

Raymond B. Stewart Middle School

REGISTRATION PACKET



2020 - 2021

WE ARE BULLDOG STRONG!

Due to the **COVID-19** virus we are a Traditional and my School Online learning school at this time. We are still enrolling students however, please email our Registrar Cheryl Pelletier at cpelleti@pasco.k12.fl.us for any questions or

REQUIRED DOCUMENTS IN ORDER TO BE ENROLLED AT RAYMOND B. STEWART MIDDLE SCHOOL!

IN- STATE AND OUT OF STATE TRANSFERS

1. Proof of residency for RBSMS Zone- 3 documents required- current utility bill, lease, mortgage statement, driver's license, etc. (PO Boxes not accepted). Document must have name and address to be accepted.
2. Health Records- including birth certificate, Florida Certificate of Immunization, physical form, medical needs
3. Any Exceptional Student Education records/testing- including IEP, 504, testing, ELL/ESOL, or additional services your student may need.
4. Withdraw forms, or report cards and transcripts from previous school
5. Any custodial or legal documentation or placement paperwork for student

PASCO COUNTY SCHOOLS TRANSFER OR SCHOOL CHOICE

1. Proof of residency for RBSMS Zone—see above- or school choice letter
2. Release of records signed for transfer of student records

All families will complete registration packet, and course card prior to enrollment



DISTRICT SCHOOL BOARD OF PASCO COUNTY
GRADES 6 – 12 ACCESS AND EMERGENCY INFORMATION CARD

MIS Form #415
Rev. 4/17

Updated Info. _____

Student _____ Student # _____ DOB _____ Grade _____
Last Name First Middle

Primary Phone _____

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

Student _____ Grade _____

MIS Form #415
Rev. 4/17 Back

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.

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, scoliosis, blood pressure, and height and weight screening at certain grade levels. In addition, the school nurse conducts classroom, individual, and small group presentations on health issues such as abstinence, substance abuse prevention, dating and relationship issues, birth control, and sexually transmitted diseases 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

R. B. Stewart Middle School
Home and School Compact

As a student I will:

- _____ Attend school every day
- _____ Come to school prepared for success daily
- _____ Accept responsibility for my education
- _____ Follow the Bulldog Expectations: Be Responsible, Be Respectful, Be Successful, Be Motivated, Be Safe

A goal that I have for myself this year:

As a family we will:

- _____ Ensure daily attendance from 8:31 AM– 2:55 PM
- _____ Monitor my student's progress on a regular basis (myStudent, parent /teacher /student communication)
- _____ Support positive student behaviors
- _____ Encourage high expectations of your student
- _____ Support excellence through active school involvement (volunteer)

Our family goal is:

As a school we will:

- ___X___ Provide a safe, positive, family friendly environment
- ___X___ Model and promote Bulldog Pride
- ___X___ Meet the individual academic, social, and emotional needs of each student through high quality curriculum and environment
- ___X___ Develop relationships that create opportunities and connections to the community
- ___X___ Communicate student progress on a regular basis with the family
- ___X___ Respect and value the wide variety of cultural differences of students and families

I have received a copy of the District School Board of Pasco County trifold "What Parents Should Know About Title I" explaining the goals of Title I schools.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Administrator Signature: _____ Date: _____

R. B. Stewart Middle School

Parent Involvement Plan

2018-2019

Student Name: _____ Student Number: _____ Grade _____

R. B. Stewart Middle School strives to provide all students with the academic and social skills necessary for future life long learning success through rigorous and relevant learning opportunities.

Belief Statement: To ensure Bulldog Pride, we are dedicated to creating life long learners through an active and safe learning environment founded on the belief that all students can learn, achieve and succeed through the cooperative efforts of the family, student, school and community.

Title 1 Parents/Guardians:

Raymond B. Stewart Middle School will involve parents in the development of the Title 1 plan and process of school review and improvement.

- Parents will be provided information to access the School Public Accountability Report (SPAR), any other school performance data and assistance with interpreting their child's individual assessment results
- Parents will be provided a description and explanation of the curriculum and standards used at the school, the forms of assessment used to measure student progress and the proficient levels of students are expected to meet.
- Parents will be invited and encouraged to meet with their student's teachers, attend monthly SAC meetings to offer suggestions, share experiences and to participate in decisions related to the education of their student.
- Florida offers a Parental Information and Resource Centers, please visit the website at www.floridapirc.usf.edu or call 1-866-775-8661

Parent Involvement Opportunities:

Raymond B. Stewart Middle School supports parent involvement in a variety of ways as we strive to develop and maintain a quality learning environment for all students.

- Parents will be encouraged to contribute to their student's education by providing a supportive home environment.
- Community Connections workshops will be offered to assist parents with providing supportive home environment; all sessions and pre-arranged parent conferences will be offers after hours.
- Parents are invited to participate in parent/teacher conferences.
- Parents are encouraged to complete school surveys that help to determine school needs and offerings.

Communication:

Parents/Guardians will be informed of school activities through various types of communications throughout the school year. Raymond B. Stewart Middle School's staff will maintain a record of all parent contacts each year. Some of the types of communications to be used include;

Quarterly Newsletters

Annual Open House

School Connects Messages

Ongoing parent/teacher conferences

Ongoing Personal Contact

myStudent communication-attendance and grades

School Webpage with Parent Information Link

Phone calls as needed

Quarterly Community Connections Nights

The School Advisory Council will review the Parent Involvement Plan, the school's parent programs and the School and home Compact annually. Parents have the right to submit concerns related to this parent involvement plan to the principal. This document will be made available to parents annually. Si necisita ayuda para entender esta informacion, por favor contact a su escuela.



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**



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
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.

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
STUDENTS IN TRANSITION (SIT) PROGRAM
MCKINNEY-VENTO ACT REFERRAL FORM
(One form per family)

MIS 140
Rev. 06/20

Submit online at: sitprogram@pasco.k12.fl.us

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 determine 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. Specific rights are listed on the next page.

A student qualifies for the McKinney-Vento Act if they are between the ages of 0-22 and lack a fixed, regular and adequate nighttime residence. Specifically, if a student lives under any of these conditions:

- a house or apartment with more than one family because of economic hardship or loss
- a shelter (family, youth or domestic violence shelter or transitional living program)
- a motel, hotel or weekly rate housing
- an abandoned building, in a car, at a campground, on the street, etc.
- substandard housing (without electricity, heat or water)
- with friends or family because the youth is a runaway or unaccompanied youth

PLEASE DO NOT complete this form if your housing **DOES NOT** meet one of the conditions listed above. If you rent, share housing for convenience, or if you are buying a house and do not need support services, your students **DO NOT** qualify for the McKinney-Vento Act.

STUDENT INFORMATION

School-Aged AND Non School-Aged Children - List ALL children in your family, please PRINT or TYPE

Name	Student ID	D.O.B.	M/F	Grade	School

HOUSING INFORMATION

Where is the student(s) living at this time? *(Please check all that may apply)*

- 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 living: *(If due to COVID-19, please check additional reasons)*

- 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) : _____
 COVID-19 (P)

The student(s) is/are *(Check 1 only)*:

1. in the physical custody of a parent or legal guardian
 2. NOT in the physical custody of a parent or legal guardian (ex: living alone, with a relative who is not their legal guardian, living with other people, etc.) . If you checked #2, please provide the following information:

Student Contact Information for Unaccompanied Youth:

Email: _____ Phone Number: _____

PARENT/GUARDIAN/CAREGIVER CONTACT INFORMATION

Parent/Guardian/Caregiver Name: _____ Relationship to student: _____
 Temporary address or location of housing: _____ City: _____
 Zip: _____
 Cell Phone: _____ Alt. Phone: _____ Email: _____
 Primary Language Spoken: _____
 How long has/have the student(s) been in the TEMPORARY place? _____

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.

STUDENT IS IN SCHOOL ZONE: YES NO SIT BUS REQUIRED: YES NO
 PARENT/STUDENT RIGHTS PAGE PROVIDED: YES

Name of the Person Completing This Form (print)

Signature of the Person Completing This Form

Date

Forms must be scanned/mailed immediately to: sitprogram@pasco.k12.fl.us

PARENT/STUDENT RIGHTS PAGE

MIS 140
Rev. 06/20
Page 2



DISTRICT SCHOOL BOARD OF PASCO COUNTY **STUDENTS IN TRANSITION (SIT) PROGRAM** **MCKINNEY-VENTO ACT REFERRAL FORM**

(One form per family)

Submit online at: sitprogram@pasco.k12.fl.us

MCKINNEY-VENTO ACT RIGHTS

- Child must be immediately enrolled in school even if you lack a permanent address.
- Child's enrollment may NOT be delayed due to lack of proof of residency or other documents.
- Continued enrollment in the school that he/she attended before becoming homeless, or the school for which they are currently enrolled.
- Child can attend classes while the new school secures previous school records
- If enrollment dispute is made, child can continue to attend classes while dispute is being heard and resolved.
- Parent can request assistance with transportation to school of origin.
- Child can participate in school programs with children who are not homeless.
- Child is eligible to receive free school meals.

SIT PROGRAM & BAND APPLICATION FOR SMART PHONES/ONLINE:

BAND is a communication app that helps the SIT Program stay connected with you, and it can be downloaded to any Apple or Android device. Being able to communicate with you about your housing, educational (electronics and WIFI), and basic needs can be a challenge.

We have created a group for SIT families/students on this application and will use this to post information, resources, reminders, forms, etc. We can communicate with the entire group, or just with you. You can get started by scanning this QR code:



Students In Transition
Hey you, Welcome! Join us!
Scan this QR code and join!



PROGRAM CONTACT

If you need supportive services, such as those found in the rights listed above, please contact our office.

Students In Transition (SIT) Program

7227 Land O'Lakes Blvd. Land O'Lakes, FL 34638

(813) 794-2262

sitprogram@pasco.k12.fl.us
