



## REGISTRATION REQUIREMENTS

\*Please complete all registration paperwork before you meet with the Registrar. **Please provide copies of current court/custody paperwork, if applicable.** If you have any questions, please call the Registrar @ 813-346-6200.

### PASCO COUNTY TRANSFERS

Students transferring **within** Paso County must present the following documents **before** they can register:

1. **PROOF OF RESIDENCY WITHIN THE JOHN LONG MIDDLE SCHOOL ZONE**

\_\_\_\_ 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.

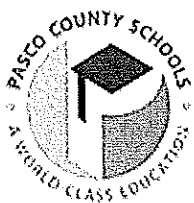
2. Final Report Card, Transcripts, Standardized Test Scores and Withdrawal Grades

3. SPECIAL EDUCATION RECORDS (if applicable) Please bring a copy of the most recent.

### OUT OF COUNTY/OUT OF STATE/OUT OF COUNTRY

Students entering a Pasco County School must present the following documents **AT THE TIME OF REGISTRATION**

- PROOF OF RESIDENCY IN THE DR. JOHN LONG MIDDLE SCHOOL ZONE (see #1 above)
- IMMUNIZATION RECORDS:
  - DTP, POLIO, MMR (MEASLES, MUMPS, RUBELLA) & HEPATITUS B SERIES, VARICELLA (Chicken Pox Vaccine) 7<sup>th</sup> & 8<sup>th</sup> must have TDAP per State Regulations
  - \*\*OUT OF STATE OR OUT OF COUNTRY → MUST BE TRANSCRIBED TO A FLORIDA FORM\*\***
- CURRENT PHYSICAL: Proof of physical exam completed within one calendar year prior to enrollment date is required for all students who have never been enrolled in a Florida school before
- VERIFICATION OF BIRTH: Birth Certificate or Passport
- SOCIAL SECURITY CARD
- ACADEMIC HISTORY: Current or Final Report Card and/or Withdrawal Form with grades
  - Middle School Transcripts
  - Standardized Test Scores
- SPECIAL EDUCATION RECORDS: 504 Plan, IEP, EP, Social History and Psychological report (if applicable)



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. 10/13

**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

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

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 - Day      City      State  
Month/Date/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's 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.**

**PARENT OR GUARDIAN INFORMATION:**

Father's Name \_\_\_\_\_ Workplace \_\_\_\_\_ City \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Workplace \_\_\_\_\_ City \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's 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. Incorrect or false information may result in an immediate change in your child's assigned school.**

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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

# Request for Records

Dr. John Long Middle School  
2025 Mansfield Blvd., Wesley Chapel, FL 33543  
Registrar: Deann Ainsworth  
Phone: 813-346.6200 Registrar Fax: 813-346-6290  
Email: mainswor@pasco.k12.fl.us

School Name: \_\_\_\_\_ Attention: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone # \_\_\_\_\_

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Please email or fax the following:

6th Grade Withdrawal Grades \_\_\_\_\_ Semester Grades \_\_\_\_\_ 6<sup>th</sup> Grade Final Report Card \_\_\_\_\_  
7<sup>th</sup> Grade Withdrawal Grades \_\_\_\_\_ Semester Grades \_\_\_\_\_ 7<sup>th</sup> Grade Final Report Card \_\_\_\_\_  
8<sup>th</sup> Grade Withdrawal Grades \_\_\_\_\_ Semester Grades \_\_\_\_\_ 8<sup>th</sup> Grade Final Report Card \_\_\_\_\_

Transcripts \_\_\_\_\_ FCAT or State Standardized Scores \_\_\_\_\_ Grading Scale \_\_\_\_\_

Immunizations & Recent Physical \_\_\_\_\_ Birth Certificate \_\_\_\_\_ Attendance \_\_\_\_\_  
Legal Documentation \_\_\_\_\_ Discipline Records \_\_\_\_\_ Student Suspensions \_\_\_\_\_

IEP \_\_\_\_\_ 504 \_\_\_\_\_ RTI \_\_\_\_\_ ESOL \_\_\_\_\_ Home Language Survey \_\_\_\_\_  
ELL Entry and Exit Records \_\_\_\_\_ WIDA/CELLA Testing Reports \_\_\_\_\_  
Psychological/Social Work Reports \_\_\_\_\_ All ESE Records \_\_\_\_\_

These records will be for professional use of authorized Pasco County, Florida personnel only.  
**Please be advised parental permission is no longer required when records are requested by authorized personnel.** (Family Rights & Privacy Act, Final Rule on Education Records, Federal Registrar, June 17, 1976, Vol 41, No. 118, Page 24273)

\_\_\_\_\_ 1<sup>st</sup> Request \_\_\_\_\_ 2<sup>nd</sup> Request \_\_\_\_\_ 3<sup>rd</sup> Request \_\_\_\_\_ Admin. Contact

## MIDDLE SCHOOL ACADEMIC HISTORY

Our guidance counselors are required to document academic history in Middle School. Please list below ALL Middle Schools your child attended for 6th – 8th grades

Grade 6: \_\_\_\_\_  
Name of School Phone #

\_\_\_\_\_  
City, State

Grade 7: \_\_\_\_\_  
Name of School Phone #

\_\_\_\_\_  
City, State

Grade 8: \_\_\_\_\_  
Name of School Phone #

\_\_\_\_\_  
City, State

If your child attended 4th & 5th grade in Florida, Guidance is required to document State Assessment Test scores. Please indicate the elementary schools your child attended if this applies to your child.

Grade 4: \_\_\_\_\_  
Name of School City

Grade 5: \_\_\_\_\_  
Name of School City

\_\_\_\_\_ N/A My child did not attend elementary school in Florida

# JLMS FAQs

- **First day of school** - Monday, August 13, 2018
- School Hours: 8:30 – 2:50 (we do not have early release or ½ days)
- Students may arrive on campus at 8:10 A.M.
- Students must be picked up no later than 3:15 P.M. (any students on campus after 3:15 MUST be with a teacher)
- WE DO NOT OFFER BEFORE OR AFTER CARE
- We do not issue “Car Tags” for afternoon dismissal
- Your child will take 6 classes every day
  - The 4 Core Classes are: Math, Language Arts, Science, Social Studies plus the following according to grade level.
  - ❖ 6<sup>th</sup> grade: Career Wheel + 1 elective
  - ❖ 7<sup>th</sup> grade: Career Technical Ed course + 1 elective
  - ❖ 8<sup>th</sup> grade: 2 electives
- Elective options vary from year to year – this will be discussed during the Registration Process.
- We do not have lockers – you will need a backpack (wheeled ones are fine too)
- We do not have a school uniform, but please review the dress code. It is strictly enforced!
- No absentee call in line – please send in a note upon your child’s return to school
- Please refrain from early check out after 2:30 P.M.
- Each grade level has a Counselor and Assistant Principal working together dedicated to support your child’s success at JLMS. Below is their contact information:

6 <sup>th</sup> Grade:	Cathy Quigley/Counselor	<a href="mailto:cquigley@pasco.k12.fl.us">cquigley@pasco.k12.fl.us</a>
	Deb Collin/Asst Principal	<a href="mailto:dcollin@pasco.k12.fl.us">dcollin@pasco.k12.fl.us</a>
7 <sup>th</sup> Grade:	Christina Prince/Counselor	<a href="mailto:cprince@pasco.k12.fl.us">cprince@pasco.k12.fl.us</a>
	Jill Briscoe/Asst Principal	<a href="mailto:jbriscoe@pasco.k12.fl.us">jbriscoe@pasco.k12.fl.us</a>
8 <sup>th</sup> Grade:	Erin Truong/Counselor	<a href="mailto:etruong@pasco.k12.fl.us">etruong@pasco.k12.fl.us</a>
	Shalonda Brooks/Asst Principal	<a href="mailto:sbrooks@pasco.k12.fl.us">sbrooks@pasco.k12.fl.us</a>

- Our Parent Portal is ‘MyStudent’ – you will create an account to access your child’s academic information AFTER registration **and** the school year has begun.
- If you wish to volunteer or chaperone; you **MUST** complete a volunteer application by going to the following website: <http://www.pasco.k12.fl.us/comm/volunteer/>

## **SPORTS**

- All grade levels may participate in the following sports.
- Cheerleading – tryouts May of each year
- Football – tryouts August during 1<sup>st</sup> week of school
- Volleyball- tryouts August
- Basketball-Girls tryouts October. Boys tryouts January
- Soccer- Boys tryouts October Girls tryouts January
- Track & Field- tryouts Feb./March
- Sports Physicals are required for participation and MUST be Notarized and Complete prior to submission (they are located on our website under the Sports tab)

## **LUNCH**

- Lunch menus are available on our website: [jlms.pasco.k12.fl.us](http://jlms.pasco.k12.fl.us) under the Students Tab
- You can fund lunch accounts online at [myschoolbucks.com](http://myschoolbucks.com) or you may send in checks and/or cash
- Free/Reduced MUST be applied for each year by visiting the following website <https://www.myschoolapps.com/Application>

**\*\* Always check our website for information [jlms.pasco.k12.fl.us](http://jlms.pasco.k12.fl.us) – it is the best way to keep up with all of the events happening at JLMS\*\***