



**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

<b>FRONT OFFICE USE ONLY:</b>
EntryDate/Code <input type="checkbox"/>
Teacher/Team <input type="checkbox"/>
Grade <input type="checkbox"/>
District Student # <input type="checkbox"/>
Birth Verification Yes <input type="checkbox"/> Code <input type="checkbox"/>
Physical Yes <input type="checkbox"/> No <input type="checkbox"/> Date <input type="checkbox"/>
Immunization Yes <input type="checkbox"/> Code <input type="checkbox"/> No <input type="checkbox"/>
Temporary <input type="checkbox"/> Exp. Date <input type="checkbox"/>
Records Req. Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Custody Concerns Yes <input type="checkbox"/> No <input type="checkbox"/>
Proof of Residency Yes <input type="checkbox"/> No <input type="checkbox"/>
ESE Yes <input type="checkbox"/> Program <input type="checkbox"/>
Special Attd. Req. Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Registration C <input type="checkbox"/> IC <input type="checkbox"/>
Bus Letter/Pass Yes <input type="checkbox"/> No <input type="checkbox"/>
Bus Stop Number <input type="checkbox"/>
Bus Number <input type="checkbox"/>
Home Lang. Date <input type="checkbox"/>
Migrant C <input type="checkbox"/> IC <input type="checkbox"/>
Emergency Card C <input type="checkbox"/> IC <input type="checkbox"/>
Cum/Folder Made Yes <input type="checkbox"/> No <input type="checkbox"/>

