



# Pasco County Schools

Kurt S. Browning, Superintendent of Schools  
7227 Land O' Lakes Boulevard • Land O' Lakes, Florida 34638

## REGISTRATION REQUIREMENTS

All students must attend the school in the district where their parents/legal guardians reside unless they have an approved assignment to another school or program (e.g., School Choice). Applications for School Choice may be obtained by visiting the [Educational Options](#) website. Completed applications must be submitted during specified application periods.

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. Section §837.06, Florida Statutes, provides that, "Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her 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 section 92.525, Florida Statutes. 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school officials false information regarding your residence when enrolling your child may result in your child being withdrawn and/or reassigned to the appropriate zoned school, and referral of the matter to law enforcement for possible criminal prosecution.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.**

### First Time Entry (All documents must be presented for admission)

- Students entering Kindergarten
- Students entering Pasco County Public Schools from public or private schools out of state or out of country

### Required Documentation

#### **Evidence of residence:**

\_\_\_ 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 registration as evidence that parent(s) owns and lives 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 registration as evidence that parent(s) lives at the residence.

#### **Other:**

- \_\_\_ Birth certificate (original required for copying) or other evidence of age. [Please see section 1003.21, Florida Statutes, for a complete list of acceptable documents](#)
- \_\_\_ 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. (See [Immunization/Physical Requirements](#) for school entry)
- \_\_\_ Social Security number, if available (verify number with card; do not copy card). The district shall request each student enrolling in school provide his or her social security number as required by section 1008.386, Florida Statutes. Parent disclosure of their child's Social Security number is voluntary.

#### **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.

Note: Please see the Student Progression Plan for information regarding Kindergarten/First Year Primary Legal Requirements for enrollment.

ANY CHANGE  
OF ADDRESS

ANY CHANGE  
OF ADDRESS

ANY CHANGE  
OF ADDRESS

ANY CHANGE  
OF ADDRESS

### Students Previously Enrolled Within the State of Florida

- Students Previously Enrolled in Pasco County Public Schools
- Students Previously Enrolled in Public School Within the State of Florida
- Students Previously Enrolled in Private School Within the State of Florida
- **Students who have had a change in residential address.**

### Required Documentation

#### **Evidence of residence:**

- \_\_\_ 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 registration as evidence that parent(s) owns and lives 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 registration as evidence that parent(s) lives at the residence.

#### **Other:**

- \_\_\_ A student who has previously been enrolled in a Florida school can attend for up to 30 school days until immunization records can be obtained. If after that time required immunization records are not available or incomplete, the student shall be temporarily excluded. (F.S. 1003.22)
- \_\_\_ If a student has ever been in a Florida public or private school at any time throughout his/her school career, a new physical examination is NOT required for entry.

#### **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.

Note: Please see the Student Progression Plan for information regarding Kindergarten/First Year Primary Legal Requirements for enrollment.

### **Homeless Students**

Authorized under Federal law through the McKinney-Vento Homeless Education Assistance Act, the Students In Transition (S.I.T.) Program provides services to ensure identified homeless children and youth have access to a free and appropriate public education by removing barriers due to homelessness. Additional information can be found at [Students in Transisiton Program website](#).

### **Affidavit of Residency**

All students must reside with at least one parent or legal guardian. Proof of guardianship is a photocopy of the court order appointing guardianship. Under extenuating circumstances, a notarized Affidavit of Residence may be accepted if proof of residence can be validated. For additional information regarding this option, please visit your school of residence.

**Transportation: School based personnel assigns the closest and safest school bus stop available to the residence of the student. Changes to the bus stop location, i.e. the stop available is not close enough to the residence, are handled by Transportation.)**

### **Legal Notices**

Additional information concerning parental/legal notices can be accessed at the district’s [Parent and Legal Notices](#) website. We welcome parents and students to familiarize themselves with this information to ensure a safe and healthy learning environment for students.

**Please choose the 3 items you, the parent/legal guardian, are including with your enrollment packet as your current proof of residential address for the student:**

- 1)
- 2)
- 3)

**Are you attending CLMS based on an approved & accepted school choice application?**

**If so, you only need to provide 1 of the above noted proofs of residency to ensure an accurate address is recorded in myStudent.**



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? Student will need bus transportation?

Resident of Pasco County?

Primary Phone ( ) Unlisted?  
Area Code Phone Number

The primary phone number listed above is a?

Is the student Hispanic or Latino?

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

Sex (M/F) 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? If yes, which grade(s)?

Has the student ever been enrolled in an alternative, ESOL, gifted, or special education program(s)?  
If yes, which program(s)? Is the student presently in this program(s)?

Does the student have a health condition that substantially interferes with his/her learning?

Has the student dropped out of school and is now returning? If yes, when did the student last attend school?

Are the driver license requirements the reason or one of the reasons why the student is enrolling?

Has the student been arrested resulting in a charge and juvenile justice action?

Has the student ever been recommended for expulsion? If yes, which school year(s)?

FOR KINDERGARTNER ONLY:

Did the student attend a PreK program (includes churches) or a family day care home in Pasco County last year? If yes, did the student receive a government subsidy to pay the total or partial cost of this PreK child care last year?

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 \_\_\_





DISTRICT SCHOOL BOARD OF PASCO COUNTY  
GRADES 6 – 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 \_\_\_\_\_

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 \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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**

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 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.

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

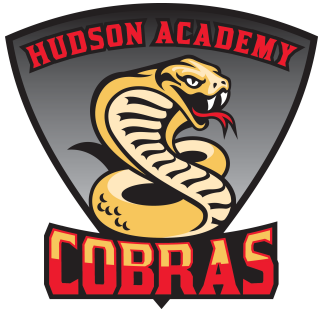
Dentist's Name \_\_\_\_\_ Phone: \_\_\_\_\_

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

PRINT -- PARENT/GUARDIAN NAME

PARENT/GUARDIAN SIGNATURE

DATE



# Hudson Academy Exceptional Student Education

---

Student Name: \_\_\_\_\_

Are there any custody issues, injunctions, or legal proceedings involving this student? (If yes, please provide legal documentation)

Does the student currently have a 504 Plan?

(A 504 Plan applies to children with medically recognized disabilities and may include testing accommodations, accessibility accommodations, etc.)

Is the student receiving any ESE services?

(ESE (Exceptional Student Education) services may include but are not limited to: Speech, Language, Physical, or Occupational therapy, etc.)

Does the student have a current IEP?

(An IEP (Individual Education Plan) commonly applies to students who receive ESE services.)

Does the student have a current PMP?

(A PMP (Progress Monitoring Plan) commonly applies to students who are below grade level expectations in reading, writing, math, or science; interventions may be taking place in small groups within the classroom setting.)

Has the student been retained or “held back”?

If yes, what grade level was repeated? \_\_\_\_\_

Please indicate why the student was retained:

Parent/guardian request

Administrative placement

FCAT or other standardized scores

Other: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

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



## NOTICE OF CHANGES DISTRICT SCHOOL BOARD OF PASCO COUNTY MEDIA RELEASE NON-CONSENT FORM

Dear Parent(s) and Guardian(s):

In order to celebrate the many accomplishments of our students, The District School Board of Pasco County frequently submits press releases to local media. These releases may include certain pieces of student information, including, but not limited to, student names, honors and awards received, non-graded student work, student photographs, and video and/or voice recordings. In addition, the District may also display this information in various District-sponsored publications, at school or public functions, **and in the school yearbook.**

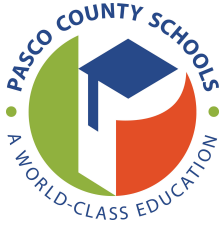
The Federal Family Educational Rights and Privacy Act (FERPA) allows school districts to release certain pieces of school “directory information”, including many of those listed above, unless parents choose to exercise their right of refusal.

Previously, the District required parent(s) and/or guardian(s) return a signed MIS #667, “Media Release Form”, each year prior to the release of photos, videos, student work, and school-related directory information. Beginning in the 2012-2013 school year, the District began requiring a signed form **ONLY** from those parent(s) and/or guardian(s) who wish to refuse permission for all such media releases and public displays.

If you agree to allow the District School Board of Pasco County to publish and/or display this information for non-commercial purposes and without cost, **NO ACTION IS REQUIRED.**

If you **DO NOT** grant permission for the District to release this information in the manner stated above, you must complete and return a signed District School Board of Pasco County MIS #667, “Media Release Non-Consent Form”, available in the administrative office of your child’s school and on the District web site ([http://www.pasco.k12.fl.us/library/is/forms/mis\\_667.pdf](http://www.pasco.k12.fl.us/library/is/forms/mis_667.pdf)). Please note that a “Media Release Non-Consent Form” is considered valid for one (1) school year.

For more information on FERPA and your rights as a parent, please visit:  
<http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>



**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?

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?

**"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?

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.

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  
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, FROM SECTION 1, 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?

- 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	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**  
**RESPONSIBLE ELECTRONIC USE RULES FOR STUDENTS**

MIS Form  
#191  
Rev. 2/16

**I have access to the Internet, school networks, district provided electronic accounts, email, and electronic devices and other “electronic resources” so I can:**

- expand my learning;
- communicate with others about what I am learning;
- research topics for class projects or for my personal learning;
- create products highlighting my learning;
- learn how to be a responsible and productive digital citizen.

**Here are some things I need to know:**

- Electronic devices include but are not limited to computers, netbooks, iPads, iPods, tablets, cell phones, cameras, and other electronic devices that allow me to create and communicate.
- I am responsible for all my online activities that take place through the network connection with my school’s devices, **electronic accounts, email**, or through access with **my** own personal electronic devices.
- I am responsible for obeying all laws, including copyright. This also means I may not use the District logo or other District-owned content on my personal posts.
- I do not have the right of privacy when accessing the Internet or network while at school.
- Communicating electronically includes using my camera and cell phone to communicate visually.
- When communicating electronically, **I should** ask myself: Is it safe? Is it kind? Is it respectful? Is it appropriate?
- I do not have an **absolute right** to take, publish/post photographs or videos of others at school, as it may impact their individual rights of privacy.
- Bullying or harassing someone either in person or electronically is wrong, violates the Code of Student Conduct, and is against the law.
- Information I find on the Internet is not necessarily true or accurate.
- There are filters to prevent access to inappropriate information, but no filter is perfect. Every user must take responsibility for his or her use of the network and Internet and avoid objectionable sites, content and communication.
- The District reserves the right to monitor, inspect, copy, review and store, without prior notice, information about the content and usage of internet, school networks, district issued electronic accounts, email and electronic devices. Students should have no expectation of privacy over matters sent or received through such electronic resources.
- I can learn more about being a responsible digital citizen at <http://www.safeflorida.net/safesurf>.

**Here’s what I agree to do as a responsible and productive digital citizen:**

- I will follow all school rules and laws when using electronic devices at school.
- I will not damage equipment, upload harmful files, damage files, delete files, or access someone else’s account or files because it impacts others.
- I will keep my password to myself and will not share it with others.
- I will not search for or try to access obscene, harmful, or inappropriate material.
- If I accidentally access inappropriate materials, I will close the window and tell a responsible adult.
- I will not post or send hurtful, offensive or inappropriate material.
- I will behave honestly, fairly, and with integrity when posting online, including my social networks.
- I will follow rules of network etiquette, and I will be polite when communicating with others electronically. I will not use bad language or access messages from others who use bad language.
- I will not post or share pictures of others without their knowledge and approval.
- I will stay safe and will never meet or give out personal information such as my name, phone number, or address to someone I meet on the Internet without the express permission of my parents and/or teachers.
- I will discuss my online activities with my parents so they understand how I am learning to be a digital citizen.
- My teachers and administrators have the right to access whatever I do online while in school if they are concerned about my safety or the safety of others.
- I will not use others’ work without permission or without citing their work according to copyright laws.
- If I’m not sure how to do something or whether something is okay to access or do, I will ask a responsible adult.

**What happens if I violate these rules and am not a responsible digital citizen?**

- Violations of these rules will result in disciplinary action according to the Student Code of Conduct.

**Parent (s) Guardian of Students:**

As the parent or guardian of this student, I have read the Responsible Electronic Use Rules for Students and understand the policies and provision within.

Student Signature

Print Name

Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature

Print Name

Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Failure to sign this agreement does not relieve me from complying with the guidelines.



**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** \_\_\_\_\_

Contact Person

School/Agency \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

**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:

\_\_\_\_\_ Entire Cumulative Record Folder (Applicable  
for student transfer to another school or system)

\_\_\_\_\_ Exceptional Student Education Records

\_\_\_\_\_ Grades at Time of Withdrawal

\_\_\_\_\_ Grading System

\_\_\_\_\_ Graduation Requirements

\_\_\_\_\_ Home Language Survey

\_\_\_\_\_ Record of Achievements, Special Awards/Activities

\_\_\_\_\_ Other Confidential Records (specify): \_\_\_\_\_

\_\_\_\_\_ Medical/Health Records (including  
speech, language, hearing, vision reports  
and immunization records)

\_\_\_\_\_ Official School Transcript

\_\_\_\_\_ Psychiatric Evaluation

\_\_\_\_\_ Psychological/Social Work Reports

\_\_\_\_\_ Standardized Test Scores

\_\_\_\_\_ Treatment/Services Plan

**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

Joseph Musselman  
Principal



Hudson Middle School

14504 Cobra Way • Hudson FL  
34667 • Phone: (727) 246-1600  
(727) 774-8200 • fax (727) 774-8291

Phillip Kupczyk  
Assistant Principal  
Steve Casel  
Assistant Principal

**Family School Compact 2020-2021**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student #: \_\_\_\_\_ Parent Email Address or Contact: \_\_\_\_\_

Hudson Middle School strives to provide students with academic and social skills necessary for future success through rigorous learning opportunities. We are dedicated to creating lifelong learners through an active and safe academic environment founded on the belief that all students can learn, achieve, and succeed through the cooperative efforts of the student, family, school and community. As we are partners in education, we must each accept responsibility for our role.

**As a student I will:**

- Attend school every day ready to learn.
- Be a responsible school citizen.
- Follow our school-wide expectations: Respectful, Responsible, Safe, Problem Solver

A goal I set for myself this year is: \_\_\_\_\_

**As a family we will:**

- Encourage regular attendance from 8:30 AM – 3:08 PM and monitor our student’s progress.
- Support and encourage high expectations for academic achievement and appropriate behavior.
- Support excellence through active school involvement.

A goal we can set for our family is: \_\_\_\_\_

**As a school we will:**

- Provide a safe, positive family friendly environment.
- Model and promote Cougar Pride while valuing cultural differences in our school community.
- Meet individual student’s academic, social and emotional needs through high quality instruction and communicate progress regularly.

I have received a copy of the District School Board of Pasco County brochure **Parent Engagement Matters: A Guide to Title I** explaining the goals of Title I schools.

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

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

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for being partners in education!

**District School Board of Pasco County**

The District School Board of Pasco County is System Accredited by AdvancED/Southern Association of Colleges and Schools.

**Kurt S. Browning**  
Superintendent of Schools