

School Use Only:

Student ID#

Bus Y / N Miles:

Northeast High School

<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> S.S. Number	<input type="checkbox"/> Physical	<input type="checkbox"/> IEP
<input type="checkbox"/> Immunization	<input type="checkbox"/> Proof of Address	<input type="checkbox"/> Transcripts	<input type="checkbox"/> Legal Papers

Student Data Information

Today's Date: \_\_\_\_\_

Grade level student is entering this term: \_\_\_\_\_

Student's LEGAL Name: \_\_\_\_\_

Last

First

Middle

Student's Address: \_\_\_\_\_

Street

City

State

Zip

Mailing Address (if different than above): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian Primary Contact Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Race:  White  Black/African American  Native Hawaiian/Other Pacific Islander

Asian  American Indian/Alaskan Native **Hispanic: Y / N**

Gender:  Male  Female Parent E-Mail Address: \_\_\_\_\_

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**\*\*Mother or Guardian's Information ONLY\*\***

Mother/Guardian's Name: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

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

(If different than students) Street City State Zip

Work Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ ext: \_\_\_\_\_ Cell Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

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**\*\*Father or Guardian's Information ONLY\*\***

Father/Guardian's Name: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

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

(If different than students) Street City State Zip

Work Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ ext: \_\_\_\_\_ Cell Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

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Name of last school attended: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

School's Address: \_\_\_\_\_

Street

City

State

Zip

Last Pinellas County School Attended: \_\_\_\_\_ Approximate Date: \_\_\_\_\_

If the student is re-entering after not being in any school, how long was the student out of school? \_\_\_\_\_

I certify that the above information is accurate. It is also understood that grade placement and credits earned are dependent upon official records received from the previous school.



**STUDENT RESIDENTIAL INFORMATION**

Student lives with: (Check which applies)                      ( ) Mother & Father      ( ) Mother & Step-Father  
( ) Father & Step-Mother      ( ) Single Parent                      ( ) Other \_\_\_\_\_

\*\*If student's parents are divorced, who has legal custody: \_\_\_\_\_

NOTE: The non-custodial parent may have access to student records / information unless legal papers state otherwise.

Legal Papers attached: ( ) YES                      ( ) NO

\*\*\*\*\*

Step-Mother's Name: \_\_\_\_\_

Step-Mother's Work Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ ext: \_\_\_\_\_ Step-Mother's Cell Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Step-Father's Name: \_\_\_\_\_

Step-Father's Work Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ ext: \_\_\_\_\_ Step-Father's Cell Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Step-parents cannot have access to students information without written permission from the legal parent.

By entering information above & signing below this gives the step parent the rights to receive information, fill out school forms, attend parent conferences, remove student from school grounds and receive calls regarding illness or injury.

\*\*\*\*\*

EMERGENCY CONTACTS - are authorized to receive calls regarding illness or injury and remove Student from School

(1) Emergency contact other than Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: ( ) \_\_\_\_\_ - \_\_\_\_\_                      Cell phone number: ( ) \_\_\_\_\_ - \_\_\_\_\_

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(2) Emergency contact other than Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: ( ) \_\_\_\_\_ - \_\_\_\_\_                      Cell phone number: ( ) \_\_\_\_\_ - \_\_\_\_\_

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If the address you are listing on this form is different from what is in the Focus system you will need to do the following.

First you will need to go into the Student Reservation System at [www.PCSB.org](http://www.PCSB.org) and change your address.

Next you will need to bring in 2 current proofs of residency to the guidance office.

Examples: Current electric bill, cable bill, water bill, signed lease agreement, waste services, Homestead exemption or Pinellas County tax statement.

Student  
Signature: \_\_\_\_\_

Parent  
Signature: \_\_\_\_\_

Please return this form to the Guidance Office. Thank you.

**COLLECTION AND USE OF SOCIAL SECURITY NUMBER**  
**(PREPARED PURSUANT TO SECTION 119.071(5)(a)3., F.S. (2007))**

NOTICE IS HEREBY GIVEN THAT PINELLAS COUNTY SCHOOLS COLLECTS SOCIAL SECURITY NUMBERS FROM INDIVIDUALS FOR THE FOLLOWING PURPOSES, WHICH ARE EITHER SPECIFICALLY AUTHORIZED BY LAW OR ARE IMPERATIVE FOR THE PERFORMANCE OF THE DISTRICT'S DUTIES AND RESPONSIBILITIES AS PRESCRIBED BY LAW:

- Employment eligibility
- Certification/licensure
- Payroll deductions
- Retirement contributions
- Tracking of student as required by State Board Rule
- Tracking and reporting of Corporate Tax Credit Scholarship students as required by State Board Rule
- Student identification numbers
- State directory of new hires
- Annual report of wages of individuals
- Record of remuneration paid to employees
- Unemployment benefits

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

Print Students Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_



**NETWORK/INTERNET ACCEPTABLE USE AGREEMENT**

Pinellas County Schools use computers to support learning and to enhance instruction. Computer networks in the schools allow students and staff to interact with many computers. The Internet, a network of networks, allows people to interact with hundreds of thousands of networks and computers. Internet access is now available to designated students in Pinellas County Schools. This resource offers vast, diverse, and unique resources to students that will allow them to communicate with people from around the world, visit electronic libraries, perform research on a variety of subjects, and participate in special projects with students from all points on the globe. The goal in providing this service is to promote educational excellence in schools by facilitating resource sharing, innovation, and communication. This technology will benefit all students as they prepare for work in a global marketplace.

The student is expected to follow all guidelines stated below, as well as those given orally by the staff, and to demonstrate ethical behavior that is of the highest order in using the network facilities at the school.

**1. Acceptable Use:**

The purpose of the Internet is to facilitate communications in support of research and education by providing access to unique resources and the opportunity for collaborative work. The use of the student's account must be in support of and consistent with the educational objectives of Pinellas County Schools. Use of other organizations' networks or computing resources must comply with the rules appropriate for that network. Transmission of any material in violation of any U.S. or state regulation is prohibited. This includes, but is not limited to: copyrighted material, threatening or obscene material, or material protected by trade secret. Use for commercial activities is generally not acceptable. Use for product advertisement is also prohibited.

**2. Privileges**

The use of the Internet is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges. The districtwide network system administrator is the supervisor of distributive and user support systems. In addition, the principal will appoint a staff member to act as the school's network system administrator. Students may not allow others to use their account name or their password. Violation of this rule could jeopardize access to the Internet and students who violate this rule will immediately lose all network and computer access. The school's network system administrators will deem what is inappropriate use and their decision is final. Also, the school's network system administrators may close or restrict an account at any time as required. The administration and staff of the district or the school may also request the districtwide network system administrator or the school's network system administrator to deny, revoke, or suspend specific user access.

**3. Network Etiquette**

Students are expected to abide by the generally accepted rules of network etiquette. These include, but are not limited to the following:

- a. Do not reveal personal address, phone numbers, or other personal information of yourself or classmates.
- b. Be polite. Do not get abusive in messages to others.
- c. Use appropriate language. Do not swear, use vulgarities, or any other inappropriate language.
- d. Do not engage in activities that are prohibited under state or federal law.
- e. Do not assume that electronic mail is private. People who operate the system do have access to all mail. Messages relating to or in support of illegal activities may be reported to the authorities.
- f. Do not use the network in such a way that would disrupt the use of the network by other users.
- g. All communications and information accessible via the network should be assumed to be private property.

**4. Services**

- a. Pinellas County Schools will not be responsible for any charges related to fee for service access to on-line resources services incurred by account holders without prior written approval being received from the district.
- b. Pinellas County Schools makes no warranties of any kind, either expressed or implied, for the service it is providing. Pinellas County Schools will not be responsible for any damages suffered. This includes loss of data resulting from delays, non-deliveries, mis-deliveries, or service interruptions caused by its own negligence or errors or omissions including any and all viruses. Use of any information obtained via the Internet is at the student's own risk. Pinellas County Schools specifically denies any responsibility for the accuracy or quality of information obtained through its services.

**5. Security**

Security on any computer system is a high priority, especially when the system involves many users. If the student can identify a security problem, the student must notify the school's network system administrator or the Pinellas County Schools districtwide network system administrator and should not demonstrate the problem to other users. Attempts to logon to the Internet as a network system administrator will result in cancellation of user privileges. Any user identified as a security risk or having a history of problems with other computer systems may be denied access to the Internet.

**6. Vandalism**

Vandalism will result in cancellation of Internet privileges. Vandalism is defined as any malicious attempt to harm or destroy data of another user, Internet, or any of the above listed agencies or other networks that are connected to Pinellas County Schools. This includes, but is not limited to the uploading or creation of computer viruses.

**STUDENT**

I understand and will abide by the Network and Internet Use Agreement. I further understand that any violation of the regulations stated is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school disciplinary and appropriate legal action may be taken.

Name of Student \_\_\_\_\_ School \_\_\_\_\_

User Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENT OR GUARDIAN**

As the parent or guardian of this student, I have read the Network and Internet Use Agreement. I understand that my child's access is designed for educational purposes. I recognize it is impossible for Pinellas County Schools to restrict access to all controversial or offensive materials and I will not hold them responsible for materials acquired on the network. Further, I accept full responsibility for the supervision, if any, when my child's use is not in a school setting. I have read and understand the information in this agreement and hereby give my permission for my child to use the Internet pursuant to the terms of this agreement.

Parent or Guardian's Name (please print) \_\_\_\_\_

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_



PINELLAS COUNTY SCHOOLS  
MEDIA RELEASE FORM

During the school year, Pinellas County Schools may produce, reproduce, broadcast or publish student names, likenesses and/or voices on multiple media formats, including but not limited to:

- WPDS-Ch. 14
- Written publications
- District websites
- School websites
- Teacher websites
- Social Media Sites

All documents on district-sponsored websites are required to conform to school board policies, including Policy 7.33, Use of Electronic Resources.

In addition, news media, including representatives of television, radio, newspaper and magazines, are periodically permitted on school board property and may take notes, still photographs, sound recordings and/or video that may include your child. These items may appear or be used in news or feature stories by print, television or radio media.

Pursuant to Section 540.08 and Section 1002.22, Florida Statutes, the school board is required to obtain express written permission before using any student's name or likeness in the above described manner. If you do not object to the use of your child's name, picture or voice for any purpose mentioned above, please sign the form below granting your consent pursuant to Section 540.08(1) and Section 1002.221(2)(a), F.S. If you have any questions, please contact the principal of your child's school.

If the student or parent/guardian wishes to rescind this permission, he or she may do so at any time with written notice. Unless rescinded, this permission will remain in effect in subsequent years.

REGARDING: \_\_\_\_\_  
(name of student)

NAME OF SCHOOL: \_\_\_\_\_

**I grant permission to use the above student's name, likeness and/or voice in the manners described above.**

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

\_\_\_\_\_  
Student's signature (if 18 or older)

\_\_\_\_\_  
Parent or guardian's signature (if student is under 18)

PINELLAS COUNTY SCHOOLS  
DIRECTORY INFORMATION OPT-OUT LETTER  
2016-2017 SCHOOL YEAR

Dear Parent or Guardian:

**Part 1:** The following information in your child's school records is not confidential and may be released without your consent. This information is known as directory information. **Complete and return this form to your child's principal if you do not want directory information released concerning your child.** Please select the directory information below that you do not want released.

**DIRECTORY INFORMATION**

- Student's name
- Photograph (e.g., yearbook)
- Major field of study
- Grade level
- Enrollment status
- Dates of attendance
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Degrees, honors and awards received
- The most recent educational agency or institution attended
- Subsequent educational agency or institution attended
- Academic work used for publication or display

**Part 2:** High School only: Additionally, military recruiters and institutions of higher education are entitled under federal law to a list of names, addresses, and telephone numbers of **high school students** unless you object to such release.

- I do not want my child's information released to military recruiters
- I do not want my child's information released to institutions of higher education

**Part 3:** Please complete information below.

Print Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent Signature/Date \_\_\_\_\_

PLEASE RETURN TO YOUR CHILD'S PRINCIPAL.  
WE WILL PROCESS YOUR REQUEST WITHIN A REASONABLE AMOUNT OF TIME AFTER RECEIVING IT.  
REQUEST IS ONLY VALID FOR THE CURRENT SCHOOL YEAR.

PINELLAS COUNTY SCHOOLS  
EDUCATIONAL ALTERNATIVE SERVICES  
INSTRUCTIONS FOR COMPLETING THE ENROLLMENT FORM/RESIDENCY QUESTIONNAIRE

Student Name	School	Grade	Date of Birth	
Street Address	City	State	Zip	(Area Code) Phone Number

**SECTION A**

AS THE PARENT(S) OR GUARDIAN(S) OF THIS SCHOOL—AGED CHILD(REN), IF YOU ARE CURRENTLY LIVING IN A HOME, APARTMENT, TRAILER, CONDO, OR OTHER HOUSING AND YOUR NAME IS/ARE ON THE LEASE OR MORTGAGE, PLEASE CHECK THE BOX.

❖ IF YOU CHECKED THE BOX IN SECTION A PLEASE **STOP** AND SIGN FORM AND SUBMIT TO SCHOOL. IF YOU DID NOT CHECK THE BOX, MOVE TO SECTION B

Parents/Guardians: The answers you give below will help the district determine which services your child(ren) may be able to receive. Under the federal McKinney-Vento Homeless Assistance Act, students who are determined to be homeless or in transition in their living situation may be provided to transportation to their school of origin (even if they are out-of-zone), free meals, and free school supplies.

The Act also mandates immediate enrollment of these students even if the student/parent does not have all required documentation (such as proof of residency, immunization, birth certificate). However, the required documents shall be submitted to the appropriate school staff within 30 days.

**SECTION B**

Presently, where is the student living? Check one box.

- In an emergency or transitional shelter housing because I do not have permanent housing
- With more than one family in a house or apartment due to economic circumstances (also known as "doubled-up" or "shared housing")
- In a hotel or motel
- In a tent, car, van, abandoned building, on the streets, at a campground, or other unsheltered location
- Awaiting foster care
- In a residence, but the home lacks electricity, running water, gas or is over-crowded
- Unaccompanied minor not living with a parent or legal guardian (may be in shared housing or "couch surfing")
- Other temporary living situation: (please describe) \_\_\_\_\_

❖ IF YOU CHECKED ANY OF THE BOXES IN SECTION B PLEASE PROCEED WITH COMPLETING SECTION C. IF YOU DID NOT CHECK ANY BOXES IN SECTION B, PLEASE **STOP** AND SIGN FORM AND SUBMIT TO SCHOOL

**SECTION C**

Factors contributing to the student's current living situation (check all that apply):

- Mortgage foreclosure    Natural Disaster    Flooding    Hurricane    Tropical Storm    Tornado    Wildfire/Fire
  - Earthquake    Other (unemployment, health issues, domestic violence, forced eviction, man-made disaster, etc.)
- (Please explain): \_\_\_\_\_

The student(s) live with: (check all that apply)

- parent(s)    legal guardian(s)    alone with no adult    temporary foster care placement
- a relative, friend or other adult that is not legal guardian relationship: (please describe) \_\_\_\_\_

Please provide information for siblings (brothers or sisters) of student listed above (if additional lines are needed, attached another page).

NAMES OF OTHER STUDENTS IN THE HOME	SCHOOL (INCLUDE HEAD START, EVEN START, OR PRE-K)	D.O.B.	GRADE	M/F

Person Completing the Form (Print Name)	Signature	Date
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PINELLAS COUNTY SCHOOLS  
HOME LANGUAGE SURVEY

ADMINISTER TO EACH NEW STUDENT ENROLLING IN A FLORIDA PUBLIC SCHOOL FOR THE FIRST TIME

Student's Last Name \_\_\_\_\_ Student's First Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Country of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current Grade \_\_\_\_\_  
 Date Entered U.S. Schools \_\_\_\_\_ Assigned School \_\_\_\_\_

The information provided on this form is used solely to offer appropriate educational services, not for determining legal status or for immigration purposes.

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

- a. Is a language **other than English** spoken at home?                      Yes \_\_\_ No \_\_\_ What language? \_\_\_\_\_
- b. Does the student have a first language **other than English**?                      Yes \_\_\_ No \_\_\_ What language? \_\_\_\_\_
- c. Does the student most frequently speak a language **other than English**? Yes \_\_\_ No \_\_\_ What language? \_\_\_\_\_

ANY "YES" ANSWERS WILL RESULT IN TESTING TO DETERMINE ELIGIBILITY FOR ESOL SERVICES. BECAUSE OF THE LARGE NUMBER OF STUDENTS TO BE TESTED, THERE MAY BE A DELAY IN TESTING OF UP TO 4 WEEKS. CLASSROOM TEACHERS WILL ADJUST THEIR INSTRUCTION TO MEET THE ELL STUDENT'S NEEDS. EVEN IF YOUR CHILD IS IDENTIFIED AS AN ELL, YOU MAY DECLINE THE PLACEMENT INTO ESOL CLASSES.

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

**SCHOOL USE ONLY**

**If answers to above questions are all NO:** file Home Language Survey in cum folder

**Any YES responses, K-12:** Give HLS to ESOL Teacher or send to ESOL Office for testing

**ESOL USE ONLY**

**English Language Learner (ELL):**    Yes    No                      **ELL Status:**    LY    LF    TZ

**Basis of Entry:**                      A    R    L    T                      **Basis of Exit**    H    I    J    L

Classification Date \_\_\_\_\_ Entry Date \_\_\_\_\_ Exit Date \_\_\_\_\_

Native Language \_\_\_\_\_ Tester \_\_\_\_\_

Comments \_\_\_\_\_

TEST NAME	TEST DATE	Title	Level (local) (Lvl) A-B-C-D	Rating (local) (RTG) BEG=1 LIN=2 HIN=3 PRF=4	Scale Score (SS)
Online CELLA (Form 3)		Listening/Speaking			
Other:		Reading			
		Writing			
		Comprehensive/ (Total)			

Check if applies:  
 Pre-K student with "YES" responses: code LY basis of entry T