



**Leto High School**

4409 W. Sligh Ave., Tampa, FL 33614  
(813) 872-5300 - Fax: (813) 769-0725

**RECORDS REQUEST**

Date: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

Previous School Name: \_\_\_\_\_

Previous School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel #: \_\_\_\_\_ Fax #: \_\_\_\_\_

The above student is enrolling in the \_\_\_\_\_ grade at Leto High School.

Please send the following records as soon as possible:

\_\_\_\_\_ Official Transcript

\_\_\_\_\_ Standardized Test Scores

\_\_\_\_\_ Withdrawal Form

\_\_\_\_\_ Immunization Records

\_\_\_\_\_ Discipline History

\_\_\_\_\_ Psychological/Physiological Reports

\_\_\_\_\_ Exceptional Children Records / IEP

**Parent Contact Information:**

Parent Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

# Student Registration Requirements

## I. From Within Hillsborough County:

- A valid parent/legal guardian photo ID (driver's license, state issued ID card, or passport).
- All students must reside with at least one parent or legal guardian.
  - Proof of guardianship is a court order appointing guardianship.
  - If a student is living with someone other than their parent or legal guardian, under extenuating circumstances, a notarized statement [Caregiver Affidavit form (SB 60710)] may be accepted if proof of residence can be validated. Administration approval is needed, and enrollment is not guaranteed.
- Verification of parent/legal guardian's current address with TWO of the following documents:
  - property tax receipt or show homestead exemption; ◦ current electric bill; ◦ contract for purchase of home; ◦ warranty deed; or ◦ lease agreement

\*If you are sharing the home with a friend or family member, he/she must provide the school with their address verifications, picture ID and sign the SIDE B Form

## II. From Private School, Out of County Public School or First time in Florida:

- All requirements in section I (above)
- Birth Certificate
- Florida Physical (within 12 months prior to entry in Florida Schools)
- Immunization records on a Florida Certification of Immunization form (DH 680)
- Transcript/report card from the last school attended:
  - Student enrolling in 9th grade will need last report card showing promotion to 9th grade. If the student took high school courses in middle school, then a transcript will also be needed.
  - Student enrolling in 10th - 12th grade will need high School transcript ◦
    - ✱ Note: the new school's registrar shall send for official permanent record/transcript.
- A copy of the most recent Individual Educational Plan (IEP) or 504 Plan, if applicable.

### NOTES:

- All incoming students from out of Hillsborough County Public Schools must have credits earned and history of grades before we can enroll. Students entering 9<sup>th</sup> grade must have final 8<sup>th</sup> grade report card or transcripts showing promotion to 9<sup>th</sup> grade. We will fax a transcript request to prior schools but, be aware it may take several days or longer for them to reply. ◦ Students with Foreign Records: To correctly determine credits and proper grade level placement for a student coming from another country, prior records/transcripts must be received including 8<sup>th</sup> grade. Until the information can be established, a student may be placed in an age appropriate grade or enrollment will be delayed until transcripts are received. Foreign transcripts will be sent to Bilingual Services for evaluation/translation.

**IMPORTANT\*** Before we can enroll your child, we **MUST** have ALL of the proper documentation (including school records)

## REQUISITO DE INSCRIPCIÓN ESTUDIANTIL

### I. Desde dentro del condado (Hillsborough):

- Formulario de retiro
- Licencia de conducir (nombre y dirección actual)
- DOS (2) verificaciones de dirección (factura de TECO y documentos de arrendamiento/ hipoteca)
  - Si comparte el hogar con un amigo o familiar, él / ella necesita proporcionar a la escuela sus verificaciones de domicilio, identificación con foto y firme el formulario LADO B

### II. De la escuela privada, de las escuelas públicas fuera del condado o de la primera vez en Florida

- Certificado de Nacimiento
- Florida física
- Registro de Inmunización de Florida
- Boleta de calificaciones más reciente con calificaciones o papeleo de transferencia
- Licencia de conducir (nombre y dirección actual)
- DOS (2) verificaciones de dirección (factura de TECO y documentos de arrendamiento/ hipoteca)
  - Si comparte el hogar con un amigo o familiar, él / ella necesita proporcionar a la escuela sus verificaciones de domicilio, identificación con foto y firme el formulario LADO B

**ANTES DE PODER INSCRIBIR A SU HIJO, DEBEMOS  
TENER TODA LA DOCUMENTACIÓN ADECUADA, ASÍ  
COMO SUS REGISTROS ESCOLARES.**



**Hillsborough County**  
PUBLIC SCHOOLS  
Preparing Students for Life

**Form A**

**Student Residency Form**

Complete this form (A) if the parent/guardian can provide proof of residency with two (2) documents.

- *If the family has experienced a loss of housing, complete Form B.*
- *If the family is co-residing with another person or family and has zero (0) documents to prove residency, complete Form C.*

Student Name:	Date of Birth:	Student Number:	Grade:
School Name:			
Student's Street Address / City / State / Zip Code:			

Please check one of the following:

<input type="checkbox"/> Own residence	<input type="checkbox"/> Rent residence
<input type="checkbox"/> Licensed foster care placement (Update D Screen/SIS)	

Please check the two (2) documents from the list below provided to the school for verification of residence:

<input type="checkbox"/> Current Florida Driver's License or State ID	<input type="checkbox"/> Declaration of Domicile
<input type="checkbox"/> Utility Bill or Utility Deposit Receipt	<input type="checkbox"/> Transitioning Active-Duty Military Orders
<input type="checkbox"/> Lease Agreement	<input type="checkbox"/> Mortgage Statement
<input type="checkbox"/> Rent Receipt	<input type="checkbox"/> Property Tax Receipt
<input type="checkbox"/> Homestead Exemption	<input type="checkbox"/> Warranty Deed
<input type="checkbox"/> Migrant Address Verification Letter (Migrant eligible students only) <i>No other documentation required.</i>	

Per HCPS Policy 2431, students are not guaranteed the ability to participate in the athletic program if they transfer schools. Contact the Assistant Principal for Administration for more information.

**The undersigned certifies that all information contained in this form is accurate and that a copy of the McKinney-Vento Eligibility Assessment has been provided by the school.**

Under penalties of perjury, I declare that I have read the foregoing [document] and that the facts stated in it are true. A person who knowingly makes a false declaration is guilty of the crime of perjury by false written declaration, a felony of the third degree (FS 95.525).

<b>Printed Name of Parent/Guardian</b>	<b>Signature of Parent/Guardian</b>	<b>Date</b>



# Formulario A

## Formulario de Domicilio del Estudiante

Complete este formulario (A) si el padre/madre/tutor puede presentar verificación de domicilio con dos (2) documentos.

- Si la familia ha experimentado pérdida de vivienda, complete el Formulario B.
- Si la familia está conviviendo con otra persona o familia y no tiene ningún documento para presentar verificación de domicilio, complete el Formulario C.

Nombre del estudiante:	Fecha de nacimiento:	Número estudiantil:	Grado:
Nombre de la escuela:			
Número / Calle / Ciudad / Estado / Código postal del estudiante:			

Por favor marque uno de los siguientes:

<input type="checkbox"/>	Residencia propia	<input type="checkbox"/>	Residencia alquilada
<input type="checkbox"/>	Ubicado en un hogar con licencia de adopción ( <i>Update D Screen/SIS</i> )		

En la lista siguiente, por favor marque los dos (2) documentos de verificación de residencia que ha presentado a la escuela:

<input type="checkbox"/>	Licencia de conducir de Florida vigente o identificación estatal	<input type="checkbox"/>	Declaración de domicilio
<input type="checkbox"/>	Factura o un recibo del depósito de servicio de agua, gas, electricidad, teléfono o desperdicios	<input type="checkbox"/>	Servicio militar activo en transición
<input type="checkbox"/>	Contrato de alquiler	<input type="checkbox"/>	Estado de hipoteca
<input type="checkbox"/>	Recibo de alquiler	<input type="checkbox"/>	Recibo de impuestos sobre la propiedad
<input type="checkbox"/>	Exención del impuesto predial	<input type="checkbox"/>	Garantía de título de la propiedad
<input type="checkbox"/>	Carta de verificación de dirección de migrantes (Solamente los estudiantes migrantes) <i>No necesita ningún otro documento.</i>		

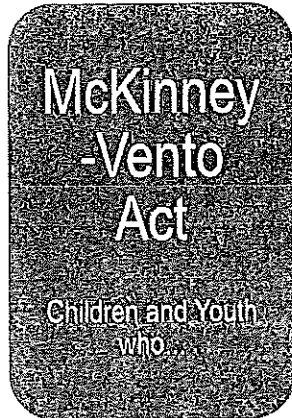
De conformidad con la Norma 2431 de HCPS, el estudiante que se transfiera a otra escuela, no se le garantizará la participación en el programa atlético. Para obtener información adicional, por favor comuníquese con el director asistente de administración de su escuela.

El que suscribe certifica que toda la información incluida en este formulario es correcta y que la escuela me ha provisto una copia de la Evaluación de Elegibilidad *McKinney-Vento*.

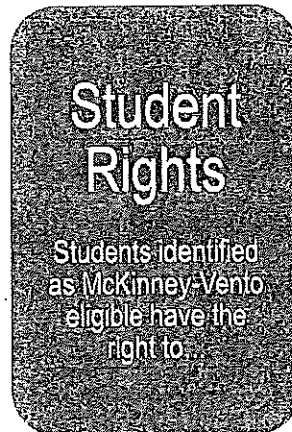
Bajo pena de perjurio declaro que he leído este documento y que las declaraciones aquí establecidas son verdaderas. Una persona que, en pleno conocimiento, haga una declaración falsa, es culpable de delito de perjurio por haber hecho una declaración falsa por escrito, un delito grave de tercer grado (FS 95.525).

Nombre del padre/madre/tutor en letra de imprenta	Firma del padre/madre/tutor	Fecha

## The McKinney-Vento Homeless Assistance Act At a Glance



- **Lack a fixed, regular, and adequate nighttime residence, and as a result they are:**
- Sharing the housing of other persons temporarily *due to loss of housing, economic hardship, or similar reason* (doubled-up).
- Living in an emergency shelter or transitional housing, or abandoned in hospitals.
- Living in a car, park, public spaces, abandoned building, a bus or train station, substandard housing, or a similar setting.
- Living in a hotel, motel, AirBnB, temporary trailer park, or camping ground due to the lack of alternative adequate accommodations.
- Unaccompanied Youth, not in the physical custody of a parent or legal guardian and living in one (1) of the above circumstances.
- Migratory children living in one (1) of the above circumstances.



- Immediate school enrollment and attendance at either the **school of origin** (the school last attended before they lost their housing) or the **neighborhood school** (the school they are zoned for based upon their current temporary residence), even without required enrollment documentation. *A thirty (30) day grace period is granted in which the School Social Worker assist parents with obtaining necessary enrollment documents.*
- Remain at their **school of origin** for the duration of the school year even if they move outside of the school's attendance zone.
- Transportation to and from the **school of origin** for the duration of the current school year.
- Receive free breakfast and lunch immediately for the duration of the school year.
- Receive prompt resolutions about school placement/enrollment, to include special education, bilingual education, gifted, and remedial programs.



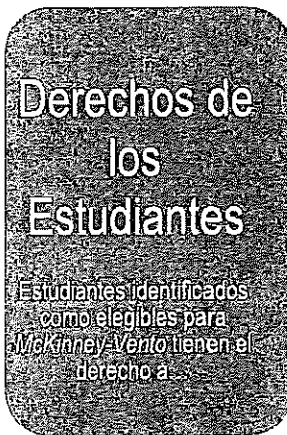
- Assist with McKinney-Vento identification and school enrollment.
- Assist with the development of an academic plan and post-secondary planning.
- Provide academic support and tutoring services.
- Provide back pack, school supplies, and uniforms.
- Coordinate transportation to and from "school of origin".
- Provide bus passes or gas cards as an alternative methods of transportation **while waiting** for an approval from the district's transportation office. *This applies to transportation request submitted through the H.E.L.P. Office.*
- Facilitate parent educational workshops.
- Provide referrals to community agencies.
- Collaborate and consult with all school staff about needs of all students who have been identified under the McKinney-Vento Homeless Assistance Act.



### Homeless Education and Literacy Program (H.E.L.P.)

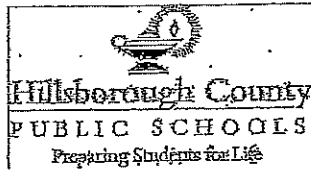
For more information contact: (813) 315 - HELP (4357)

## La Ley *McKinney-Vento* de Asistencia para Personas sin Hogar- De un Vistazo



- **Carecen de una residencia nocturna fija, regular, adecuada, y como resultado están:**
  - Compartiendo la vivienda de otras personas temporalmente debido a la pérdida de la vivienda, dificultades económicas o razones similares (compartiendo).
  - Viviendo en un refugio de emergencia, vivienda de transición, o abandonado en hospitales.
  - Viviendo en un automóvil, parque, espacios públicos, edificio abandonado, en una estación de autobús o tren, vivienda deficiente, o un entorno similar.
  - Viviendo en un hotel, motel, *Airbnb*, parque de remolques temporal, o campamento debido a la falta de alojamientos adecuados alternativos.
  - Jóvenes no acompañados, que no están bajo la custodia física de un padre o tutor legal y que viven en una (1) de las circunstancias anteriores.
  - Niños migratorios que viven en una (1) de las circunstancias anteriores.
- 
- Inscripción y asistencia inmediata a la **escuela de origen** (la escuela a la que asistió por última vez antes de perder su vivienda) o a la **escuela del vecindario** (la escuela para la que están divididos en zonas según su residencia temporal actual), incluso si no tienen la documentación de inscripción requerida. Se le otorga un período de gracia de treinta (30) días en el que el trabajador social escolar ayuda a los padres a obtener los documentos de inscripción necesarios.
  - Permanecer en su **escuela de origen** durante la duración del año escolar, aunque se muden fuera de la zona de asistencia de la escuela.
  - Transporte desde y hacia la **escuela de origen** durante la duración del año escolar.
  - Recibir desayuno y almuerzo gratis inmediatamente durante la duración del año escolar.
  - Recibir resoluciones rápidas sobre la ubicación / inscripción escolar, que tengan: educación especial, educación bilingüe, dotados y programas de recuperación.
- 
- Ayudar con la identificación de *McKinney-Vento* y la inscripción escolar.
  - Ayudar con el Desarrollo de un plan académico y planificación postsecundaria.
  - Proporcionar apoyo académico y servicios de tutoría.
  - Proporcionar mochilas, útiles escolares y uniformes.
  - Coordinar el transporte hacia y desde la "escuela de origen".
  - Proporcionar pases de autobús o tarjeta de gasolina como métodos alternativos de transporte **mientras esperan** la aprobación de la oficina de transporte del distrito. Esto se aplica a la solicitud de transporte presentada a través de la Oficina H.E.L.P.
  - Facilitar talleres educativos para padres.
  - Proporcionar referencias a agencias comunitarias.
  - Colaborar y consultar con todo el personal de la escuela sobre las necesidades de todos los estudiantes que han sido identificados bajo la Ley de Asistencia para Personas sin Hogar *McKinney-Vento*.





Student Media Release Form

Date: \_\_\_\_\_

School: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Student Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dear Parent/Guardian:

Throughout the school year, the media may visit your child's school to cover special events. Hillsborough County Public Schools also may wish to interview, photograph, or record your child for promotional and educational reasons to utilize in publications, posters, brochures, and newsletters; on the Internet, radio, or television; or for other special district events. Before your child can participate in any of the above activities, this media release form must be completed and returned to your child's school.

- I give my permission for my child to be interviewed, photographed, or recorded for use in school/district publications, school district productions, or for use on the Internet or by the general news media for print, broadcast, or on websites; and for his/her name to be published in school/district publications, on the Internet, or in news publications or broadcasts.
  
- do not** give my permission for my child to be interviewed, photographed, or recorded for use in school/district publications, or for use by the general news media for print, broadcast, or on websites; nor for his/her name to be published in school/district publications, on the Internet, or in news publications or broadcasts.

Parent/Guardian signature: \_\_\_\_\_

Parent/Guardian name (please print): \_\_\_\_\_ Date: \_\_\_\_\_



Leto High School

New Student Enrollment

By my signature below, I am verifying that all information provided to the School at the time of my child's enrollment, is to the best of my knowledge, complete and truthful. I understand that my child is being enrolled in this school on the condition that I provide truthful information. I further understand that my child may be withdrawn from enrollment if any of the information I have provided proves to be false.

RESIDENCE

I verify that the child and I live at the address given on the enrollment form, which is an address within the Leto High School attendance area.

*Students who reside with someone other than a parent or legal guardian must have a legal documentation called a Power of Attorney that requires notarized signatures of the parents.*

GUARDIANSHIP

I verify that I am the parent or legal guardian of the child. (if guardian, attach legal documentation).

SPECIAL EDUCATION STATUS (check one)

\_\_\_\_\_ Yes, the student was receiving accommodations or was staffed to receive special education services at his/her most recent education placement (EH, SLD, EMH, TMH, PI, SPMH, Autistic, Speech, 504 plan or other).

\_\_\_\_\_ No, the student was not receiving or staffed to receive special education services at his/her most recent educational placement.

\_\_\_\_\_  
Student's Complete Legal Name

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Contact Phone Number

Leto High School

Nueva matrícula del estudiante

Al firmar abajo, yo estoy verificando que toda la información entregada a la escuela en el momento de la matrícula de mi hijo/a, es lo mejor de mi conocimiento, completa y verdadera. Yo entiendo que mi hijo/a está siendo matriculado/a en esta escuela con la condición de que entregue la información verdadera. Además, entiendo que mi hijo/a puede ser retirado de la escuela si alguna de la información que he entregado resulta ser falsa.

RESIDENCIA

Yo certifico que el niño/a y yo vivimos en la dirección indicada en el formulario de matrícula, que es una dirección es dentro del la zona escolar de Leto High School.

*Los estudiantes que residen con alguien que no sea un padre o tutor legal debe tener una documentación legal llamado PODER LEGAL que requiere firmas notariadas de los padres.*

LA TUTELA

Yo certifico que soy el padre o tutor legal del niño. (Si es tutor, incluir la documentación legal).

Estatus de educación especial (marque uno)

\_\_\_\_\_ Si, el estudiante estaba recibiendo acomodaciones o estaba asignado/a para recibir servicios de educación especial en su colocación de educación más reciente (EH, SLID, EMH, TMH, PI, SPMH, autista, Discurso, 504 plan u otro).

\_\_\_\_\_ No, el estudiante no estaba recibiendo o estaba asignado/a, para recibir servicios de educación especial en su colocación educativa más reciente.

\_\_\_\_\_  
Nombre Legal del estudiante

\_\_\_\_\_  
Firma del padre / tutor del estudiante

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
teléfono de contacto del padre / tutor

U.S. Department of Education  
Office of Indian Education  
Washington, DC 20202

TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. This form should be kept on file and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

STUDENT INFORMATION

Name of the Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
(As shown on school enrollment records)

Name of School \_\_\_\_\_

TRIBAL ENROLLMENT

Name of the individual with tribal enrollment: \_\_\_\_\_  
(individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: \_\_\_\_\_ Child \_\_\_\_\_ Child's Parent \_\_\_\_\_ Child's Grandparent

Name of tribe or band for which individual above claims membership: \_\_\_\_\_

The Tribe or Band is (select only one):

- \_\_\_\_\_ Federally Recognized
- \_\_\_\_\_ State Recognized
- \_\_\_\_\_ Terminated Tribe (Documentation required. Must attach to form)
- \_\_\_\_\_ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

A. Membership or enrollment number (if readily available) \_\_\_\_\_ OR

B. Other Evidence of Membership in the tribe listed above (describe and attach) \_\_\_\_\_

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

ATTESTATION STATEMENT

I verify that the information provided above is accurate.

Name Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Date \_\_\_\_\_

## INSTRUCTIONS FOR THE ED 506 FORM

### FOR APPLICANTS:

**PURPOSE:** To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)".

**MAINTENANCE:** A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does NOT have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA's school(s) and counted during the count period indicated in the application.

### FOR PARENTS/GUARDIANS:

**DEFINITION:** Indian means an individual who is (1) A member of an Indian tribe or band, as membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

**STUDENT INFORMATION:** Write the name of the child, date of birth and school name and grade level.

**TRIBAL ENROLLMENT INFORMATION:** Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child's parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally-recognized tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized-** an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized-** an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe-** a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group-** Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child's eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

**ATTESTATION STATEMENT:** Provide the name, address and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

**PAPERWORK BURDEN STATEMENT** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 07/31/2019.

# Leto High School

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## Transfer Students – Grade Placement

I understand that my child \_\_\_\_\_, is being assigned to the \_\_\_\_\_ grade based upon information, which I have supplied. I further understand that this grade level placement is subject to change as indicated by his/her record when received from the school, he/she last attended.

## Behavior (Check One)

\_\_\_\_\_ My child has not been expelled from any school district in the past twelve (12) months.

\_\_\_\_\_ My child has been expelled from a school district in the past twelve (12) months.

\_\_\_\_\_  
Student's Complete Legal Name

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Contact Phone Number

## Leto High School

Al firmar abajo, yo estoy certificando que toda la información entregada a la escuela en el momento de la matrícula de mi hijo/a, es la mejor de mi conocimiento, completa y verdadera. Yo entiendo que mi hijo/a está siendo matriculado/a en esta escuela con la condición de que entregue la información verdadera. Además, entiendo que mi hijo/a puede ser retirado de la escuela si alguna de la información que he entregado resulta ser falsa.

### Trasladó de Estudiantes - Grado Asignado

Yo entiendo que mi hijo/a \_\_\_\_\_, está siendo asignado al grado \_\_\_\_\_ basándose en la información que he entregado. Además, entiendo que esta inscripción al nivel de grado está sujeta a cambios según lo indicado por su expediente cuando se reciba de la otra escuela, él / ella asistió por última vez.

### Comportamiento (Marque uno)

\_\_\_\_\_ Mi hijo/a no ha sido expulsado de cualquier distrito escolar en los últimos doce (12) meses.

\_\_\_\_\_ Mi hijo/a ha sido expulsado de un distrito escolar en los últimos doce (12) meses.

\_\_\_\_\_  
Nombre Legal del estudiante

\_\_\_\_\_  
Firma del padre / tutor del estudiante

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
teléfono de contacto del padre / tutor

## Elective Choices: This section must be completed by student.

Directions: Choose ten (10) electives from the lists below. Number them in order of preference – number 1 being your first choice. **List your final choices on the front of this form.**  
Not all choices will be part of your schedule; some may be alternates.

### AICE/ADVANCED PLACEMENT (Teacher approval required)

- \_\_\_ AP Calculus AB
- \_\_\_ AP Calculus BC
- \_\_\_ AP Computer Science A
- \_\_\_ AICE English Language
- \_\_\_ AICE Literature in English
- \_\_\_ AICE Environmental Science
- \_\_\_ AICE Global Perspectives
- \_\_\_ AICE International Studies
- \_\_\_ AICE Marine Science
- \_\_\_ AICE Sociology
- \_\_\_ AICE Spanish Language
- \_\_\_ AP Spanish Literature
- \_\_\_ AP Statistics
- \_\_\_ AP Studio Art
- \_\_\_ AICE Thinking Skills
- \_\_\_ AICE Travel & Tourism
- \_\_\_ AICE US History

### AVID

- \_\_\_ AVID I
- \_\_\_ AVID II
- \_\_\_ AVID III
- \_\_\_ AVID IV

### DRIVERS EDUCATION

- \_\_\_ Drivers Education\*
- (15+ preferred)
- Date of Birth: \_\_\_\_\_

### ENGLISH

- \_\_\_ Creative Writing 1\*
- \_\_\_ Creative Writing 2\*
- \_\_\_ Creative Writing 3 Hon + T
- \_\_\_ Creative Writing 4 Hon + T

### JOURNALISM

- \_\_\_ Journalism 1 (PF)
- \_\_\_ Yearbook 2 (T) (PF)@
- \_\_\_ Yearbook 3 (T) (PF)@
- \_\_\_ Yearbook 4 (T) (PF)@

### FAMILY/CONSUMER SCIENCE

- \_\_\_ Early Childhood Ed 1
- \_\_\_ Early Childhood Ed 2 (T)
- \_\_\_ Early Childhood Ed 3 (T) (PF)
- \_\_\_ Early Childhood Ed 4 (T) (PF)
- \_\_\_ Educational Direct Studies (T)
- \_\_\_ Family & Consumer Science

### CULINARY ARTS

- \_\_\_ Culinary Arts 1
- \_\_\_ Culinary Arts 2 (+T) (PF)
- \_\_\_ Culinary Arts 3 (+T) (PF)
- \_\_\_ Culinary Arts 4 (+T) (PF)
- \_\_\_ Culinary 5 Direct Study(+T) (PF)

### COSMETOLOGY

- \_\_\_ Groom & Cosmo 2 (Nails)\* (PF)\$
- \_\_\_ Cosmetology 4 & 5 (+T) (PF)\$ β
- \_\_\_ Cosmetology 6 & 7 (+T) (PF)\$ β
- \_\_\_ Cosmetology 8 & 9(+T) (PF)\$ β
- \_\_\_ Cosmetology 9 & 3 (+T) (PF)\$ β

### ENTREPRENEURSHIP

- \_\_\_ Princ of Entrepreneurship (PF)\$
- \_\_\_ Business Ownership Hon+ (PF)\$
- \_\_\_ Business Directed Study(+T)

### MARKETING

- \_\_\_ Fashion Essentials (PF) \$
- \_\_\_ Fashion Application (PF) \$
- \_\_\_ Fashion Management (PF) \$
- \_\_\_ Direct Marketing (+T) \$
- \_\_\_ Marketing OJT 7th period(T)
- \_\_\_ Marketing OJT 8th period(T)

### CYBERSECURITY & SKILLS

- \_\_\_ AP Computer Science Principles

### PHYSICAL EDUCATION

- \_\_\_ HOPE
- \_\_\_ Basketball 1\*
- \_\_\_ Basketball 2\*
- \_\_\_ Basketball\*( T+)(must be on team)
- \_\_\_ Football\*( T+)(must be on team)
- \_\_\_ Team Sports 1\*
- \_\_\_ Team Sports 2\*
- \_\_\_ Volleyball 1\*
- \_\_\_ Volleyball 2\*
- \_\_\_ Weights 1\*
- \_\_\_ Weights 2\*
- \_\_\_ Weights 3\*
- \_\_\_ Power Weight Training\*

### PUBLIC SERVICE

- \_\_\_ Criminal Justice 1
- \_\_\_ Criminal Justice 2 (+T)
- \_\_\_ Criminal Justice 3 (+T)
- \_\_\_ Criminal Justice 4(+T)

### ROTC

- \_\_\_ Naval Science 1 @
- \_\_\_ Naval Science 2 (PF+NST) @
- \_\_\_ Naval Science 3 +@
- \_\_\_ Naval Science 4 +@
- \_\_\_ Naval Science Honors +T@

### SCIENCE

- \_\_\_ Forensic Science 1
- \_\_\_ Marine Science Honors
- \_\_\_ AICE Marine Science

### SCIENCE ELECTIVES: MECHATRONICS

- \_\_\_ Foundation of Robotics (PF)
- \_\_\_ Robotic Design Ess (+T)(PF)
- \_\_\_ Robotic Systems (+T)(PF)
- \_\_\_ Engineering 1(PF)+

### SOCIAL STUDIES

- \_\_\_ Psychology 1 & Psych 2
- \_\_\_ Women's Studies

### TELEVISION PRODUCTION

- \_\_\_ TV Production 1(PF) @
- \_\_\_ TV Production 2(+T) (PF) @
- \_\_\_ TV Production 3(+T) (PF) @
- \_\_\_ TV Production 4(+T) (PF) @

### VISUAL/PERFORMING ARTS (PF)

- \_\_\_ **ARI**
- \_\_\_ Creating 2D Art\* (PF)
- \_\_\_ 2D Studio Art 1 \$(PF)
- \_\_\_ 2D Studio Art 2 \$(PF)
- \_\_\_ Portfolio Dev- 2D H (+T) \$(PF)
- \_\_\_ Creating 3D Art\*(PF)
- \_\_\_ 3D Studio Art 1(PF)
- \_\_\_ 3D Studio Art 2(PF)
- \_\_\_ Ceramics & Pottery 1(PF)
- \_\_\_ Ceramics & Pottery 2(PF)
- \_\_\_ Ceramics & Pottery 3 (PF)
- \_\_\_ Portfolio Dev- 3D H(+T)(PF)
- \_\_\_ AP Studio Art

### BAND

- \_\_\_ Band 1 (T) \$(PF) See below
- \_\_\_ Band 2 (+T) \$(PF) See below
- \_\_\_ Band 3 (+T) \$(PF) See below
- \_\_\_ Band 4 (+T) \$(PF) See below
- \_\_\_ Chorus 1 \$(PF)
- \_\_\_ Chorus 2 \$(PF)
- \_\_\_ Chorus 3 \$(PF)
- \_\_\_ Chorus 4 \$(PF)
- \_\_\_ Band Color Guard \$@ T (PF)
- \_\_\_ Percussion (Instrumental Tech)\$@T (PF)

Instrument Played:

- Brass
- Woodwind
- Percussion

### THEATRE

- \_\_\_ Theatre 1 (PF)@
- \_\_\_ Theatre 2 (+T) (PF)@
- \_\_\_ Theatre 3 (+T) (PF)@
- \_\_\_ Theatre 4 (+T) (PF)@

### Legend

- \$=Cost involved
- \*\*HCC Application required
- PF= Performing Arts β = Blocked class (2 periods)
- T= Teacher Approval
- + =Prerequisite
- \*=One Semester
- @= After School Commitment required
- OJT=On the Job Training

### WORLD LANGUAGES

- \_\_\_ AICE Spanish Language
- \_\_\_ AP Spanish Literature
- \_\_\_ Spanish 1
- \_\_\_ Spanish 2
- \_\_\_ Portuguese 1
- \_\_\_ Portuguese 2
- \_\_\_ Portuguese 3 Honors (T)

### HCC DUAL ENROLLMENT (DE)

Must have unweighted 3.0 & qualifying test scores. \*Subject to availability\*

- \_\_\_ AMH 2010 American History I\*
- \_\_\_ AMH 2020 American History II\*
- \_\_\_ AST 1002 Astronomy\*
- \_\_\_ BSC 1005 Biological Foundations\*
- \_\_\_ CGS 1000 Intro to Comp & Tech\*
- \_\_\_ LIT 2000 Intro to Literature\*
- \_\_\_ MGF 1106 Topics in Math\*
- \_\_\_ MGF 1107 Explorations in Math\*
- \_\_\_ MAC 1109 College Algebra\*\*\*
- \_\_\_ MAC 1114 Trigonometry\*\*\*
- \_\_\_ PSY 2012 General Psychology\*

Must have unweighted 3.0 GPA ONLY  
\_\_\_ SLS 1106 College Success\*

\*\*\*MAC 1105 requires a PERT Math score of 123 or an ACT Math subscore of 27

### AUTO TECHNOLOGY

- \_\_\_ Auto Maintenance 1
- \_\_\_ Auto Maintenance 2
- \_\_\_ Auto Maintenance 3
- \_\_\_ Auto Maintenance 4

**USE LA VERSIÓN EN ESPAÑOL PARA AYUDARLE A LLENAR EL FORMULARIO. EL DE INGLÉS ES EL QUE SERÁ ARCHIVADO EN EL EXPEDIENTE DEL ESTUDIANTE.**

**AUTORIZACIÓN PARA PERMITIR LA SALIDA E INFORMACIÓN VITAL DEL ESTUDIANTE  
ESCUELAS PÚBLICAS DEL CONDADO DE HILLSBOROUGH**

Por favor,  
escriba firmemente.

<b>PARA USO DE OFICINA SOLAMENTE</b>			
AÑO ESCOLAR	NOMBRE DE LA ESCUELA		NÚMERO DE ESTUDIANTE DEL DISTRITO
MAESTRO O SALÓN HOGAR	GRADO	NÚMERO DE ESTUDIANTE DEL ESTADO	
INFORMACIÓN PARA CASOS DE EMERGENCIA: Esta tarjeta debe ser completada por el padre, madre o encargado asignado por la corte.			¿Hijo(a) de familia militar? <input type="checkbox"/> Sí o <input type="checkbox"/> No Familia militar incluye: 1) miembros en el servicio activo 2) miembros por 1 año después de: • dado de baja médicamente por lastimarse • retiro • muerte por herida durante el servicio activo
Nombre del estudiante (Apellido) (Primer nombre) (Segundo nombre)		Fecha de nacimiento Mes Día Año	<input type="checkbox"/> Masculino <input type="checkbox"/> Femenino
Dirección postal – (Número de la casa y nombre de la calle, ciudad, código postal)			Número de teléfono del hogar
Dirección residencial – (Si es diferente a la postal) (Número de la casa y nombre de la calle, ciudad) (Si es área rural, incluya dirección en el reverso)		Número de teléfono del hogar	
Padre/madre o representante legal (apellido, nombre, inicial)		Padre/madre o representante legal (apellido, nombre, inicial)	
Nombre del patrono		Nombre del patrono	
Teléfono del trabajo/extensión	Número del localizador o celular	Teléfono del trabajo/extensión	Número del localizador o celular
E-mail (Dirección electrónica)		E-mail (Dirección electrónica)	
Relación con el estudiante (circule uno) P - padre o madre G - representante legal A - encargado(a) <i>ad litem</i>	O - otro S - sustituto N - no requiere padre/madre/encargado	Relación con el estudiante (circule uno) P - padre o madre G - representante legal A - encargado(a) <i>ad litem</i>	O - otro S - sustituto N - no requiere padre/madre/encargado
Persona(s) a contactar si el padre no se encuentra* Nombre (esta persona puede buscar al estudiante a la escuela)	Teléfono durante el día	Persona(s) a contactar si la madre no se encuentra Nombre (esta persona puede buscar al estudiante a la escuela)	Teléfono durante el día
Hospital de preferencia	Nombre y teléfono del médico	Nombre y teléfono del dentista	
Problemas actuales de salud: <input type="checkbox"/> Asma <input type="checkbox"/> Diabetes <input type="checkbox"/> Ataques/convulsiones <input type="checkbox"/> Condiciones cardíacas <input type="checkbox"/> Alergias <input type="checkbox"/> Otros	Explicación de problemas de salud y medicamentos que toma el estudiante:		
*En caso de accidente o enfermedad seria, la escuela contactará al padre, madre o encargado. Si la escuela no puede localizar al padre, madre o encargado, o a las personas designadas arriba, la escuela contactará al médico o hará los arreglos necesarios para la transportación y el tratamiento inmediato. Los gastos serán asumidos por el padre, madre o encargado.			
He revisado y entiendo las condiciones de este documento y entiendo que si deseo que mi hijo(a) salga de la escuela con otra persona no mencionada arriba, tengo que proveer una lista de estas personas por escrito con sus respectivas direcciones y números de teléfono al director de la escuela.			
Firma del padre/madre o representante legal			Fecha

**FORMULARIO DE MATRÍCULA**

**\*\*\*AVISO\*\*\***  
El distrito escolar (HCPSS) pide el número de Seguro Social para propósitos de crear una identificación numérica única dentro del sistema escolar y para presentar informes requeridos por el Departamento de Educación.  
La matrícula no le será negada si el estudiante o los padres no proveen un número de Seguro Social.

Número de Seguro Social del estudiante: \_\_\_\_\_ Lugar de nacimiento \_\_\_\_\_

Estudiante nuevo en el Condado de Hillsborough  Sí  No ¿Se mudó el estudiante al condado de Hillsborough de OTRO condado, estado o país el año anterior? \_\_\_\_\_

Si contestó sí, indique: Ciudad \_\_\_\_\_ Estado \_\_\_\_\_ Condado \_\_\_\_\_ País \_\_\_\_\_

Escuela que el estudiante asistió últimamente \_\_\_\_\_ Pública \_\_\_\_\_ Privada \_\_\_\_\_ Educación en el hogar (incluya fechas que asistió y dirección abajo)

Nombre de la escuela: \_\_\_\_\_ Fechas de asistencia \_\_\_\_\_

Dirección: \_\_\_\_\_ Ciudad \_\_\_\_\_ Estado \_\_\_\_\_ Código postal \_\_\_\_\_ Condado \_\_\_\_\_ País \_\_\_\_\_

Si el estudiante alguna vez asistió a una escuela pública en el Condado de Hillsborough, escriba el nombre de la escuela: \_\_\_\_\_

Encuesta sobre el lenguaje hablado en el hogar

Sí  No ¿Se habla otro idioma además del inglés en el hogar? \_\_\_\_\_

Sí  No ¿Tuvo el estudiante un primer idioma diferente al inglés? \_\_\_\_\_

Sí  No ¿Habla el estudiante otro idioma más frecuentemente que el inglés? \_\_\_\_\_

Idioma del padre/madre/encargado \_\_\_\_\_ Idioma natal del estudiante \_\_\_\_\_

Información requerida por el gobierno estatal y federal

Sí  No ¿Es uno de los padres o representante legal, oficial de policía, bombero o juez? \_\_\_\_\_

Sí  No ¿Está uno de los padres o representante legal, en el servicio militar, como empleado federal civil, o residiendo en un proyecto de vivienda? \_\_\_\_\_

Sí  No ¿Viajó su familia para buscar empleo o trabajar en una finca o ha recibido pago como trabajador(a) agrícola? \_\_\_\_\_

Sí  No ¿Es el estudiante padre o madre soltero(a) con custodia o custodia compartida de un menor? \_\_\_\_\_

Sí  No ¿Alguna vez ha sido el estudiante expulsado, arrestado con cargos, o recibido sentencia/acción de la corte juvenil? \_\_\_\_\_

Fecha en que el estudiante se matriculó en una escuela de los Estados Unidos: Mes (MM) \_\_\_\_\_ Día (DD) \_\_\_\_\_ Año (YYYY) \_\_\_\_\_

Si nació en el extranjero, ¿Por cuántos años el estudiante ha asistido a las escuelas en E.U.? \_\_\_\_\_

Sí  No ¿Es el estudiante de origen hispano o latino? \_\_\_\_\_

Marque todas las razas que lo identifican:  Indio americano o nativo de Alaska  Asiático  Negro/afro-americano  
 Nativo de Hawaii u otra isla del Pacífico  Blanco

Como padre/madre/representante legal del estudiante doy permiso al distrito escolar para que emita, intercambie, revise y utilice la información personal de mi hijo(a) para ayudar a proveer servicios de salud en la escuela, y para que esta información esté accesible a la Agencia de Administración de Salud de modo que facilite el proceso de verificación de elegibilidad para Medicaid y para que solicite reembolsos del Medicaid por servicios recibidos en la escuela. Entiendo que mi hijo(a) continuará recibiendo los servicios de acuerdo con el Plan Educativo Individual (IEP, por sus siglas en inglés), aunque me niegue a firmar este consentimiento.

Firma del padre/madre o representante legal

Fecha



PLEASE PRINT FIRMLY

**AUTHORIZATION FOR STUDENT RELEASE AND EMERGENCY INFORMATION CARD**

PLEASE PRINT FIRMLY

THIS BLOCK FOR SCHOOL USE ONLY		DISTRICT STUDENT NUMBER		ENTRY CODE
SCHOOL YEAR	SCHOOL NAME	STATE STUDENT NUMBER		ENTRY DATE
TEACHER OR HOMEROOM		GRADE		
<b>EMERGENCY INFORMATION:</b> This card must be completed by the parent or legal guardian.				CHILD OF MILITARY FAMILY? <input type="checkbox"/> YES <input type="checkbox"/> NO Military Family Includes: 1) members on active duty or 2) members for 1 year following: medical discharge due to injury retirement death due to active duty injury
NAME OF STUDENT (LAST)		(JR, 2D, 3D, 4T)	(FIRST)	(MIDDLE)
		DATE OF BIRTH	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
		MM	DD	YY
MAILING ADDRESS – (STREET NUMBER & NAME, CITY, ZIP CODE)				HOME PHONE
RESIDENTIAL ADDRESS – (IF DIFFERENT FROM MAILING ADDRESS) (STREET NO. & NAME, CITY, ZIP) (IF RURAL LOCATION, PLACE DIRECTIONS ON REVERSE)				
PARENT/LEGAL GUARDIAN (LAST, FIRST, INITIAL)		PARENT/LEGAL GUARDIAN (LAST, FIRST, INITIAL)		
EMPLOYER NAME		EMPLOYER NAME		
BUSINESS PHONE/EXTENSION		BUSINESS PHONE/EXTENSION		MOBILE NUMBER
MOBILE NUMBER		MOBILE NUMBER		
EMAIL		EMAIL		
RELATIONSHIP TO STUDENT: (CIRCLE ONE)	P – PARENT G – LEGAL GUARDIAN A – GUARDIAN AD LITEM	O – OTHER S – SURROGATE N – NO PARENT/GUARDIAN REQUIRED	RELATIONSHIP TO STUDENT: (CIRCLE ONE) P – PARENT G – LEGAL GUARDIAN A – GUARDIAN AD LITEM O – OTHER S – SURROGATE N – NO PARENT/GUARDIAN REQUIRED	
PERSON(S) TO CONTACT IF PARENT CANNOT BE REACHED NAME (STUDENT MAY BE RELEASED TO THIS PERSON)		DAYTIME PHONE		PERSON(S) TO CONTACT IF PARENT CANNOT BE REACHED NAME (STUDENT MAY BE RELEASED TO THIS PERSON)
				DAYTIME PHONE
HOSPITAL PREFERENCE		PHYSICIAN NAME & PHONE NUMBER		DENTIST NAME & PHONE NUMBER
CURRENT HEALTH PROBLEMS		EXPLANATION OF HEALTH PROBLEM(S) AND/OR MEDICATION(S) STUDENT IS TAKING		
ASTHMA _____ DIABETES _____ SEIZURES _____ HEART CONDITION _____ ALLERGIES _____ OTHER _____				
In the case of accident, serious illness, or emergency, the school may contact Emergency Management Services (EMS), 911. If EMS must transport your child, payment of fees will be assumed by the parent/legal guardian. The school will make every effort to contact the parent/legal guardian. If the school is unable to contact the parent/legal guardian, every effort will be made to notify other persons listed on the emergency card.				
I have reviewed and understand the conditions of this document and I understand that if I desire to have my child released to persons other than those listed above, I must provide a list of those persons in writing, with addresses and telephone numbers, to the principal of the school.				
				X _____ Date _____ Signature of Parent/Legal Guardian

**REGISTRATION INFORMATION**

Student's Social Security Number \_\_\_\_\_

Birthplace \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

**First-time Hillsborough County Student**

\_\_\_\_ Yes \_\_\_\_ No Did the student relocate/move to Hillsborough County from ANOTHER county, state or country within the past year?

If yes, City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

(Last School attended by the Student) \_\_\_\_\_ Public \_\_\_\_ Private \_\_\_\_ Home Education (Include the dates attended and complete address information below)

School Name \_\_\_\_\_ Dates Attended \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

If the student ever attended a Hillsborough County Public School, name of school \_\_\_\_\_

**Home Language Survey**

\_\_\_\_ Yes \_\_\_\_ No Is a language other than English used in the home?

\_\_\_\_ Yes \_\_\_\_ No Did the student have a first language other than English?

\_\_\_\_ Yes \_\_\_\_ No Does the student most frequently speak a language other than English?

Primary language spoken in the home by the Parent/Legal Guardian \_\_\_\_\_ Student's Native Language \_\_\_\_\_

**State/Federal Mandated Information**

\_\_\_\_ Yes \_\_\_\_ No Is either head of household a law enforcement officer, firefighter, or judge/justice?

\_\_\_\_ Yes \_\_\_\_ No Is either parent in the military, employed as a federal civilian, or residing in a housing project?

\_\_\_\_ Yes \_\_\_\_ No Did your family ever travel to look for work on a farm or do paid farm labor?

\_\_\_\_ Yes \_\_\_\_ No Is the student a single parent with either custody or joint custody of a minor child?

\_\_\_\_ Yes \_\_\_\_ No Has the student ever been expelled, arrested resulting in a charge, or had juvenile justice actions?

\_\_\_\_ Yes \_\_\_\_ No Has the student ever had any referrals to mental health services?

Date student first entered a United States school: Month (MM) \_\_\_\_ / Day (DD) \_\_\_\_ / Year (YYYY) \_\_\_\_

If foreign born, how many years has the student attended a school in the United States? \_\_\_\_\_

\_\_\_\_ Yes \_\_\_\_ No Is the student of Hispanic or Latino ethnicity?

Check all applicable races \_\_\_\_\_ American Indian or Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_ Black/African American

\_\_\_\_\_ Native Hawaiian or other Pacific Islander \_\_\_\_\_ White

\*\*\* Notice \*\*\*

HCPS collects Social Security Numbers for the purposes of creating a unique numerical identification within the HCPS system and for required reporting to the Department of Education. Enrollment will not be denied to a student because the student or student's parent/legal guardian does not provide a Social Security Number.

Students with Individual Educational Plans (IEPs) have protections under Part B of the IDEA, and are entitled to a free appropriate public education. As parent/legal guardian, I give permission for the school district to release, exchange, review, and utilize my child's personally identifiable information to assist in the provision of school health services, and for this information to be disclosed to the Agency for Health Care Administration to facilitate verification of Medicaid eligibility; and/or, as applicable, to seek reimbursement from Medicaid for services provided at school. I understand that my child will continue to receive all services per his/her IEP, at no charge, whether or not I give consent. I understand that I may withdraw my consent at any time, and that my state/private benefits are not affected.

Signature of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_