

Registration Form Continued



Additional Emergency Contacts & Authorized Pickup Persons:

MOTHER Name: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Please check all that apply: Lives with Emergency Pickup School Board Employee

FATHER Name: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Please check all that apply: Lives with Emergency Pickup School Board Employee

Contact Name: _____ Relationship to the Child: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Please check all that apply: Lives with Emergency Pickup School Board Employee

Contact Name: _____ Relationship to the Child: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Please check all that apply: Lives with Emergency Pickup School Board Employee

Contact Name: _____ Relationship to the Child: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Please check all that apply: Lives with Emergency Pickup School Board Employee

Contact Name: _____ Relationship to the Child: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Please check all that apply: Lives with Emergency Pickup School Board Employee

Client Handbook Verification

My signature indicates that I have received a copy of the PLACE Program Client Handbook or reviewed the handbook online at www.placeprogram.com and will abide by all of the policies and procedures.

Signature of Client: _____ Date: _____

For Office Use Only:

Registration Paid Date _____ D.O. Approval # _____ Account Key _____

Note: A copy of this form should be kept in the Emergency Binder as emergency contact documentation





Pasco County Schools

Kurt S. Browning, Superintendent of Schools

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PLACE Department

Mary Grey, Director

813/794-2180 Fax: 813/794-2487

727/774-2180 TDD: 813/794-2484

352/524-2180 E-Mail: mgrey@pasco.k12.fl.us

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) REQUEST TO RELEASE/ACCESS STUDENT RECORDS

I, _____, (*Name of parent of minor student*), HEREBY REQUEST that the School Board of Pasco County, its employees, agents, and assigns (hereinafter SCHOOL BOARD), provide release of student records, for: _____ (*Name of Student*) which are in possession of the SCHOOL BOARD, to Pasco Learning & Activity Centers of Enrichment (PLACE).

I understand that I can limit the SCHOOL BOARD'S release of records to certain specified records.

I wish to have the SCHOOL BOARD give access to and/or communicate regarding all student records in its possession

OR

Only allow access to and/or communication related to _____

If the "all student records" option is chosen, I understand that the records provided may include materials that are not student records, or that may otherwise be confidential, including but not limited to criminal records, whether student was an offender or victim of any type of crime.

I further understand that all such records may be confidential under Federal Law and Florida Law, including, but not limited to §1002.22, Florida Statutes and 20 U.S.C.A. § 1232g, and I waive all rights of confidentiality as to this request, thereby allowing SCHOOL BOARD to openly communicate with the PLACE staff,

The reason for this release of records is to allow the PLACE staff to access student educational records or meet with teachers to discuss participant needs and supports. (*20 U.S.C.A. 1232g(b)(2)(A) requires the requestor to specify the reason for the request for release.*)

I agree to release, hold harmless, and indemnify the SCHOOL BOARD for any and all damages or claims arising out of the SCHOOL BOARD'S compliance with my request to provide access to my student's records to the PLACE program.

Parent/Guardian (or eligible student)

Date

Witness or Site Manager

Date