

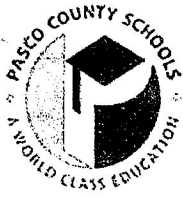


35203 Pure Water Way
Zephyrhills, FL 33541

P:(813) 395-5117

(All documents must be presented for admission)

- **Birth Certificate (original required for copying)**
- **School Physical (dated & signed by health professional within one year of the first day of school)**
- **Current DH 680 State of Florida Immunization Form (transcribed by a health professional)**
- **Driver's License**



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

MIS Form #580
Rev. 3/17

Date of Survey _____ Student # _____ Grade _____

Student Name _____ Date of Birth _____ / _____ / _____
First Middle Last Month Day Year

Parent or Guardian Name _____ Primary Phone _____

Parent or Guardian Email Address _____ Alternate Phone _____

ESOL Program Eligibility Questions

1. If the answer to one or more of the following questions (2-4) is **yes**, your child's English proficiency will be evaluated in accordance with Florida statutes to determine eligibility for ESOL language services. Please initial that you understand the above statement **before** proceeding. _____
2. Is a language **other** than English spoken in your home? Yes _____ No _____
If yes, what language? _____
Who speaks this language? _____
3. Does the student have a first language **other** than English? Yes _____ No _____
If yes, what language? _____
4. Does the student most frequently speak a language **other** than English? Yes _____ No _____
If yes, what language? _____
5. When did the student first enter a U.S. school (kindergarten-12th grade)? _____ / _____ / _____
Month Day Year
6. In what language do you prefer to receive school information when possible? _____

Immigrant Children and Youth Program Eligibility Questions

Immigrant children and youth: are individuals ages 3-21; were not born in any U.S. state; and have attended one or more US schools for less than 3 full academic years. The program provides educational and cultural support.

1. Was the student born outside of the United States? Yes _____ No _____ If yes, where? _____
Country
2. If born outside of the U.S., how many years of school has the student **completed** in the United States?
____ 0 years ____ 1 year ____ 2 years ____ 3 or more years

Signature _____ Relation to student _____

For more information regarding these programs, contact The Office for Student Support Programs and Services (813) 794-2251 (352) 524-2251 (727) 774-2251 <http://www.pasco.k12.fl.us/esol/>



DISTRICT SCHOOL BOARD OF PASCO COUNTY
STUDENT REGISTRATION FORM

MIS Form #148
Rev. 4/17

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

Home Address: # and Street Name Apt/Bldg

City State Zip Zip+4

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

Address

City State Zip Zip+4

Resident of this school's attendance zone? Yes No

Resident of Pasco County? Yes No

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

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

Is the student Hispanic or Latino? Yes No

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

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

Country of origin USA Other specify

Student's Social Security # (optional) Grade

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

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

and Street Name City State Zip

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

School Name County School Year

Florida Student # (if known)

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

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

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

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

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

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

FOR KINDERGARTNER ONLY:

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

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

FRONT OFFICE USE ONLY:

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 C IC

Bus Letter/Pass Yes No

Bus Stop Number

Bus Number

Home Lang. Date

Migrant C IC

Emergency Card C IC

Cum/Folder Made Yes No

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

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:

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

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

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

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

Your signature below indicates that all information provided on this document is true and accurate. The School District expects residence information submitted regarding students to be truthful and accurate, and District forms pertaining to residence and household membership shall be verified under penalties of perjury. Florida Statutes §837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree. Additionally, a person who knowingly makes a false declaration under penalties of perjury commits a felony of the third degree, pursuant to Florida Statute 92.525. Providing school officials false information regarding your residence when enrolling your child may result in your child being withdrawn and/or reassigned to the appropriate zoned school, and referral of the matter to law enforcement for possible criminal prosecution. Additionally, falsification of this information may result in the permanent revocation of your child's privilege to engage in extracurricular activities, including organized sports.

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
STUDENT HEALTH INFORMATION FORM
(To be completed for initial registration and for change in health status)

MIS Form #442

Rev. 10/19

Student _____ School _____ Date _____
Last Name First Middle

Student ID _____ Grade _____ DOB _____ Sex: Male _____ Female _____

Does your child have any of the following health conditions or concerns?

1. Allergy to any foods, medications, or insects? ____ Yes ____ No If yes, list _____
Reaction: ____ Mild ____ Severe Needs: ____ Epipen ____ Benadryl
2. Asthma or wheezing? ____ Yes ____ No
If yes, please indicate if uses nebulizer: ____ Yes ____ No If yes, how often? _____
If yes, please indicate if uses inhaler: ____ Yes ____ No If yes, how often? _____
3. Diabetes or high/low blood sugar? ____ Yes ____ No If yes, list medication/treatment _____
4. Epilepsy or convulsion/seizure? ____ Yes ____ No If yes, list medication/treatment _____
Date of last episode _____
5. Recent hospitalization? ____ Yes ____ No If yes, reason _____ Date _____
If yes, reason _____ Date _____
6. Heart murmur or history of heart condition? ____ Yes ____ No If yes, explain _____
7. Serious burn or broken bone? ____ Yes ____ No If yes, explain _____
8. Ear infection or draining ear? ____ Yes ____ No If yes, explain _____
9. Trouble hearing? ____ Yes ____ No Wears hearing aid: ____ Yes ____ No
Should be wearing hearing aid: ____ Yes ____ No
10. Trouble seeing? ____ Yes ____ No Wears glasses or contacts: ____ Yes ____ No
Should be wearing glasses or contacts: ____ Yes ____ No
11. Major head injury or concussion? ____ Yes ____ No If yes, explain _____

12. Kidney or bladder problems? ____ Yes ____ No If yes, explain _____

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

MIS Form #442
Rev. 6/19 - Back

13. Frequent bed-wetting? ☐ Yes ☐ No If yes, explain _____
14. Stomach or bowel problems? ☐ Yes ☐ No If yes, explain _____
15. Trouble sleeping? ☐ Yes ☐ No If yes, explain _____
16. Hernia or rupture of groin or navel? ☐ Yes ☐ No If yes, explain _____
17. Trouble with teeth? ☐ Yes ☐ No If yes, explain _____
18. Anemia or low iron? ☐ Yes ☐ No If yes, explain _____
19. Attention Deficit Disorder (ADD/ADHD) or hyperactivity? ☐ Yes ☐ No If yes, explain _____
20. Referrals to mental health services by the previous school district? ☐ Yes ☐ No If yes, explain _____
21. Difficulty understanding dangerous situations, wanders or runs away from adults? ☐ Yes ☐ No If yes, explain _____

Please list any other medicine taken regularly and dosage: _____

Are there any special health procedures that should be followed at school? _____

Are there any limits on your child's participation in physical education or recess activities due to a health condition? _____

If your child is Medicaid eligible, please provide Medicaid number the _____ and name of
Medicaid Insurance Plan _____

Print - Parent/Guardian Name

Parent/Guardian Signature

Date

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



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

MIS Form #416
Rev. 4/17

☐ Updated Info.

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

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

Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____

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

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

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

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

Parent/guardian must notify school cafeteria of food allergies or special nutritional needs of student.

It is the parent/guardian's responsibility to keep the school updated with new information and contact numbers.

PARENTAL CONSENT ON BACK – SIGNATURE REQUIRED

MIS Form #416
Rev. 4/17 Back

Student _____ Grade _____

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PARENTAL CONSENT

I hereby give my consent for my child to participate in the School Health Services Program. This means that my child will receive vision, hearing, dental, skin, blood pressure, and height and weight screening at certain grade levels. If I object to any of these health screenings or programs, I will notify the school in writing.

In case of accident or serious illness, I want to be contacted by the school. If the school is unable to reach me, I hereby authorize the school to contact the physician or dentist indicated below and to follow his/her instructions. If it is impossible to contact this physician or dentist, the school will take whatever actions are necessary to provide care and treatment for my child, and exchange medical information with the provider as necessary to support the continuity of care for my child. I agree to pay all expenses incurred by the handling of this emergency care. In case of an accident or illness where immediate treatment of my child is not indicated, but where he/she is unable to remain at school, I request that one of the persons listed on the reverse side of this form be contacted and requested to care for my child until I can be reached.

I authorize the District School Board of Pasco County to release and exchange my child's confidential information (e.g., student name, records, and information related to services provided) to agencies of the state of Florida which would allow the District to verify Medicaid eligibility, bill Medicaid for reimbursable Certified School Match services referenced on my child's individualized educational plan (IEP), and receive Medicaid reimbursement for Exceptional Student Education (ESE) services it provides to my child while at school. I understand that my child will continue to receive services referenced on his/her IEP whether or not I give consent.

Physician's Name _____ Phone _____

Hospital Preference _____ Phone _____

Dentist's Name _____ Phone _____

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

PRINT PARENT/GUARDIAN NAME

PARENT/GUARDIAN SIGNATURE

DATE

Einstein Learning School

2026-2027 Fee Schedule

Kindergarten Tuition & Required Fees	
Kindergarten Total Fees	\$8,000
Tuition	\$7,600
Curriculum	\$400
Kindergarten Fees (Non-Refundable)	
New Student Processing Fee	\$150
Returning VPK student	\$75
Before & After School Care	
Before School Care	\$75 per week
After School Care	\$75 per week
Before & After Care	\$110
Other Fees:	
Uniform Shirts	\$30
ALL FEES AND THE FIRST MONTH OF TUITION MUST BE PAID PRIOR TO ORIENTATION	
YOUR FIRST TUITION PAYMENT MUST BE PAID BY CHECK, MONEY ORDER, OR CASH. YOUR MONTHLY PAYMENTS WILL BE DUE ON THE 5TH OF EACH MONTH	