**PACE HIGH SCHOOL**

**4065 Norris Rd.**

**Pace, FL 32571**

**(850) 995-3600 FAX: (850) 995-3620**

**ENROLLMENT REQUIREMENTS**

**\_\_\_\_\_(1) IMMUNIZATION RECORD FROM THE STATE OF FLORIDA**

**\*Required by the State of Florida on Form 680. We must have this form before a student may enroll.** If you have an immunization record from another state, the local health department will transfer your form to a Florida Form 680. The SRC Health Department is located at 5527 Stewart St.

Milton, FL 32570; (850) 983-5200

**\_\_\_\_\_(2) BIRTH CERTIFICATE \*Required before a student may enroll.** A copy must be

supplied at the time of enrollment. If you have the original a copy may be made in our office.

**\_\_\_\_\_(3) PROOF OF RESIDENCY \*Required before a student may enroll.** A document or

Photocopy showing your name and your home address in our school district is required. Examples include: utility bills, bank statements, lease or mortgage papers, insurance policies, pay stubs, or government documents. (Post Office boxes are not sufficient.) A driver’s license is NOT acceptable.

**\_\_\_\_\_(4) UNOFFICIAL COPY OF STUDENT TRANSCRIPT \*Required before a student**

**may enroll.** The last page of this packet contains a sheet signed by a parent that we fax to the previous school to obtain these records. Paperwork from previous school must contain Withdrawal grades, discipline report, and attendance records.

**\_\_\_\_\_(5) FLORIDA HEALTH PHYSICAL** Students who are making their initial entry into a

Florida school must present a record of physical examination completed within the past 12 months. A school entry exam (form DH3040) is available in our office. It must be completed by a health care provider licensed to perform physical examinations. For students transferring to a Florida school, a comparable form from another state would be acceptable, if completed within the last 1 year period. If your student will be participating in a sports program an athletic physical is required and may be substituted for a State of Florida Physical. You have 30 days from the date of enrollment to provide a physical examination.

**\_\_\_\_\_(6) GUARDIANSHIP PAPERS** If the person other than a natural parent has custody of a child,

Proof of legal custody or guardianship must be provided. Guardianship paperwork is sent to the county for approval. **\*Approval from the county must be received before your student may enroll.**

**\_\_\_\_\_(7) SOCIAL SECURITY CARD** The student’s Social Security card or a copy of the original is

requested for your student’s file. Original Social Security cards will be returned to you.

This item **IS NOT** required for enrollment.

**\_\_\_\_\_(8) REASSIGNMENT FORM** If a student lives outside of the Pace High District boundaries

A reassignment form must be completed. These forms are available on the School board website and in our guidance office. **\*Approval from the county must be received before your student may be enrolled**. Once you have been approved for reassignment, you may not apply for another reassignment during the same school year.

REGISTRATION FORM

**For Office Use Only**

Grade: \_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_ Date of Entry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FL Student ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Records requested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security # (optional) Student’s Grade Level for 2019-20 school year

Student’s Legal Name

(Last) (First) (Middle)

Date of Birth City & State of Birth Country of Birth

Sex: Male Female First Date of Entry into a U.S. School

(Month) (Day) (Year)

**\*A birth certificate, Florida immunization certificate and recent school physical must be provided to the school.**

**PROOF OF RESIDENCY IS MANDATORY**. (For example: water bill, power bill, etc.)

Mailing Address

(Street) (City) (State) (Zip)

Primary Residential Address

(Street) (City) (State) (Zip)

Home Phone # Unlisted Number? *Check if # is unlisted.*

Mother’s Name Cell Phone #

Mother’s Place of Employment Work Phone #

Father’s Name Cell Phone #

Father’s Place of Employment Work Phone #

Guardian’s Name Cell Phone #

Guardian’s Place of Employment Work Phone #

Student Lives With: Both Parents In Same Home Both Parents In Separate Homes/Split Custody

Mother only Father only Guardian Foster Parents

Mother and Stepfather Father and Stepmother

Special Considerations: (Custody, Pick-up, Legal Restrictions-**Copy of most current documentation required.**)

What is the consideration?

Siblings in Santa Rosa schools: Names and Grades

Names and Grades

Has student attended Pre-K? Yes No

If yes, please check: Private Headstart Other

Has student ever been retained? Yes No If yes, what grade (s)?

Has student ever attended a Florida school? Yes No If yes, where?

Was your student enrolled in IB/Advanced classes at his/her previous school? Yes No

**Student’s Legal Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of LAST SCHOOL attended:

(School Name) (County) (School Phone #)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street) (City) (State) (Zip) (School Fax #)

Was the last school attended public, private or homeschool? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permission is granted for your student to be videotaped/photographed for viewing or publication inside and outside of the district for the duration of the student’s time in Santa Rosa County Schools. This also includes newspaper and television activities. Yes No

Your student’s picture may be published in **yearbook only.**  Yes No

**Is this student currently enrolled in any of the following programs? If so, check appropriate boxes below:**

Educable Mentally Handicapped  Visually Impaired  Speech Impaired  Gifted

Specific Learning Disabled  Language Impaired  Physically Impaired  Other\_\_\_\_\_\_\_\_\_

Emotionally Handicapped  Hearing Impaired  Autistic

Trainable Mentally Handicapped  Profoundly Mentally Handicapped

**If so, do you have a copy of the most current Individual Educational Plan (IEP)?** Yes No

**Does the student have a current 504 Plan?** Yes No

**County written Health Care Plan?** Yes No

Has the student ever been referred for mental health services?   Yes  No

**Information gathered pursuant to Florida Statute 1006.07 Duties to School Safety and Discipline**

Has this student ever been expelled? Yes No

Has this student ever been arrested and charged by the court or are they currently facing charges?

Yes No

Is this student returning to public school directly from a Juvenile Justice Program? Yes No

**\*\*A “Yes” answer to any of the above School Safety and Discipline items requires completion of a full disclosure statement.**

**Home Language Survey**

**If you answer “yes” to any of these language survey questions, your child will be screened for English language proficiency.**

1. Is a language other than English used in the home? Language? Yes No

2. Does the student have a first language other than English? Yes No

3. Does the student most frequently speak a language other than English? Yes No

4. What is the predominant language spoken in the home by the parent(s)/guardian? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The term immigrant children and youth means individuals who are ages 3 through 21; and were not born in any State, the District of Columbia or Puerto Rico; and have not been attending one or more schools in any one or more States for more than 3 full academic years.

5. Does the parent/guardian need a translator? Yes   No

**Student’s Legal Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**When a parent or guardian cannot be reached, please contact one of the persons listed below for emergency pick up:**

Name Relationship Phone #

Name Relationship Phone #

Name Relationship Phone #

1. Is your child Hispanic or Latino?  *(****Please, circle only “Yes” OR “No” for question one.****)*

|  |  |
| --- | --- |
| **Yes** | Yes, my child is Hispanic or Latino -- A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race |
| **No** | No, my child is not Hispanic or Latino |

2. What is your child’s race?  (***Please, circle “Yes” or “No” for each of the five responses.*)**

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | White -- A person having origins in any of the original peoples of Europe, the Middle East, or North Africa |
| **Yes** | **No** | Black or African American -- A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American” |
| **Yes** | **No** | American Indian or Alaska Native -- A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment |
| **Yes** | **No** | Asian -- A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam |
| **Yes** | **No** | Native Hawaiian or Other Pacific Islander -- A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands |

**Florida Statute 837.06: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.**

By my signature below, I attest that all information on this form is true to the best of my knowledge.

**Parent/Guardian** Date

|  |  |  |
| --- | --- | --- |
|  | **4065 Norris Rd.**  **Pace, FL 32571**  **(850) 995-3600**  **FAX (850) 995-3620** | Stephen Shell Principal Dustin Gray ***Assistant Principal*** Kathleen Carroll ***Counselor (A-C)*** Dee Kelly ***Counselor (D-Hi)***  ***Cindy Peaden***  ***Counselor (Ho-Mi))*** Jenny Ashford ***Counselor (Mo-Sc)*** Jenna Hughes ***Counselor (Se-Z)*** |

**Attendance Policy Acknowledgment**

Refer to the Student Handbook and District Code of Conduct for complete list of rules and guidelines

**Absences:**

* When a student is absent from school, the parent/guardian must notify the school to provide the reason for the absence within three (3)

days of the absence or it becomes unexcused. Excuse notes from the parent/guardian must be submitted to Student Services in one of the following ways: (1) written note signed in ink by the parent/guardian, (2) email, (3) FAX, or (3) phone.

* A **zero (0)** will be given for all assignments/tests that were given during unexcused absences and may not be made up for grading purposes.
* Students who are absent for **three (3) consecutive days** should bring a **doctor’s note** to be excused for those absences.
* **When a student has missed ten (10) days or more during the school year, a doctor’s note may be required to excuse any additional absence.**

**Excused Absences:**

Excused absences include personal illness, illness or death of a member of immediate family, medical or dental appointments, religious holidays,

special emergencies, or prearranged approved by the assistant principal or designee. A doctor’s note should be provided as documentation for

medical appointments.

**Pre-Arranged Absences:**

Any student desiring to be absent for circumstances not listed as excused, may make a Prior Arrangement Request to the Principal by bringing a written

Request from his/her parent or guardian. This includes college visits.

**Pre-arranged absence requests must be made at least five (5) days prior to the date of the absence**.

**Unexcused absences:**

Absences for shopping trips, vacations, pleasure trips, truancy, suspension, or absences that have not been pre-arranged and approved by the assistant

principal or designee will be coded as unexcused (Refer to Code of Conduct).

If the student accumulates five (5) unexcused absences within a 30-day period, the following will occur:

* A letter will be sent to the parent regarding a required Attendance conference with school leadership.
* The parent/guardian will be required to attend the conference. The conference may include the School Social Worker, Guidance Counselor,

Dean of Students, Administrator or other appropriate personnel.

* Issues regarding the absences, corrective actions, and MTSS interventions will be discussed as part of the attendance monitoring process.

**Checking In/Out:**

* Students arriving after the school’s designated start time are considered late to school and will receive a “Late To School Check-In” code.
* Students checking out of school prior to the end of the school’s designated dismissal time with receive an “Early Check-Out” code.
* Three (3) unexcused accumulated “Late to School Check-Ins” or Early Check-outs” will receive an unexcused absence.
* All “Late to School check-ins” and “Early Check-Outs” must be done through the Student Services office.
* Students who wish to check out should have their parent send a note with them to be dropped off at the Student Services office before school.
* Students will not be allowed to check out on exam or state required testing days.
* Students may not check out to run errands, eat off campus, miss pep rallies/assemblies, etc.
* Students who leave campus without checking out in Student Services office will be assigned a discipline consequence. An approved adult’s

signature is required on the checkout form located in the Student Services office

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Name Parent Signature Date**

|  |  |  |
| --- | --- | --- |
|  | **PACE HIGH SCHOOL**  ***GUIDANCE OFFICE***  **4065 Norris Rd.**  **Pace, FL 32571**  **(850) 995-3600 X1109**  **FAX (850) 995-3620** | Stephen Shell Principal Dustin Gray ***Assistant Principal*** Kathleen Carroll ***Counselor (A-C0*** Dee Kelly ***Counselor (D-Hi)*** Cindy Peaden ***Counselor (Ho-Mi)*** Jenny Ashford ***Counselor (Mo-Sc)*** Jenna Hughes ***Counselor (Se-Z)*** |
|  |  |  |

**REQUEST FOR STUDENT RECORDS**

**Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected Year of Graduation \_\_\_\_\_\_\_\_\_\_**

**The above mentioned student has enrolled in our school. The information listed below is requested from the following school:**

**Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Complete Transcript (Previous High School or Middle school grades)**
2. **Testing Scores**
3. **Withdrawal Grades (previous six weeks or quarter grades for present year)**
4. **Health Records (Birth Certificate, Physical, Immunizations)**
5. **IEP, 504, Psychological Evaluations**
6. **Attendance and/or Truancy Records**
7. **Discipline Records**

**In order that we might schedule this student into the proper course, we would appreciate receiving this information as soon as possible.**

**I authorize the release of this information.**

**Authorized Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_**