

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

## Registration Checklist

As a student seeking registration to MYcroSchool, please submit the following documentation in order to be enrolled in the school:

**All forms are required and need to be fully completed, unless otherwise noted:**

- \_\_\_\_\_ Student Information
- \_\_\_\_\_ Parent/Guardian Information
- \_\_\_\_\_ Emergency Contact List
- \_\_\_\_\_ Home Language Survey
- \_\_\_\_\_ Official Request for Student Records
- \_\_\_\_\_ Photo Release Form
- \_\_\_\_\_ E-rate Survey
- \_\_\_\_\_ Letter from Superintendent
- \_\_\_\_\_ Signed Acknowledgment Form
- \_\_\_\_\_ Student Picture TD (drivers license, FL ID, Student ID, or Passport)
- \_\_\_\_\_ Student Birth Certificate
- \_\_\_\_\_ Student Social Security Card
- \_\_\_\_\_ Proof of Pinellas County Residency (utility bill, water bill, lease agreement)
- \_\_\_\_\_ Florida Health Immunization Record
- \_\_\_\_\_ PCS Educational Alternative Services/Residency Questionnaire
- \_\_\_\_\_ Student Clinic Card & Release Form
- \_\_\_\_\_ Student Expectations for Attending MYcroSchool
- \_\_\_\_\_ Title 1 School- Parent Compact

How did you hear about MYcroSchool? \_\_\_\_\_

### FOR OFFICE USE ONLY

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

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

Your Age Today: \_\_\_\_\_

### Student Information

Student Legal Name (Last, First, Middle I)		Student Former Name or AKA	
Address		City	State Zip
Student Soc. Sec. # (optional)	Home Telephone#	Best Contact during day	
Student's Email:		Parent/Guardian Email:	
Student Race/Ethnic Origin <input type="checkbox"/> W-White, Non-Hispanic <input type="checkbox"/> H-Hispanic <input type="checkbox"/> A-Asian/Pacific Islander <input type="checkbox"/> B-Black, Non-Hispanic <input type="checkbox"/> M-Multiracial <input type="checkbox"/> I-American Indian/Alaskan Native			
Student Gender <input type="checkbox"/> M <input type="checkbox"/> F	Student Date Birth (mm/dd/yyyy)	Parent or Guardian Active Member of Uniform Services (Army, Navy, Marines, Air Force, Coast Guard) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Student Origin of Birth: <input type="checkbox"/> USA Other: _____; City _____ State _____		If student's country of birth is not USA what date did the student enter USA? _____	

### PREVIOUS EDUCATION INFORMATION

Name of Last School Attended		Last School attended Telephone		School Type (Circle One) <b>Public or Private</b>
City and County of Last School Attended				State of Last School Attended
Highest Grade Completed	Grade Level This Year	Last Year Attended School	Did the student attend school in Pinellas County before? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### REGISTRATION IS NOT VALID WITHOUT SIGNATURE

**REGISTRATION IS NOT VALID WITHOUT SIGNATURE AND DATE.** Under penalties of perjury, I declare that I have read the foregoing form and that the facts stated in it are true and accurate. Florida Statutes Sec.92.525 (3) provides that whoever knowingly makes a false declaration under penalties of perjury is guilty of a felony of the third degree.

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

\_\_\_\_\_  
Date

### PARENT/GUARDIAN INFORMATION

	Students First Name	Students Last Name
<b>Mother or Guardian</b>	Last, First Name	Cell #
	Day #	Night #
	Address if not the same as student (house#, street name, apartment #, city, state, zip code)	
	E-mail address (optional)	
<b>Father or Guardian</b>	Last, First Name	Cell #
	Day #	Night #
	Address if not the same as student (house#, street name, apartment #, city, state, zip code)	
	E-mail address (optional)	

#### IMPORTANT, EVERYONE MUST ANSWER QUESTIONS BELOW

- A. Is there a visitation order or other court order barring either parent from removing the student during the school day or coming into contact with the student?  
If YES, provide school with a copy of court order. \_\_\_ Yes \_\_\_ No
- B. Do parents have shared parental responsibility? \_\_\_ Yes \_\_\_ No

PURSUANT TO FLORIDA STATUE 1006.07:

HAS YOUR CHILD EVER BEEN EXPELLED FROM A PREVIOUS SCHOOL? \_\_\_ YES \_\_\_ NO

HAS YOUR CHILD EVER BEEN ARRESTED RESULTING IN A CHARGE, OR HAVE THERE BEEN ANY JUVENILE JUSTICE ACTIONS? \_\_\_ YES \_\_\_ NO

HAS YOUR CHILD EVER BEEN REFERRED FOR MENTAL HEALTH SERVICES? \_\_\_ YES \_\_\_ NO  
IF YES, PLEASE PROVIDE DETAILS.

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SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

**MYcroSchool  
Emergency Contact Information**

**Student Name** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Emergency Contact Information #1**

**Name** \_\_\_\_\_

**Relationship to Student** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Work Phone** \_\_\_\_\_

**Emergency Contact Information #2**

**Name** \_\_\_\_\_

**Relationship to Student** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Work Phone** \_\_\_\_\_

**Emergency Contact Information #3**

**Name** \_\_\_\_\_

**Relationship to Student** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Work Phone** \_\_\_\_\_

## Official Request for Student Records

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

Social Security No: XXX-XX-\_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

I authorize the request and the release of any and all student records.

Parent/Student Name (printed) \_\_\_\_\_

Parent Student Signature \_\_\_\_\_

Date \_\_\_\_\_

TO: \_\_\_\_\_ (Last School) Fax #: \_\_\_\_\_

The above student is seeking registration to MYcroSchool. The student has identified your school as the previous school attended. Please forward the following records upon receipt of this request.

- \_\_\_\_\_ Withdrawal Form with Current Grades
- \_\_\_\_\_ Official Transcripts
- \_\_\_\_\_ Cumulative Folder (if previous school was in Pinellas County)
- \_\_\_\_\_ Copy of Individual Education Plan or English Language Learner LEP Plan
- \_\_\_\_\_ Copy of FCAT/ACT/EOC test score report

ATTN: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Request submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Receipt: \_\_\_\_\_

## Photo Release

I hereby grant SIATech, NEWCorp, MYcroSchool, RAPSA, NEWGlobal, and its legal representatives and assigns (including but not limited to), clients, publications and agencies, irrevocable permission to use my academic work, graduation speech, photo and video in any manner, including (but not limited to) online, print, and other media. I will hold harmless SIATech and all affiliated organizations from any liability by virtue of distortion or alteration, unless it can be proven that such alterations and or distortions were done with malicious intent. The academic work, graduation speech, photo, or video will not be sold in anyway.

I \_\_\_\_\_ (student or parent of minor) have read and fully understand the contents of this release. I declare that I am or may be over the legal age of 18, and am fully competent to sign this release.

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

School Site: \_\_\_\_\_

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

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

Parent of minor signature: \_\_\_\_\_

Students' signature: \_\_\_\_\_

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

MYcroSchool Witness: \_\_\_\_\_

## E-Rate Discount Family Survey

E-Rate is a federal program that provides significant discounts on purchasing modern technology for our classrooms. We need this survey completed in order to qualify for greater discounts. This information will only be used to determine the discount for the school, and will not be made public.

**Please circle Yes or No for each question:**

1. Are your children eligible for the NSLP (National School Lunch Program) which provides free or reduced lunches, breakfasts, snacks, or milk at your school(s)?  
Yes No

2. Is your family eligible for food stamps? Yes No

3. Is your family eligible for medical assistance under Medicaid? Yes No

4. Does your family receive Temporary Assistance for Needy Families? Yes No

5. Does your family receive Supplementary Security Income? Yes No

6. Does your family receive house assistance (section 8)? Yes No

7. Does your family receive home energy assistance (LIHEAP)? Yes No

Total number of family members (count mother, father, and all children): \_\_\_\_\_

Please circle the amount which best represents your family's annual income.

\$0-\$19,240    \$19,241-\$25,900    \$25,901-\$32,560    \$32,561-\$39,220

\$39,221-\$45,800    \$45,801-\$52,540    \$52,541-\$59,200    \$59,201+

Please list the names and grades of all school children living in your home. Include the name of the school where they attend. If you need more room, please use the back of this form.

Name of child	School	Grade



**Dr. Julie Mastry**  
Principal, Pinellas MYcroSchool

Dear MYcroSchool Student,

School attendance is critical to your success in school and helps you develop good work habits that will carry over in life. In addition, your success is directly related to your attendance in school. The responsibility of school attendance is that of both parent(s) and student. The school strives to be fair and understanding with all students in the area of absences.

Per Pinellas County Public Schools attendance policy, students who accumulate fifteen or more unexcused absences in a ninety calendar day period shall be considered truant and may not be able to graduate. In addition, students who attend charter schools and have fifteen consecutive, twenty cumulative or more unexcused absences, and three tardies which counts as one absence, may be sent back to their home school due to insufficient attendance.

Student's Printed Name: \_\_\_\_\_

Student's Signature: \_\_\_\_\_



## Acknowledgment Form

Dear MYcroSchool Administration,

As the parent/guardian of \_\_\_\_\_, I am acknowledging that MYcroSchool Pinellas is a dropout recovery program with documented success in re-engaging students in the educational process and credit recovery. I understand that my child will earn a bus pass to ride city transportation to and from school as long as he/she abides by the attendance policy.

I give permission for my child to be enrolled in this educational program model so that he/she can work towards earning a high school diploma.

Sincerely,

\_\_\_\_\_  
Print Name (Parent/Guardian)

\_\_\_\_\_  
Sign Name (Parent/Guardian)

## Letter of Commitment

In signing this letter of commitment, the student and the school acknowledge the following:

In order to ensure the highest level of academic success for each student, it is MYcroSchool's policy to have regular and open communication with the student and the parent or guardian regarding all aspects of the student's program. **All students enrolled in MYcroSchool Pinellas are Pinellas County Public School students.**

- MYcroSchool will provide the student or student's parent, guardian, or advisor with regular academic reports on the student's progress.
- If the student is aware of a serious academic or ongoing interpersonal problem, they should inform the school.
- The teacher or principal will communicate by phone, email, or letter if there is a concern about a student's work. It is essential that we have a phone number where we can reach you.
- Whenever the student is absent, the school office will notify the parent to confirm the student's absence.
- **STUDENTS ARE REQUIRED TO ABIDE BY THE MYCROSCHOOL DRESS CODE. If the student is out of compliance, they can be provided proper attire for the school day. At MYcroSchool Pinellas, the atmosphere is intended to be safe, friendly and devoted to serious academic pursuits.**
- MYcroSchool will expect high standards of **personal conduct** from every student, both towards adults and other students as fully defined in the handbook.
- **School behavioral procedures, as outlined in the parent/student handbook, will be fairly and consistently enforced.**
- The student is undertaking a commitment to serious academic work, which will require a sustained effort in the classroom throughout the day and may include work outside of the normal school day. MYcroSchool will ensure both a suitable study environment and time for the student to achieve academic success. If you need to pass any part of the FSA or EOC exam, participation in FSA Preparation classes is required.

## LETTER OF COMMITMENT

By signing this document, I agree to the Letter of Commitment as defined in this handbook.

\_\_\_\_\_  
(PRINT Student Name) (Student Signature) (Date)

## REVIEW OF STUDENT HANDBOOK AND STUDENT CODE OF CONDUCT

This is to verify that I, \_\_\_\_\_, received and read the 2023-2024 Student Handbook and Pinellas County Public Schools Student Code of Conduct which includes the policies and other rules and regulations of Pinellas MYcroSchool Charter High School. In addition, I also understand that as a student of Pinellas MYcroSchool Charter High School, I am also a Pinellas County Public School Student.

\_\_\_\_\_  
(PRINT Student Name) (Student Signature) (Date)

\_\_\_\_\_  
(Parent Signature) (Date)

Contact Information:

Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_

## COMPUTER AND INTERNET USE AGREEMENT

THIS IS TO VERIFY THAT I, \_\_\_\_\_, RECEIVED AND READ THE **2023-2024 COMPUTER AND INTERNET USE AGREEMENT** WHICH INCLUDES THE POLICIES AND OTHER RULES AND REGULATIONS OF PINELLAS MYCROSCHOOL CHARTER HIGH SCHOOL.

\_\_\_\_\_  
(PRINT Student Name) (Student Signature) (Date)



## Enrollment/Re-Enrollment Student Contract

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

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

This agreement between \_\_\_\_\_ (student name) and Pinellas MYcroSchool states that student will be enrolled in Pinellas MYcroSchool on a contractual basis and agrees to:

- Attend school daily and on time
- Work on academic coursework daily while in school and if needed at home for a minimum of 5 hours per day from Monday through Friday.
- follow all rules and regulations pertaining to enrolling in Pinellas MYcroSchool as outlined in the Student Code of Conduct.

This agreement will be in effect for a period of 1 year from date of signature.

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

Dr. Julie D. Mastry

Principal

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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

MYcroSchool requires that the student abide by the following expectations and by the **Code of Student Conduct**.

### **STUDENT EXPECTATIONS FOR ATTENDING MYCROSCHOOL**

1. Students can wear a MYcroSchool T-shirt (available for purchase) and khaki pants, blue jeans, or shorts for all students. Shorts for both female and male students must be at least knee length. **No leggings or jeggings**. Students are also required to wear a belt at all times and pants should be worn on the waist. If a student is out of compliance, they can borrow proper attire from the front office. **No hoodies, hoods, hats, or scarves allowed on the student's head.**
2. Students who arrive out of dress code will not be permitted to enter school and will be recorded as absent for the day.
3. I understand that bookbags, purses, food, and/or drinks are not allowed in the classroom at any time.
4. I agree to lock up any and all electronic devices in the phone lockers.
5. I agree to arrive on time for classes beginning at 8:30am. I understand that if I do not arrive on time, I will be sent home.
6. I understand that if I do not make sufficient academic progress after 60 days, I may be withdrawn from the school.
7. I understand that if I fail to meet the expectations listed above, the consequences will be as follows:  
**First Offense-** Student sent home  
**Second Offense-** One day suspension from school  
**Third Offense-** Three day suspension and a parent/guardian meeting to discuss my ability to meet the expectation and abide by the Code of Student Conduct and Student Handbook at MYcroSchool
8. I understand that when I am sent home it is considered an unexcused absence.
9. I understand that if I accumulate 10 absences without communication with the school, I may be withdrawn from school.
10. I understand I must be respectful at all times. This means profanity/cursing and horseplay during school hours is unacceptable.
11. I understand that if I am disrupting class, I will be sent home.
12. I understand that I must abide by the Code of Student Conduct and Student Handbook for MYcroSchool and Pinellas County.
13. I understand that if I do not show up for the first day of school I may be withdrawn.
14. I agree to all of the terms specified above and understand that if I do not meet these expectations I will need to explore other options to complete high school.

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

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

**PINELLAS COUNTY SCHOOLS  
ENROLLMENT FORM/RESIDENCY QUESTIONNAIRE**

\_\_\_\_\_  
**Student Name**                      **School**                      **Grade**                      **Date of Birth**

Street Address	City	State	Zip	(Area Code) Phone Number
Please provide information for any PK-12 <sup>th</sup> grade siblings (brothers and sisters).				

Please provide information for any PK-12<sup>th</sup> grade siblings (brothers or sisters) of student listed above (if additional lines are needed, attach another page).

Names of other PK-12 <sup>th</sup> grade siblings (First Name, Last Name)	Student's Address (if different from above)	School Name (Include Head Start, PreK, K-12)	Date of Birth	Grade	M/ F	DMT ONLY Coded in Focus? Y/N

Check the **ONE** box that applies to the current child.

Check the **ONE** box that applies to the **current living situation**:

- ☐ I own or have a mortgage on my own home. **STOP HERE** → sign the form and submit to the school
- ☐ I pay rent (my name is on a rental lease). OR I share housing for convenience; OR I am buying a home **STOP HERE** → sign the form and submit to the school

☐ I do **NOT** own or have a mortgage on my own home **OR** my name is **NOT** on a rental lease due to loss of housing and/or economic hardship: → **Complete the next sections**, read the important information on the reverse side, sign the form and submit to the school.

**The STUDENT is currently residing in ONE of the following situations:**

- ☐ (A) Staying in a transitional or emergency shelter or FEMA trailer.
- ☐ (B) Sharing the housing of others (i.e., staying with family member or friend).
- ☐ (D) Living in substandard housing (lacks electricity, gas, running water, code violations, lack of cooking capabilities, or over-crowded) or living in a car, campground, park or public place.
- ☐ (E) Living in a hotel or motel.

**Factors contributing to the STUDENT'S current living situation (check all that apply):**

- ☐ (U) Unknown      ☐ (F) Flooding      ☐ (E) Earthquake      ☐ (M) Mortgage Foreclosure  
☐ (T) Tornado      ☐ (S) Tropical Storm      ☐ (H) Hurricane      ☐ (D) Man-Made Disaster-major  
☐ (P) Pandemic                ☐ (W) Wildfire or Fire

**The STUDENT(s) is/are:**

- ☐ In the physical custody of a parent or legal guardian. **(HUY = NO)**  
☐ NOT in the physical custody of a parent or legal guardian (ex: living alone, with a relative who is not the legal guardian, living with other people, etc.). **(HUY = YES)**

\_\_\_\_\_  
Person completing the form  
(print name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- ☐ I have read and understand the educational rights and services under the federal McKinney-Vento Act on the reverse side of this form.

**SCHOOL DMT USE ONLY:** Student meets MVA status (as evidenced above) and IS already coded in FOCUS ☐ Yes ☐ No DMT INITIALS [ ] Pony to Brenda Johnson at Clearview Adult Ed, Rt B2



# **ESCUELAS DEL CONDADO DE PINELLAS** **FORMULARIO DE INSCRIPCIÓN /CUESTIONARIO DE RESIDENCIA**

Nombre del estudiante	Escuela	Grado	Fecha de nacimiento
-----------------------	---------	-------	---------------------

Dirección	Ciudad	Estado	Código Postal	(Código área) Teléf.
-----------	--------	--------	---------------	----------------------

Proporcione información para cualquier hermano de PK-12º grado (hermanos o hermanas) del estudiante especificado anteriormente (si se necesitan líneas adicionales, adjunte otra página).

Nombres de otros hermanos en PK-12 grado (Nombre, Apellido)	Dirección del estudiante (si es diferente al anterior)	Nombre de la escuela (Incluya Head Start, PreK, K-12)	Fecha Nac.	Grado	M/ F	DMT ONLY Coded in Focus? Y/N

Marque la casilla que aplica a la **situación de vida actual**:

☐ Poseo o tengo una hipoteca sobre mi propia casa. **PARE AQUI →** firme el formulario y envíelo a la escuela

☐ Pago el alquiler (mi nombre está en un contrato de alquiler); compartir vivienda para mayor comodidad; o estoy comprando una casa. **PARE AQUI →** firme el formulario y envíalo a la escuela

\*\*\*\*\*

☐ **NO** poseo ni tengo una hipoteca sobre mi propia casa **O** mi nombre **NO** está en un contrato de alquiler, **Y** se debe a dificultades económicas o pérdida de vivienda: **llene las siguientes secciones**, lea la información al reverso, firme el formulario y envíalo a la escuela.

**El ESTUDIANTE reside actualmente en UNA de las siguientes situaciones:**

- ☐ (A) Permanece en un refugio de transición o emergencia o en un remolque de FEMA, por sus siglas en inglés.  
☐ (B) Comparte la vivienda con otros (con un familiar o amigo).  
☐ (D) Vive en viviendas de calidad inferior (carece de electricidad, gas, agua, violaciones del código, falta de capacidades para cocinar o está superpoblado) o vive en un automóvil, campamento, parque o lugar público.  
☐ (E) Vive en un hotel o motel.

**Factores que contribuyen a la situación de vida actual del ESTUDIANTE (verifique todos los que correspondan):**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> (U) Desconocido | <input type="checkbox"/> (F) Inundación        | <input type="checkbox"/> (E) Terremoto | <input type="checkbox"/> (M) Ejecución hipotecaria     |
| <input type="checkbox"/> (T) Tornado     | <input type="checkbox"/> (S) Tormenta tropical | <input type="checkbox"/> (H) Huracán   | <input type="checkbox"/> (D) Desastre provocado        |
| <input type="checkbox"/> (P) Pandemia    |  |  | <input type="checkbox"/> (W) Incendio forestal o fuego |

**El/Los estudiantes está/an**

- ☐ En la custodia física de un guardián legal. (**HUY = NO**)  
☐ No están bajo la custodia física de un padre o guardián legal (ej: viviendo solo, con un pariente que no es un guardián legal, viviendo con otros, etc.) (**HUY = YES**)

Persona que completa el formulario (Escriba el nombre)	Firma	Fecha
---	-------	-------

☐ He leído y entiendo los derechos y servicios educativos bajo la Ley federal McKinney-Vento en el reverso de este formulario.

**SCHOOL DMT USE ONLY:** Student meets MVA status (as evidenced above) and IS already coded in FOCUS ☐ Yes ☐ No DMT INITIALS [      ] Pony to Brenda Johnson at Clearyview Adult Ed, Rt B2



**PINELLAS COUNTY SCHOOLS  
HOME LANGUAGE SURVEY**

**ADMINISTER FOR 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 \_\_\_\_\_

Date Entered U.S. Schools \_\_\_\_\_ School \_\_\_\_\_ Current Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

**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 EL 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, Pre-K:** Code LY basis of entry T on EL Tab in FOCUS; enter Classification Date (HLS date) and Entry Date (1st day of PK)

**Any YES responses, K-12:** Code LP basis of entry T on EL Tab in Focus. Give HLS to ESOL Teacher or send to ESOL Office for testing

**ESOL USE ONLY**

Is this a Foreign Exchange Student? If YES, do not test!

English Learner (EL): Yes No

EL 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)			

# ENCUESTA SOBRE EL IDIOMA HABLADO EN EL HOGAR: ESCUELAS DEL CONDADO DE PINELLAS

ADMINISTRADO PARA CADA NUEVO ESTUDIANTE QUE ESTÉ MATRICULANDO POR PRIMERA VEZ EN UNA ESCUELA PÚBLICA EN FLORIDA

Apellido del estudiante: \_\_\_\_\_ Nombre del estudiante: \_\_\_\_\_

Dirección: \_\_\_\_\_ Ciudad: \_\_\_\_\_ Código Postal: \_\_\_\_\_ Teléfono: \_\_\_\_\_

Fecha en que entró a las escuelas de EUA: \_\_\_\_\_ Escuela: \_\_\_\_\_ Grado Actual: \_\_\_\_\_

Fecha de nacimiento: \_\_\_\_\_ País de nacimiento: \_\_\_\_\_

La información proporcionada en este formulario es únicamente utilizada para ofrecer servicios educativos apropiados, no para determinar el estado legal o para propósitos migratorios.

## POR FAVOR RESPONDA A LAS SIGUIENTES PREGUNTAS:

- a. ¿Hablan en su casa un idioma diferente al inglés? Si ☐ No ☐ ¿Qué idioma? \_\_\_\_\_
- b. ¿Tiene el estudiante un primer idioma que no sea el inglés? Si ☐ No ☐ ¿Qué idioma? \_\_\_\_\_
- c. ¿El estudiante habla con frecuencia un idioma que no sea el inglés? Si ☐ No ☐ ¿Qué idioma? \_\_\_\_\_

CUALQUIER RESPUESTA AFIRMATIVA RESULTARÁ EN LA EVALUACIÓN PARA DETERMINAR LA ELEGIBILIDAD PARA RECIBIR LOS SERVICIOS DE ESOL. PUEDE HABER UNA DEMORA DE HASTA CUATRO SEMANAS PARA DICHA EVALUACIÓN DEBIDO A LA GRAN CANTIDAD DE ESTUDIANTES A EVALUAR. LOS MAESTROS AJUSTARÁN LA ENSEÑANZA PARA CUMPLIR CON LAS NECESIDADES DE LOS ESTUDIANTES QUE ESTÁN APRENDIENDO INGLÉS. AÚN SI SU NIÑO ES IDENTIFICADO COMO EL, USTED PUEDE REHUSARSE A LA COLOCACIÓN EN LAS CLASES DE ESOL.

Firma del Padre/Tutor \_\_\_\_\_

Fecha \_\_\_\_\_

### SCHOOL USE ONLY

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

Any YES responses, Pre-K: Code LY basis of entry T on EL Tab in FOCUS; enter Classification Date (HLS date) and Entry Date (1st day of PK)

Any YES responses, K-12: Code LP basis of entry T on EL Tab in Focus. Give HLS to ESOL Teacher or send to ESOL Office for testing

### ESOL USE ONLY

Is this a Foreign Exchange Student? If YES, do not test!

English Learner (EL): Yes ☐ No ☐

EL 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)			

**Pinellas County Schools  
STUDENT CLINIC CARD  
& RELEASE FORM**

☐ Medications  
given at school

☐ Health Care  
Plan on File

☐ Student  
has IEP

☐ 504 Plan

Teacher \_\_\_\_\_

Instructions: This form must be completed by parent and returned to school for each student. **PLEASE PRINT**

School \_\_\_\_\_

Students legal name (Last, First, Middle)				Student Nickname	
<input type="checkbox"/> Male	<input type="checkbox"/> White	<input type="checkbox"/> Black	Date of birth	Grade	Name of brothers, sisters at this school
<input type="checkbox"/> Female	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian			
	<input type="checkbox"/> Indian	<input type="checkbox"/> Multiracial			
Address - street number & name, City, ZIP				Apt #	Home phone number
Mother's name/legal guardian (circle one)		Cell phone	Home phone	Work/Home E-mail	Student Photo
Father's name/legal guardian (circle one)		Cell phone	Home phone	Work/Home E-mail	
Stepparent's name (if applicable)		Cell phone	Home phone	Work/home E-mail	
Name(s) of persons(s) who will be responsible if parent cannot be reached and who is/are authorized to remove child from school during school day without further parental consent:			Relationship	Cell phone	Home phone
1.					Work phone
2.				Cell phone	Home phone
Physician's name				Preferred hospital	Work phone
Dentist name				Telephone #	Date last physical exam
					Date Last Dental visit
Health problems - Please list any health problems that the school needs to be aware of.					
Medications - Is your child currently taking any medications (at home or in school)? <input type="checkbox"/> Yes <input type="checkbox"/> No Please List					
Allergies - List any your child may have <input type="checkbox"/> mild <input type="checkbox"/> severe					

Is there any court order restricting access to the student and/or student records? ☐ Yes ☐ No  
If yes, provide the school with a certified copy.

I give my permission for my child's stepparent to have access to student records and to sign forms related to my child.  
☐ Yes ☐ No

In case of accident or serious illness, the school will contact the parent. If the school is unable to contact the parent or person designated above, the school will contact the physician or dentist or will make necessary arrangements for immediate treatment.

Payment of the fees will be assumed by parent/guardian.

I have reviewed and understand the conditions of the Student Clinic Card.

**ALSO PLEASE COMPLETE THIS INDENTED SECTION IF YOU HAVE AN ESE STUDENT OR ARE ELIGIBLE FOR FREE OR REDUCED LUNCH**

\_\_\_ I authorize \_\_\_ I do not authorize

the School District of Pinellas County, Florida, to release and exchange my child's confidential information to agencies of the State of Florida which would allow Pinellas County Schools to verify Medicaid eligibility, bill Medicaid for reimbursable Certified School Match services referenced on my child's plan (IEP, 504 plan, FBA, PBIP, Health Plan etc.) and receive Medicaid reimbursement for services it provides to my child while at school. I understand that my child will continue to receive services referenced on his/her IEP, 504 plan, FBA, PBIP, Health Plan etc. whether or not I give consent, and that I may revoke this consent at any time in writing.

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

Date \_\_\_\_\_

## TITLE I SCHOOL-PARENT-STUDENT COMPACT 2023-2024

The Pinellas MYcroSchool and the parents of the students participating in activities, services, and programs funded by Title I, Part A of the Every Student Succeeds Act (ESSA) is a US law passed in December 2015 that governs the United States K-12 public education policy, (participating student), agrees that this compact outlines how the parents, the entire school staff, and the students will share the responsibility for improved student academic achievement and the means by which the school and parents will build and develop a partnership that will help students achieve the State's high standards.

**This School-Parent-Student Compact is in effect during the 2023-2024 school year.**

### **SCHOOL RESPONSIBILITIES**

Pinellas MYcroSchool will:

- Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables the participating students to meet the State's student academic achievement standards as follows:
  - -Pinellas MYcroSchool students will oversee their individualized personal learning plan. Each student will have a faculty mentor that will help the student in the iPLP process.
  - -Pinellas MYcroSchool will ensure a school-wide literacy focus using the Study.com reading program daily in all classrooms to build literacy skills in reading, writing, speaking, listening, and viewing. MYcroSchool uses Edmentum as its learning platform, that is aligned to the Florida State Standards and employs test preparation and Cohort Social Learning Labs (CSLs) to ensure student success on the state assessments.
  - -Pinellas MYcroSchool will also utilize Townsend Press, USATestPrep, and other testing resources to help prepare students for end of course and other standardized tests required to graduate.
- Hold parent-teacher conferences during which this compact will be discussed as it relates to the individual student's achievement. Specifically, those conferences will be held at least twice yearly, once prior to the semester break, and one student led conference scheduled by the student with their parent.
- Provide parents with frequent reports on their student's progress. Parents will be monitoring progress and completion reports from Edmentum, which details percentages of work completed along with date and time stamps.
- Provide parents reasonable access to staff. Staff will be available via email and phone or through scheduled face-to-face meetings. We request that you contact the school to schedule meetings with our staff in advance, except in case of emergencies.
- Provide parents opportunities to volunteer and participate in their student's class and to observe classroom activities. Pinellas MYcroSchool will provide opportunities for parents to volunteer and participate and observe classroom activities on the second Wednesday

of each month by appointment, or at other times providing that the proper paperwork has been filled out and filed with the administration office.

- Will host monthly educational workshops and/or activities for our parents/guardians and our adult students providing academic, leadership and social skills that encourage and engage in student-centered learning experiences to prepare them for graduation, college/trade school, career, or military readiness.

#### **PARENT/GUARDIAN RESPONSIBILITIES**

**We, as parents, will support our student's learning in the following ways:**

- Monitoring attendance by ensuring your student attends school daily for 300 minutes.
- Volunteering in my student's classroom when possible; attending monthly parent functions such as educational/instructional workshops; assisting my student with extended learning projects and/or chaperoning educational field trips.
- Staying informed about my student's education and communicating with the school by promptly reading all notices from the school or listening to auto-call messages, or the school district if received by my student or by mail and responding, as appropriate.
- Serving, to the extent possible, on policy advisory groups, such as participating in Title I, Part A, as a parent representative on the school's School Improvement Team, the Title I Policy Advisory Committee, the district-wide Policy Advisory Council, the State's Committee of Practitioners, the School Support Team or other school advisory or policy groups.

#### **STUDENT RESPONSIBILITIES**

**We, as students, will share the responsibility to improve our academic achievement and achieve the state's high standards. Specifically, we will:**

- Come to school on time.
- Attend school every day for the required 300 minutes.
- Read at least 30 minutes every day outside of school time.
- Give my parents or the adult who is responsible for my welfare all notices and information received by me from my school every day.

\_\_\_\_\_  
Dr. Julie Mastry, Principal, Pinellas MYcroSchool

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date