

Welcome to RRHS!!

Attached are documents that are required in order to register your student with us. In addition, please answer the questions below.

Is your student a current Pasco County student?

Yes

No

If Yes, then please include the student's number here _____.

Does your student have a 504 plan or IEP?

Yes

No

If yes, then please include a copy of your student's plan when you return the registration packet. IF YOUR STUDENT IS A CURRENT PASCO COUNTY STUDENT YOU DO NOT NEED TO INCLUDE A COPY, WE HAVE ACCESS TO THOSE DOCUMENTS.

Will your student be attending traditional face – to – face classes, or would you prefer mySchool Online?

Traditional

mySchool Online

PARENT RESOURCES

myStudent

The myStudent parent portal is a tool designed to enhance communication and involvement for you in your child's education. This portal will allow you to monitor your child's progress in school by providing timely access to academic and attendance information. In addition, this tool will allow parents ongoing access to their student's test history information. This communication tool will improve your ability to assist your child and to communicate with their teacher(s).

Parents will access the parent portal account through the following steps:

1. Navigate to the Pasco County Schools Website
2. Selecting the PARENTS menu
<http://www.pasco.k12.fl.us/parents>
3. Select Check Grades / Attendance under the PARENT LINKS menu area located on the right side of the screen.

myPascoConnect

Students in Pasco County Schools utilizes myPascoConnect for accessing all of their digital resources which require username and password authentication.

Students can access myPascoConnect at mypascoconnect.pasco.k12.fl.us.

Students credentials are as follows:

Username: Student ID/Lunch Number Ex. 123456

Password: myPascoConnect Password Ex. Stars21#

Office 365

Pasco County Schools offers the Microsoft Student Advantage program, which allows our students to download and install Microsoft Office ProPlus desktop applications on their home computers and devices for FREE!

1. Log into myPascoConnect
2. Click on Office 365
3. Click on Install Office Apps
4. Where it says to "Sign in with your organization account" enter your username in the format 123456@student.pasco.k12.fl.us where 123456 is your 6-digit student number.
5. Click in the "Password" field and type in your myPascoConnect password. Click the "Sign In" button.



River Ridge High School Royal Knights

Required Documentation

Evidence of Residence: 3 Documents Required

Owned Residence – Deed or Property Tax Assessment records, and a copy of a current utility (electric/water) bill or Initial order for service; and one of the following current documents supporting stated address: auto registration, Florida driver's license, Florida ID card, or voter's registration as evidence that parent(s) own and live at the residence.

Leased Residence – Current lease or rental agreement or a notarized letter from the landlord, and a copy of a current utility (electric/water) bill or Initial order for service; and one of the following current documents supporting stated address: auto registration, driver's license, Florida ID card, or voter's registration as evidence that parent(s) lives at the residence.

Other:

Birth Certificate (original required for copying) or other evidence of age

Physical (dated and signed by a health professional within one (1) year of enrollment (first day of school).

Current DH 680 State of Florida Immunization Form that is transcribed by a health professional)

Social Security card.

If applicable:

Legal documents i.e., a copy of any current judgment of divorce (dissolution of marriage) or other court order establishing the right of custody will be required for registration.



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:

Entry Date/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 IC _____

Bus Letter/Pass Yes _____ No _____

Bus Stop Number _____

Bus Number _____

Home Lang. Date _____

Migrant IC _____

Emergency Card IC _____

Cum/Folder Made Yes _____ No _____

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

MIS Form #148
Rev. 4/17
BACK

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:

	First	Last	School	Grade
1.				
2.				
3.				
4.				

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 (soy, 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 §837.08 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 Signature: _____

Date: _____



DISTRICT SCHOOL BOARD OF PASCO COUNTY
GRADES 0 - 12 ACCESS AND EMERGENCY INFORMATION CARD

MIS Form #415
Rev. 4/17

Updated Info.

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

Primary Phone _____
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, stings, 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

Student _____ Grade _____

MIS Form #415
Rev. 4/17 Back

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 provide 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 §2.825. 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.

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, scoliosis, blood pressure, and height and weight screening at certain grade levels. In addition, the school nurse conducts classroom, individual, and small group presentations on health issues such as absenteeism, 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 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 if provided 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
Students In Transition (SIT) Program
 Student Eligibility Questionnaire

MIS 140
 Rev. 04/10

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) 794-2600



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



DISTRICT SCHOOL BOARD OF PASCO COUNTY
 7227 Land O' Lakes Boulevard
 Land O' Lakes, Florida 34638
**AUTHORIZATION FOR RELEASE OF RECORDS
 AND/OR INFORMATION FROM RECORDS**

MIS Form #791
 Rev. 7/15

Please print or type:

RECORDS TO BE RELEASED TO Beth Vogel, Registrar evogel@pasco.k12.fl.us
Contact Person
 School/Agency River Rldge High School / Fax 727-774-7391 Phone 727-774-7228
 Address 11646 Town Center Road, New Port Richey, FL 34654

RECORDS TO BE RELEASED FROM _____
Name of School/Agency/Person
 Address _____

I, _____, do hereby authorize the release of the following information on _____

Student Name	Date of Birth	Student #
from the above named school/agency/person:		
<input type="checkbox"/> Entire Cumulative Record Folder (Applicable for student transfer to another school or system)	<input type="checkbox"/> Medical/Health Records (including speech, language, hearing, vision reports and immunization records)	
<input type="checkbox"/> Exceptional Student Education Records	<input type="checkbox"/> Official School Transcript	
<input type="checkbox"/> Grades at Time of Withdrawal	<input type="checkbox"/> Psychiatric Evaluation	
<input type="checkbox"/> Grading System	<input type="checkbox"/> Psychological/Social Work Reports	
<input type="checkbox"/> Graduation Requirements	<input type="checkbox"/> Standardized Test Scores	
<input type="checkbox"/> Home Language Survey	<input type="checkbox"/> Treatment/Services Plan	
<input type="checkbox"/> Record of Achievements, Special Awards/Activities		
<input type="checkbox"/> Other Confidential Records (specify): _____		

AUTHORIZATION FOR EXCHANGE OF INFORMATION/RELEASE OF CLIENT RECORDS

These records will be for the professional use of authorized District School Board of Pasco County personnel only. Records will be used for educational planning, placement, and/or evaluations. Parent permission is not required when records are requested from authorized personnel or from officials of schools/school systems in which the student seeks to enroll (Family Educational Rights and Privacy Act of 1974, FERPA). Records information shall not be released except on the condition that they will not subsequently be transferred to a THIRD PARTY without first obtaining the proper consent of the parent or eligible student.

Conditions of this exchange of information shall be in compliance with federal regulations, the Family Educational Rights and Privacy Act of 1974 (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and all other applicable federal laws, state statutes, State Board of Education Rules, and local School Board policy.

This authorization shall be terminated one year from the date of signature unless otherwise specified. This consent may be revoked by the client/representative at any time. Revocation has no effect on action previously taken.

Signature of Parent/Guardian or Eligible Student _____

Date _____



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/>