



Registration Form

Financial Responsibility Information

PLACE Site: _____

Only the payers listed below will have access to all financial information including statements, information for tax purposes, and payment receipts. Only the payers listed below will have the ability to make payments at our check-in screen and online.

Primary Payer* Legal First Name*: _____ M.I. ____ Last Name*: _____

Date of Birth*: _____ Relationship to Student*: _____

Address*: _____

City*: _____ State*: _____ Zip Code*: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email*: _____

Please check all that apply: Lives with Emergency Pickup School Board Employee

My signature confirms I am accepting financial responsibility for this account.*

Signature* _____ Date* _____

Secondary Payer Legal First Name: _____ M.I. ____ Last Name: _____

Date of Birth: _____ Relationship to Student: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Please check all that apply: Lives with Emergency Pickup School Board Employee

My signature confirms I am accepting shared financial responsibility for this account with the Primary Payer.

Signature _____ Date _____

Child Information

Legal First Name*: _____ M.I. ____ Last Name*: _____

Student ID#*: _____ Grade*: _____ Date of Birth*: _____ Gender*: M F

Allergies*: No Yes If yes, please list: _____

PLACE has my permission to photograph my child. Yes No *If no, additional form will be required

I understand I must maintain health/accident insurance for my child. Parent Initials _____

Florida statute provides that both parents have equal rights and access to their child and his/her records, unless a court order states differently. Court order(s) should be copied and kept in the child's record at the PLACE site.

Is there a custody issue regarding this student? Yes No

Is there a court order regarding this student? Yes No *If yes, copy of court order will be required

Please indicate if your child has a qualifying disability, which may require reasonable accommodation(s) in order to participate in this program. You are entitled to, at no cost to you, the provision of reasonable accommodations. Additional information will be required from your medical provider regarding the medical diagnosis and subsequent limitations.

My child has a qualifying disability No Yes *If yes, additional form will be required

I received the ADA Form _____

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

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

For Office Use Only: Registration Paid _____ D.O. Approval # _____
Account Key _____ Checked T.D.B. _____

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

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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