



WIREGRASS RANCH HIGH SCHOOL REGISTRATION

HOME OF THE BULLS

The following information is REQUIRED at the time of registration

___ WRHS registration packet and supporting documentation

___ Legal guardianship paperwork if you are not the biological parent

___ Out of State / Out of Country:

1. Current immunization records required for school entry on a current DH 680 State of Florida form.
2. Current School Physical Exam less than a year old including vitals for all students. No exceptions.
3. Parent I.D. and 3 Proofs of residency (see next page)
4. Birth Certificate.
5. Copy of withdraw paperwork from previous school, transcripts and transfer grades.

___ Out of County: (Any Florida School)

1. Current immunizations records required for school entry.
2. If you are coming from a Private School, you are REQUIRED to provide a current school physical with vitals and immunization records.
3. Parent I.D. and 3 Proofs of residency (see next page)
4. Birth Certificate.
5. Copy of withdraw paperwork from previous school, transcript and transfer grades.

If we do not receive the records needed for your student, it will be the parent/guardian responsibility to obtain those records for our school.

___ In county Transfer from another Pasco County School:

1. Parent I.D. and 3 Proofs of residency.

___ Exceptional Student/ IEP / 504 Plan (If applicable)

1. Current IEP and or 504 Plan
2. Psychological report.

Legal documents i.e., a copy of any current judgement of divorce (dissolution of marriage) or other court order establishing the right of custody will be required for registration



WIREGRASS RANCH HIGH SCHOOL REGISTRATION

REQUIRED DOCUMENTATION

Evidence of residence:

____ Owned Residence – deed or property tax assessment records, and a copy of a current utility (electric/water) bill or initial order for service; and once 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) or legal guardian(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 the parents(s) or legal guardian(s) owns and lives at the residence.

AFFIDAVIT OF RESIDENCY

All students must reside with at least one parent or legal guardian. Proof of guardianship is a photocopy of the court order appointing guardianship. Under extenuating circumstances, a notarized Affidavit of Residence maybe accepted if proof of residence can be validated. For additional information regarding this option, please visit your school of residence.

Parents/legal guardians are responsible for notifying the school principal if there is a change in residence of parental responsibility of the student within five (5) days; even if the parent's/legal guardian 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.

Signature

Date

ACADEMIC HONOR CODE

As a student at Wiregrass Ranch High School, you have entered a community of student scholars and educators who are committed to excellence in education. Take the time to read and think about what you want your education to mean to you. You and your parents need to sign and return this form to your teacher. It is assumed that all students will pursue their studies with integrity and honesty. This means that all work for which the student wants to receive a grade, credit or recognition will be the work of the individual student. Academic honesty is a very serious commitment to make so please do not do so lightly.

Students have the responsibility (1) to uphold the highest standards of **academic integrity** in the student's own work, (2) to refuse to tolerate violations of **academic integrity** in the school community, and (3) to foster a high sense of integrity and social responsibility on the part of your class and in the Wiregrass Ranch High School community.

Violations of the following infractions will result in severe disciplinary action by your teacher, which will include – but are not limited to – a grade of F on the assignment/test, a referral, and parental contact. The following are considered egregious infractions of the academic honor code:

- I. Cheating
 - A. Copying, in part or in whole, from someone else's test;
 - B. Altering or interfering with grading;
 - C. Using or consulting any of the following during an examination; any sources, consulting with others, use of electronics equipment including cell phones and PDAs, or use of materials not authorized by the instructor; or
 - D. Committing other acts, which defraud or misrepresent.
- II. Plagiarism
 - A. Incorporating the ideas, words, sentences, paragraphs or parts of another person's writings without giving appropriate credit, and representing the product as your own;
 - B. Representing another's scholarly works such as written assignments or projects as your own;
 - C. Submitting a paper purchased from a research or term paper service, including the Internet; or
 - D. Undocumented Web source usage.
- III. Other Specific Examples of Academic Dishonesty
 - A. Purposely allowing another student to copy from your paper during a test;
 - B. Giving your homework, written assignments or other academic work to another to plagiarize;
 - C. Having another person submit any work in your name;
 - D. Lying to a teacher to improve your grade;
 - E. Altering a graded work after it has been returned, then submitting the work for re-grading;
 - F. Stealing tests;
 - G. Forging signatures of parents or other students on documents; or
 - H. Collaboration without permission of your teacher.

Failure to complete this form does not exempt you from complying with the Academic Honor Code at WRHS.

By signing this, I – **the student** – hereby agree:

1. To comply with the above Academic Honor Code in its entirety,
2. To uphold the highest standards of integrity, and
3. To make the right choices regarding my education in this class.

PRINTED STUDENT NAME

SIGNATURE OF STUDENT

By signing this, I – **the parent/guardian** – state that I have read the Academic Honor Code in its entirety. I understand that my son/daughter is solely responsible for his/her action and the subsequent consequences.

PRINTED PARENT NAME

SIGNATURE OF PARENT

Date: _____



Dress Code & Electronics Policy

In order to promote an orderly learning environment in our school while preparing all students for later success in the world of work, the District School Board of Pasco County has established the following guideline for student dress:

1. Student shall wear modest clothing of such style and design as shall be consistent with community standards as determined by the school principal or designee. Refer to specific guidelines disturbed by the school. Sexual implicit or explicit clothing, bikini and tank tops, and spandex clothing (kinds of clothing usually worn at beaches and while engaging in recreation activities) are not appropriate wearing apparel for school or school functions.
2. Student may not wear leggings, yoga pants, tights or similar clothing unless they are covered by a shirt or skirt that is no more than 4" above the knee.
3. Students may wear shorts and skirts as long as they are no more than 4" above the knee.
4. Blouses, shirts, and sweaters cannot dip below a line formed between the right and left armpit. Muscle shirts and tank tops are not permitted. Spaghetti straps and strapless tops are not acceptable. Tops must be long enough to clearly overlap the belt line or stay tucked in during the course of normal movement throughout the day.
5. Student shall keep their clothes, bodies, and hair clean and well groomed.
6. Student shall not wear hats or head covering on the school campus during the regular school day unless previously approved for medical or religious reasons or special school activities as determined by the principal or designee.
7. Students shall wear shoes for foot protection and hygienic reasons while on school grounds or on school transportation. Slippers are not acceptable.
8. Decorations, symbols, mottos, or designs imprinted or attached to the body, clothing, accessories or student vehicle which contain profanity in any form, violent images, are considered vulgar, offensive to good taste or the maintenance of decorum, or which contain sexually suggestive words, phrases or images, advertise tobacco, alcohol, drugs, or which identify them as members of secret antisocial groups or gangs, or which cause an inherent risk of substantial disruption to the educational program, shall not be worn to school or school functions. Offensive designs imprinted on the body must be covered.

9. Jewelry shall be worn in a way that does not present a safety or health hazard or cause a major disruption to the educational process.
10. Wallet chains or dog collars shall not be permitted.
11. If issued, student must be in possession of school badges during all school activities and must present the badge to school officials upon request.
12. While on any District School Board of Pasco County schools or campus, at any school function or on any school sponsored transportation, students are prohibited from wearing clothing that exposes underwear or body parts in an indecent or vulgar manner or that disrupts the orderly learning environment. Students' clothing shall be worn appropriately with no abdomen skin or underwear exposed.
13. Schools may not require a student to remove or discipline a student for wearing clothing that depicts a firearm or weapon or expresses an opinion regarding a right guaranteed by the Second Amendment (F.S. 1006.07)

Violation of these provisions of the dress code are subject to the following consequences as defined by F.S. 1006.07 (2)(d1) and F.S. 1006.07 (2)(d2), as follows:

1. For a first offense, the student shall be given a verbal warning and the school principal or designee shall call the student's parent or legal guardian.
2. For a second offense, the student is ineligible to participate in any extracurricular activity for a period of time not to exceed 5 days and the school principal or designee shall meet with the student's parent or guardian.
3. For a third or subsequent offense, the student shall receive an in-school suspension or a period not to exceed 3 days, the student is ineligible to participate in any extracurricular activity for a period activity for a period not to exceed 30 days, and the school principal, or designee, shall call the student's parent or guardian and send the parent or guardian a written letter regarding the student's in-school suspension and ineligibility to participate in extracurricular activities.

The principal, or designee, shall determine the appropriateness of dress and appearance in accordance with the guidelines distributed by the school. The principal, or designee, will make the decision if a student's appearance meets school and community standards. The principal's decision on the appropriateness of dress in final.

Student & Parent Signature

Student Services Department
Main: 813-346-6011
Registrar: 813-346-6009
Fax: 813-346-6090
<http://wrhs.pasco.k12.fl.us>

WIREGRASS RANCH HIGH SCHOOL
Westey Chapel, Florida



Expulsion or Suspension Status from Previous School

Please read carefully and complete the bottom portion

This form is to serve as a sworn statement or affirmation indicating if the student listed below has been expelled from school attendance at a public or private school either in the State of Florida or in another state for an offense in violation of school board policies relating to weapons, alcohol, drugs, or for the willful infliction of injury to another person.

This form is to serve as a sworn statement or affirmation indicating whether the student has been found guilty of or adjudicated as delinquent for any of the following offenses listed below or any substantially similar offense under the laws of any state, the District of Columbia, or the United States or its territories: a firearm offense, homicide, felonious assault and bodily wounding, criminal sexual assault; manufacture, sale, gift, or possession of Schedule I or II controlled substances; manufacture, sale, or distribution of marijuana; arson and related crimes; burglary and related offenses; robbery; prohibited street gang participation; prohibited criminal street gang activity; or recruitment of other juveniles for a criminal street gang or street gang activity.

I affirm that _____

Please print student's full name

DOB: ____ / ____ / ____ Student ID: _____

_____ HAS _____ HAS NOT been expelled from school attendance at a private school or public school in Florida or in another state for an offense in violation of school board policies as listed above.

_____ HAS _____ HAS NOT been suspended from attendance at a private or public school in Florida or in another state or been withdrawn by a private or public school in Florida or in another state for an offense in violation of school board policies as listed above.

_____ HAS _____ HAS NOT been found guilty or adjudicated delinquent for any offense as listed above or any substantially similar offense under the laws of any state, District of Columbia, or the United States or its territories.

I understand that if my child HAS been expelled, suspended, or found guilty/adjudicated for any of the above, he/she will be found ineligible for enrollment based on information from current discipline history obtained from the student's transfer records.

Parent/Guardian Signature

Date



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 (sof, 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
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 HEALTH INFORMATION FORM
(To be completed for initial registration and for change in health status)

MIS Form #442
Rev. 5/13

Student _____ School _____ Date _____
Last Name First Middle

Student # _____ 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. 5/13 - 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. Mental health concerns? 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 _____ and name of the Medicaid Insurance Plan _____

Print - Parent/Guardian Name

Parent/Guardian Signature

Date