



DR. JOHN LONG MIDDLE SCHOOL



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** Pasco 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) 7th & 8th 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. 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:

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

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: _____

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



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,
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?

YES NO

- ☐ ☐ 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	School	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
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? Yes ____ No ____

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? Yes ____ No ____

"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? Yes ____ No ____

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. (Please Print)

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

JLMS FAQs

- School Hours 8:30 -2:50
- Students may arrive on Campus at 8:10
- Students must be picked up no later than 3:15 pm (any student on campus after 3:15 must be with a teacher)
- We do not issue "Car Tags" for afternoon dismissal
- Your child will take 6 classes every day
 - 4 core Classes- Math. Language Arts, Science Social Studies plus the following according to grade level.
 - 6th grade: Career Wheel and Health class with ½ semester of an additional elective
 - 7th grade: Career Technical Ed course + 1 elective
 - 8th 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 line, please send a note upon your child's return to school
- Please refrain from early check out after 2:30 pm
- Each grade level has a Counselor and Assistant Principal working together dedicated to support your child's success at JLMS. Check our website for this information jlms.pasco.k12.fl.us
- Our parent portal if "My Student" 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 chaperon, you must complete a volunteer application through the Pasco County Schools website www.pasco.k12.fl.us/comm/volunteer

SPORTS

- All grade levels may participate in sports
- Cheerleading- tryouts May/June of each year
- Football- tryouts August during the 1st week of school
- Volleyball- tryouts in 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. (forms are located on our website under the Sports tab.

LUNCH

- Please check the website for all information concerning menus, funding lunch account and free/reduced application.
- <https://connectplus.pasco.k12.fl.us/do/fns/>

**** Always check our website for information on our school, it is the best way to keep up with all of the events happening at JLMS****

jlms.pasco.k12.fl.us