file with the school.*

*Please remember, any person named on your child's birth certificate, registration form, or emergency card, has the authority to pick up your child.*



# KINDERGARTEN REGISTRATION

2020-2021

Trinity Elementary School

PLEASE SCAN THE FOLLOWING

& INCLUDE WITH YOUR

REGISTRATION PACKET:

- ★ 3 Proofs of Residence
- ★ Birth Certificate
- ★ Social Security Card
- ★ Immunization Record
- ★ Health Exam (within the Year)



Your Child must be 5 yrs old on before Sept 1<sup>st</sup>, 2020