









Mrs. Alex
DEO/Registrar

Mrs. Chitty Mrs. Urban

Bookkeeper Secretary







Mrs. Lehmann



Mrs. Santini



Mrs. Glynn



Mrs. Raysor



































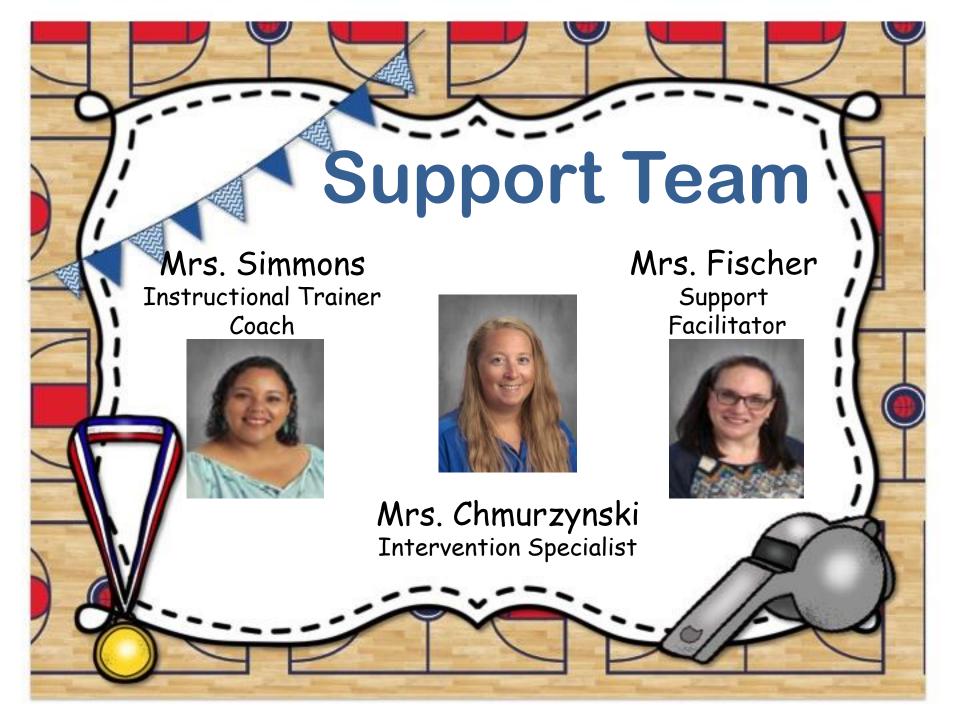












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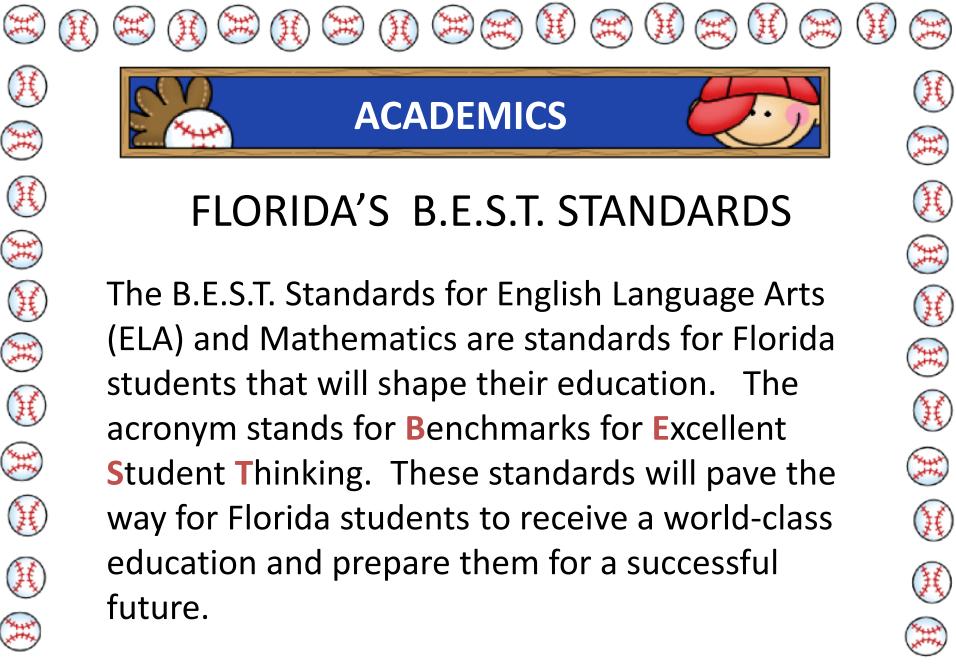
SCHOOL SAFETY

Safety is our number one priority here at Sand Pine!

To help us keep the school safe we have:

- ✓ Strict Policies and Procedures for Visitors
- ✓ School Safety Guard (SSG)
- ✓ Doorbell Key Entry
- ✓ Security Cameras
- ✓ Practice Drills























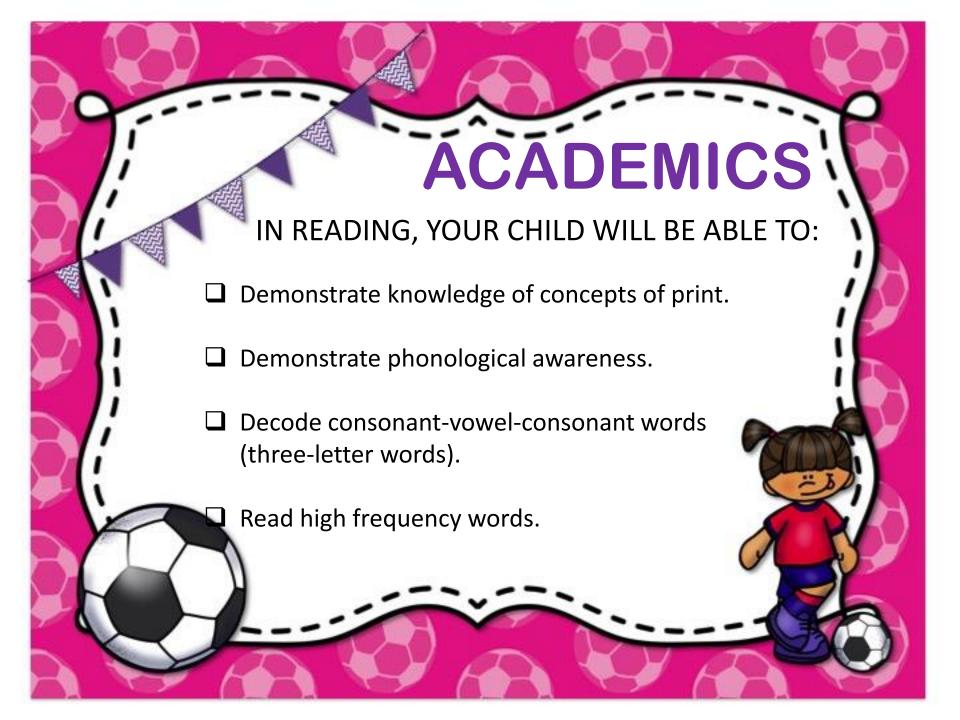


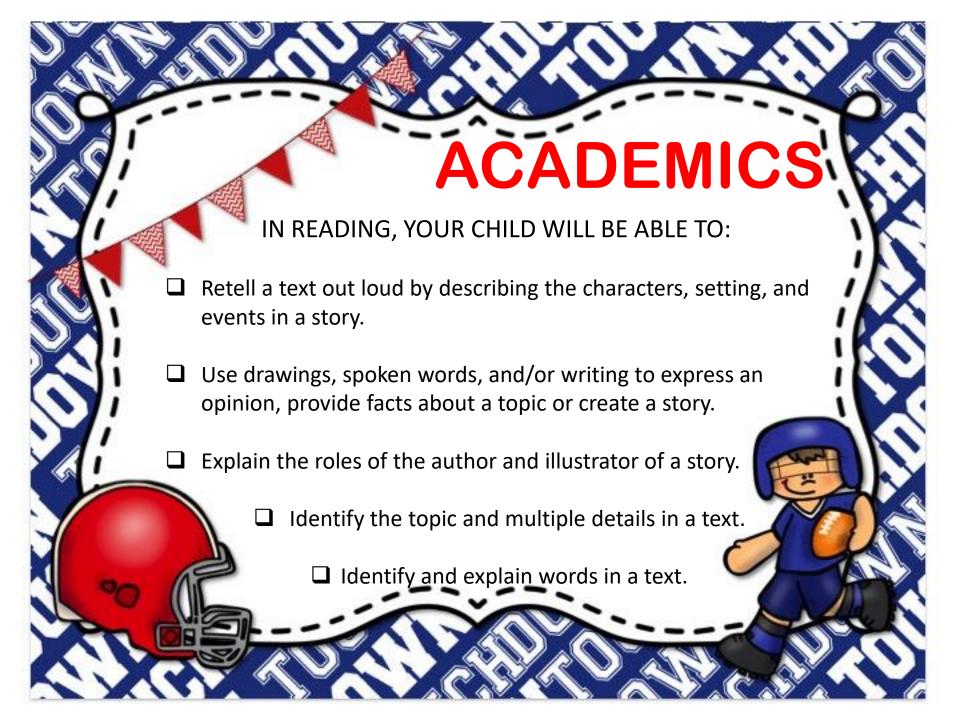


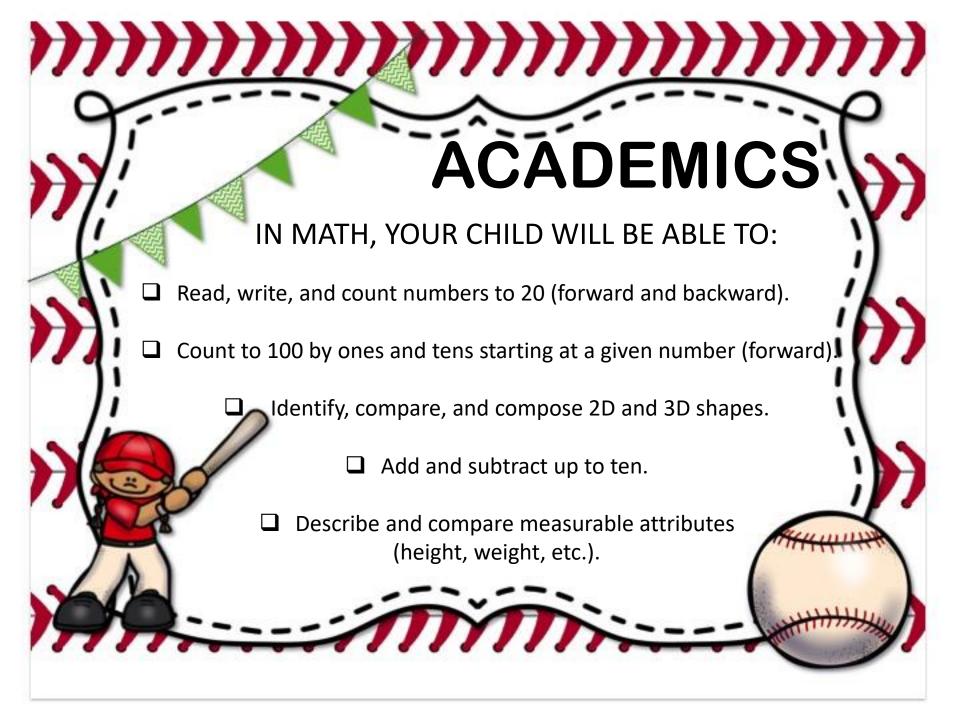


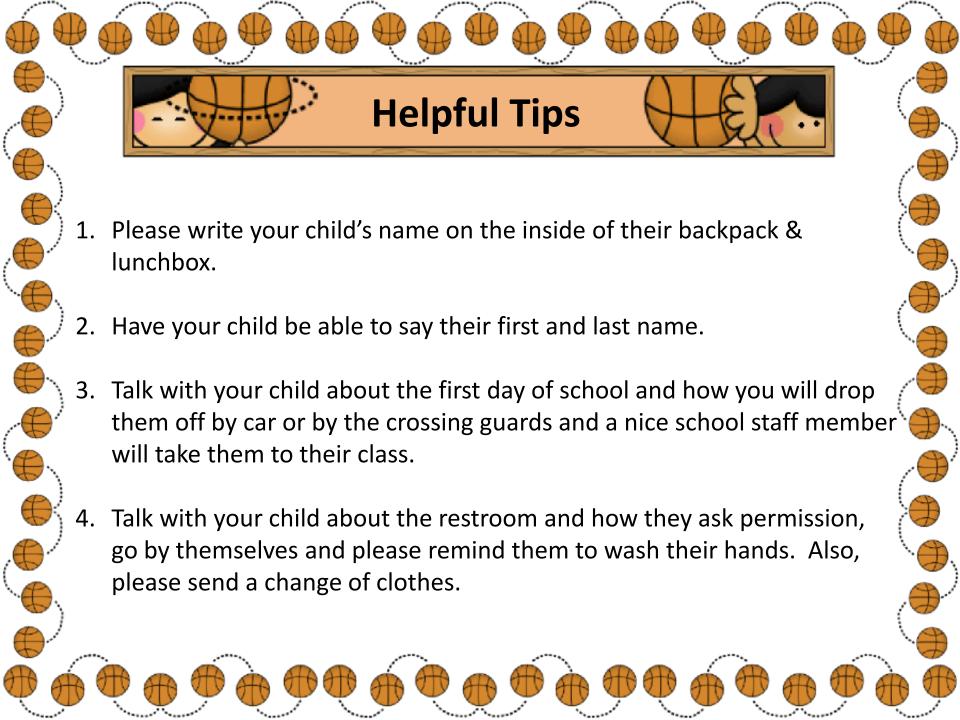




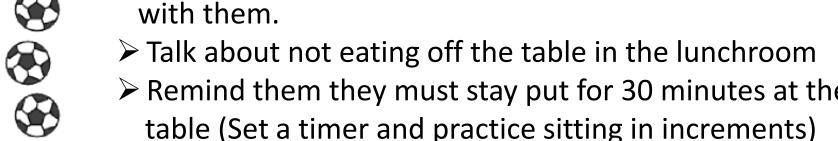




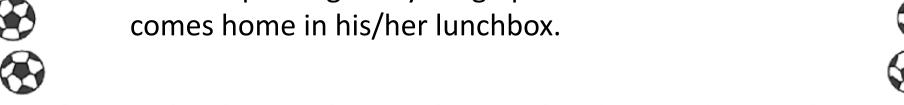


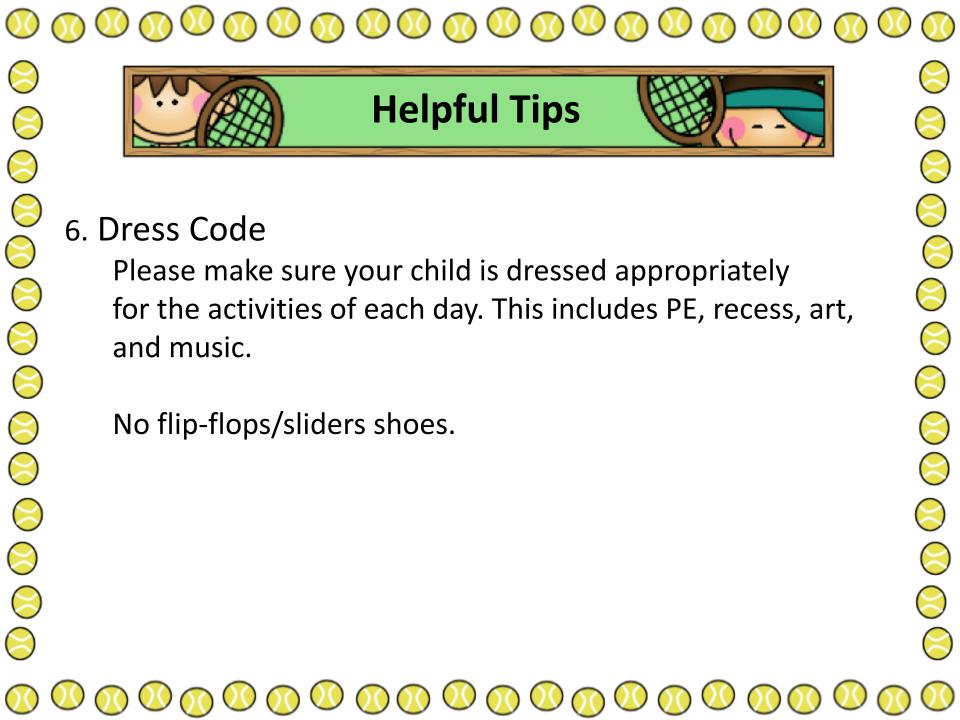






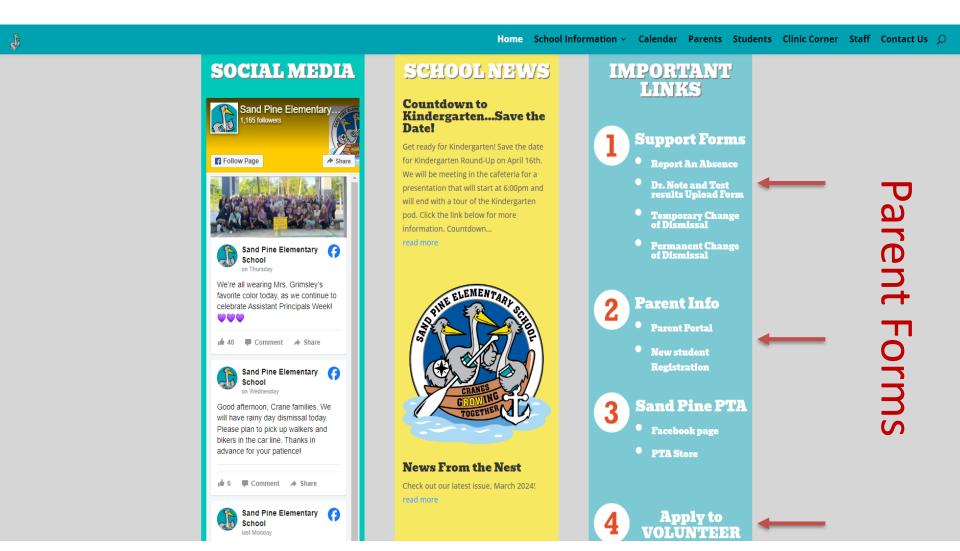
- Remind them they must stay put for 30 minutes at the
- table (Set a timer and practice sitting in increments) Talk about how they may not finish eating all of their food
- and that is okay. > Practice packing everything up and what is trash and what

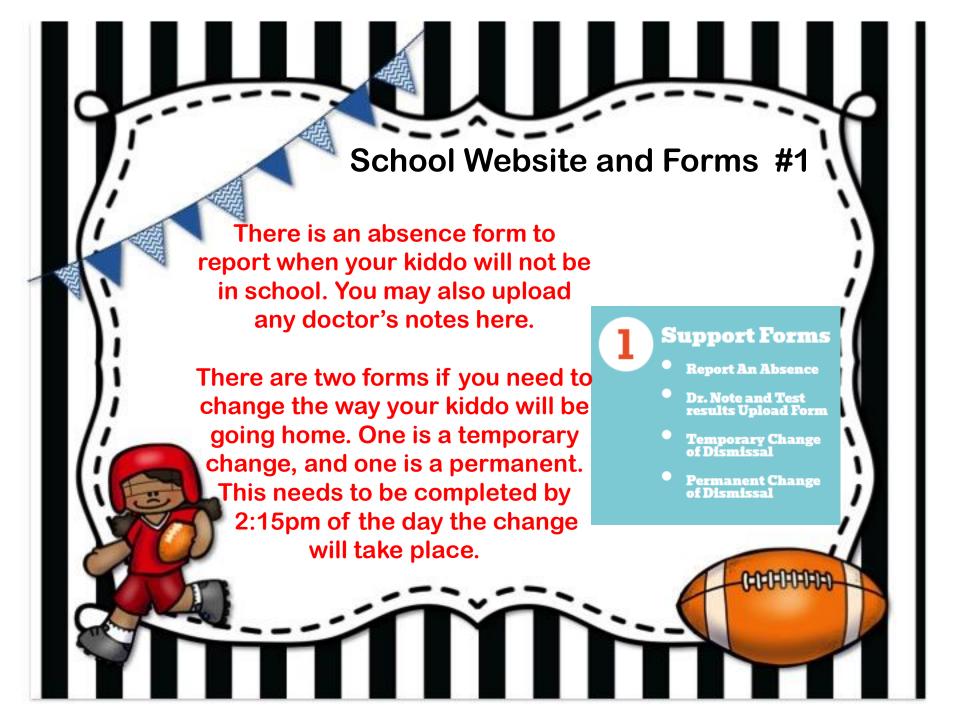


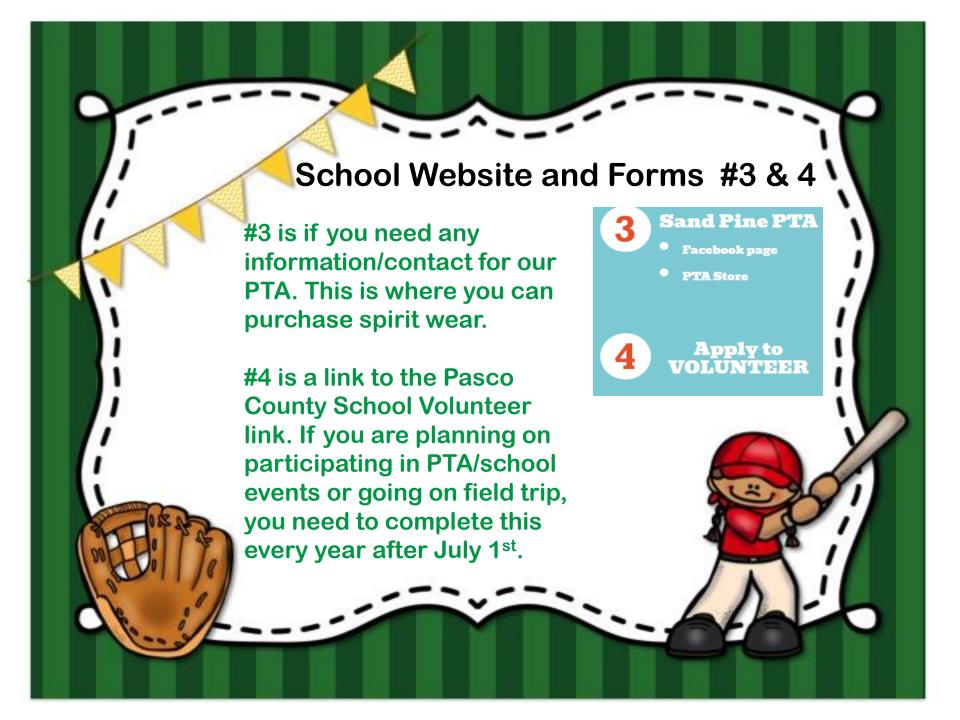


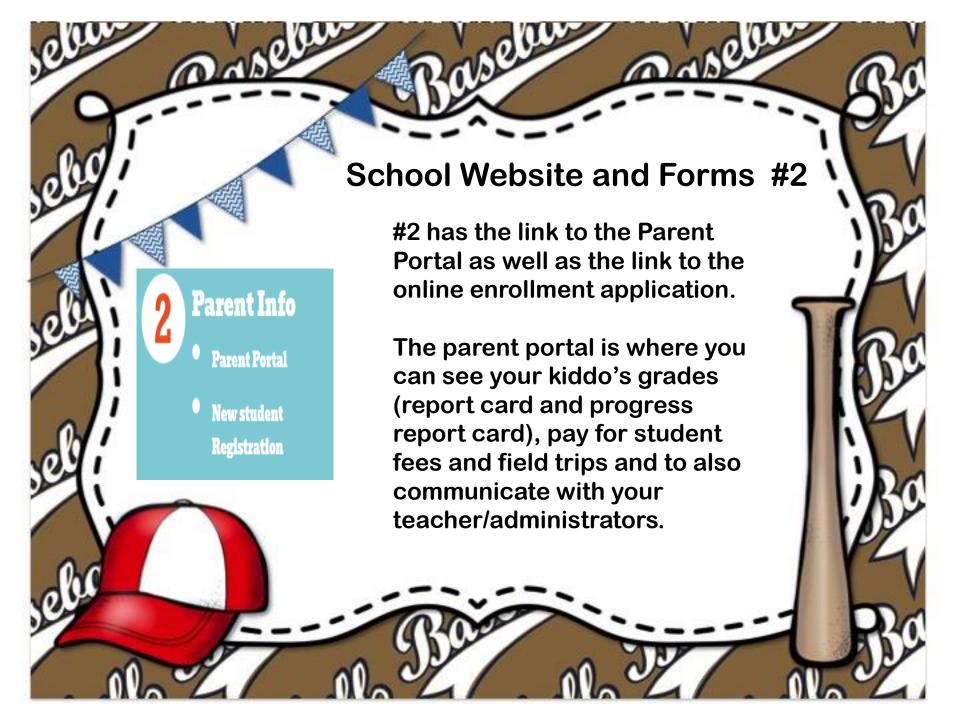


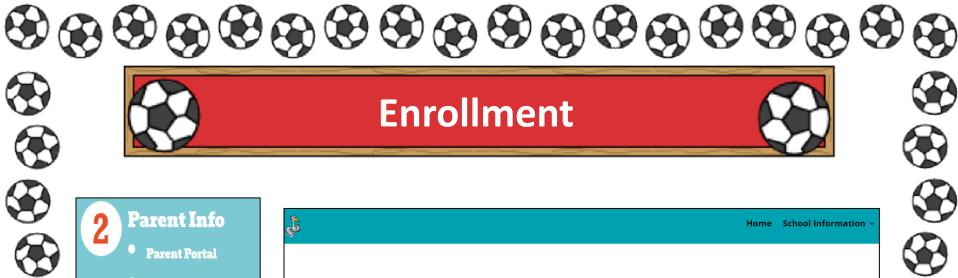
School Website and Forms





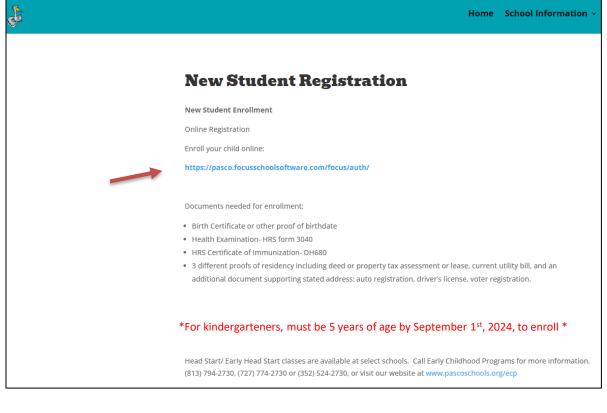


















application **



























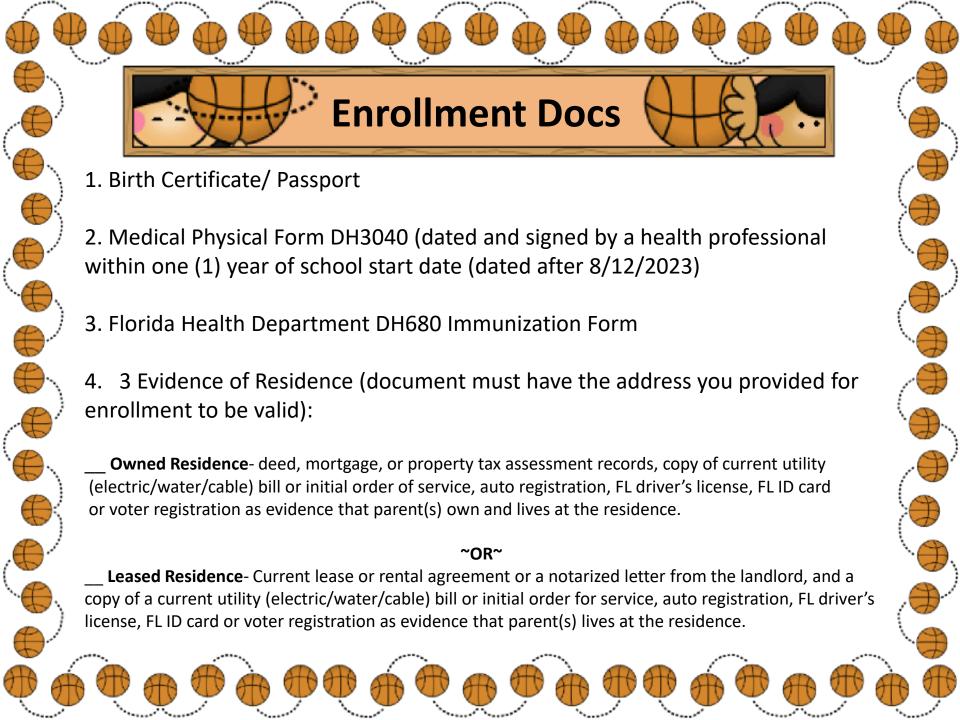




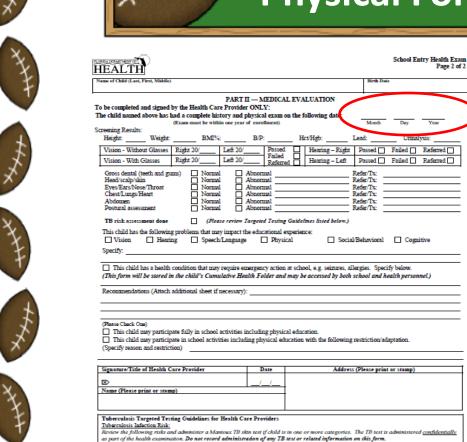












This date must be after 8/12/2023 to be valid

Page 2 must be completed and signed by a health care provider to be valid to complete a student's enrollment.

We do accept out of state physicals, but it must have the same information provided by the Florida DH3040 form and signed by a health care provider.

OH 3040, 6/02 (Obsoletes previous editions which may not be used) Stock Number: 5744-000-3040



nigrant (< 5 years), frequent visitor to TB endemic areas









HIV+ or have other medical conditions that increase the risk to progress from infection to disease, e.g., chronic renal failure





































PATIENT













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01/01/2006





































FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes; rules 64D-3.046, 65C-20.011, Florida Administrative Code

LAST NAME PARENT OR GUARDIAN		FIRST NAME	MI	DOB (MO/DA/YR)
		CHILD'S SS# (optional)	STATE IMMUNIZATION ID# (optional	
 Sign and date ap See "Immunizati 	riate doses and dates b propriate certificate (A on Guidelines Florida orm completion. Guide		amily Day Care I	Homes" for information a
VACCINE	DOE Dose 1 CODE MO/DAYR	Dose 2 Dose 3 MO/DAYR MO/DAYR	Dose 4 MO/DAYR	Dose 5 MO/DA/YR
DTaP/DTP	A MOIDAVYR	MOIDATR MOIDATR	MOIDAVIK	MOIDAYR
DIAFIDIF	B		_	
	Č Z		-	
Td/Tdap Polio	B D D		1	/ >
			1	
Hib	/ E / /		1	
MMR (Combined)	(CF) //			
(Separate)	G, H,			
	Measles (do:	se 1) Measles (dose2) Mumps (dose 1)	Mumps (dose 2)	
	1 / Umarrie 41 and			
	Rubella (dos	e 1) Rybella (dose 2)		
Hepatitis B	J			
Varicella	K			
Varicella Disease	L. Committee			
	Year/	1 11 11	/	
PneumoConju		11111		
		11111		
111	_			
Select appropriate	how(or)			
Certificate of Immu	ninetian for K 42			
	_			
Part A-Complete				
			W. X.	A
grades kindergarten th	rough 12. Maye review	entry and attendance and meet requirement the records available, and to the best of as documented above.) DOE Code 1	of my knowledge, th	en and/or /** grade (and to he above named child has
	1 1 7			
Temporary Medical	Exemption PS	piration date:		
_ ' / '	1			
Page B-Temporar	y \ <			
Part/B (For children in immunization in Part A	day care, family day can Invalid without expirat	e homes, preschool and kindergarten gra tion date. DOE Code 2	ides through 12 who	are incomplete for
\	1 \/			
Permanent Medical	HExempti on ✓			
Part C-Permaner	nt) /			
	"//			
DOE Code 3		tions, list each vaccine and state valid of		
l certify the physical oo	polition of this child is suc	h that immunization(s) as indicated in Pa	rt C above is medic	ally contraindicated.
Physician or Clinic Nan	ne	Physician or		
		Authorized Signature:		
		Issued By:		

FLORIDA CERTIFICATION OF IMMUNIZATION

TEST

Last Name MOM PATIENT			First Name	MI 9900001032	DOB	
Parent or Guardian		Child's	SS# (optional)	State Immunization	State Immunization ID#	
Directions: * For additional information completion and immunity VACCINE	on: See Immu zation requirem DOE CODE	rnization Guidelines I rents. Guidelines are Dose 1 MO/DAYR		les for information and institute from the total county in use 3 Days 4	eaith department. Dose 5	
DTaP/DTP	A	SHOWING LIKE	- MO	/	/ ^	
DT	В				(/)	
Td/Tdap	c				V/	
Turiuap				Booster		
Polio	D			\ ^'	//	
HIB	E				> *	
MMR (Combined)	F			/ //		
(Separate)	G,H		10	\ /		
***********	27.55%	Measles (dose 1)	Mersies (dose V) Mump	(dose 1) Yumps (dose 2	2)	
	1	/	11 1			
		Rubella (dosy1)	Rubella (obje 2)			
Hepatitis B	J	(, ///			
Varicella	K	^ \		/		
Varicella Disease	L		11 / ^			
	(Year	7//>			
PneuConju)	11	'\V_		20	
I have reviewed the ecc immunized for school at Physician or Clinic Name	is are comple ords available tendence as i	te for school entry and to the best o documented above	and attendance for grades k if his knowledge, the above n Physician Authorized Signatu	arned child has been ad or	DOE Gode 1 lequately	
	ROW BLVD	/ -	Electronic Certificati			
TAL AHASSEE, FL	1	\		ite: 07/03/2007		
	11	>	Issued	By: TEST USER		
) ~			Shots		
Form DH-680, 01-07 Star Nur	ter (74000005800					







DH 680, 1/2007, (Stock Number: 5740-000-0680-6)







































Immunization Form DH680/681





Pasco County Schools

Land O'Lakes Boulevard • Land O'Lakes, Florida 34638



Dear Parents/Guardians:



Kindergarten and Out of State/Country immunization requirements are as follows:

Diphtheria, Tetanus, Pertussis (DTaP) 4 or 5 doses (If the 4th dose was given on or after the 4th birthday a 5th dose is not required)



4. or 5 doses (If the last dose was given prior to the 4th birthday, an additional dose is required)

Measles, Mumps, Rubella (MMR)

2 doses

3 doses

Hepatitis B series Varicella (protects against chicken pox)

(or documented date of varicella/chicken pox disease)

2 doses



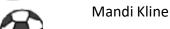
Immunization record must be on the Florida Health DH 680 Form. We will not accept other forms for enrollment.

Proof of a physical exam completed within one calendar year prior to enrollment date is required for all kindergarten students who have never been enrolled in a Florida school before or students that are coming in from out of state or country.

State law mandates compliance with these requirements. Your child cannot complete the registration process (i.e., receive teacher assignment) without the required immunizations and physical exam.



Please document any health concerns on your child's Emergency Information Card at registration / orientation and contact me if you wish to discuss your child's health.



Pasco County School Nurse

exemption expiration date on the DH680 form, it must not expire before school starts (8/12/24) or complete your student's

enrollment. If you have religious exemption, you will need to provide a DH681 form instead of the DH680 to complete the enrollment.

If you have a temporary medical

