

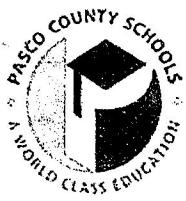


35203 Pure Water Way
Zephyrhills, FL 33541

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 _____
First _____ Middle _____ Last _____

Date of Birth _____
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	FRONT OFFICE USE ONLY:			
Home Address:	# and Street Name		Apt/Bldg		EntryDate/Code			
City	State	Zip	Zip+4	Teacher/Team		Grade		
Mailing Address (only if different from the home address): Mailing Address					District Student #			
City	State	Zip	Zip+4	Birth Verification	Yes	Code		
Resident of this school's attendance zone?					Physical	Yes	No	Date
Resident of Pasco County? Yes _____ No _____					Immunization	Yes	Code	No
Primary Phone ()	Area Code	Phone Number	Unlisted?	Yes	No	Temporary	Exp. Date	
The primary phone number listed above is a? Landline Phone _____ Cell Phone _____					Records Req.	Yes	No	N/A
Is the student Hispanic or Latino? Yes _____ No _____					Custody Concerns	Yes	No	
Race (mark all that apply): American Indian or Alaska Native _____ Asian _____					Proof of Residency	Yes	No	
Native Hawaiian or Other Pacific Islander _____ White _____					ESE	Yes	Program	
Sex (M/F)	Birth Information - Date		City	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	
					Black or African American			
					White			
					Grade			
Student's Social Security # (optional) 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:					County	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					
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 _____								

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

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	