



Please fax or mail to:
 Migrant Education Services Center
 408 Chipman Street
Plant City, FL 33563
 Ph: 813-757-9331 Fax: 813-757-9332

Florida PASS Program
Assurances and Student Application

FOR OFFICE USE ONLY:
 Approved Not approved
 Date: _____
 Signature: _____

I certify that this student:

- ◆ Was identified as eligible for migrant services upon entering or while attending high school;
- ◆ Demonstrates at least seventh grade level reading and writing skills;
- ◆ Is in need of this course to fulfill promotion or graduation requirements.

 Contact person signature Date Facilitating teacher signature Date

 Student signature Date

Guidance certification:
I certify that this course has been selected to meet the student's graduation and/or promotion requirements.

 Guidance counselor's signature Date

Student Information

Name: _____ District Student ID #: _____ Date of Birth: _____

Gender: Male Female **Race:** Hispanic American Indian Asian Black White Other

Current School: _____ Current Grade: _____ QAD: _____

School District Name: _____

Contact Person: _____ Phone: _____

E-mail: _____

Mailing address: _____

Facilitating Teacher: _____ Phone: _____

E-mail: _____

Mailing address: _____

Please enroll the above student in the following course (list only one course).

PASS Course Title: _____ Course #: _____

Reason(s) for taking this course (select all that apply):
 Graduating This Year Promotion Credit Accrual Raise GPA Repeat Course

Mail course materials to: Contact Person Facilitating Teacher