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
_____ Withdrawal Form
_____ Discipline History
_____ Exceptional Children Records / IEP
_____ Standardized Test Scores
_____ Immunization Records
_____ Psychological/Physiological Reports

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.
  - o Proof of guardianship is a court order appointing guardianship.
  - o 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:
  - o property tax receipt or show homestead exemption; o current electric bill; o contract for purchase of home; o warranty deed; or o 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:
  - o 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.
  - o Student enrolling in 10th - 12th grade will need high School transcript o
    - 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 9th grade must have final 8th grade report card or transcripts showing promotion to 9th grade. We will fax a transcript request to prior schools but, be aware it may take several days or longer for them to reply. o 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 8th 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 fisica
- 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.

Form A

Hillsborough County
PUBLIC SCHOOLS
Preparing Students for Life

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:

	Own residence		Rent residence
	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:

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

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).

Printed Name of Parent/Guardian	**Signature of Parent/Guardian**	**Date**

Formulario A

Hillsborough County
PUBLIC SCHOOLS
Preparing Students for Life

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:

	Residencia propia		Residencia alquilada
	Ubicado en un hogar con licencia de adopción (*Update D Screen/SIS*)		

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

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

De conformidad con la Norma 2431 de HCPS, el estudiante que se transfiere 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**

Hillsborough County
PUBLIC SCHOOLS
Preparing Students for Life

The McKinney-Vento Homeless Assistance Act
At a Glance

McKinney-Vento Act
Children and Youth who...

- ***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.

Student Rights
Students identified as McKinney-Vento eligible have the right to...

- 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 iis 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.

H.E.L.P. Services
The H.E.L.P. office can...

- 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.

School Social Workers Make the Connection

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

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

6/2023

Hillsborough County
PUBLIC SCHOOLS
Preparing Students for Life

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

Ley *McKinney-Vento*

Niños y Jóvenes que...

- ***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.

Derechos de los Estudiantes

Estudiantes identificados como elegibles para *McKinney-Vento* tienen el derecho a...

- 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.

Servicios H.E.L.P.

La oficina *H.E.L.P.* puede...

- 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*.

School Social Workers Make the Connection

Programa de Educación y Alfabetización para Personas sin Hogar *(H.E.L.P.)*
Para más información comuníquese con: (813) 315 - *HELP* (4357) 6/2023

Hillsborough County
PUBLIC SCHOOLS
Preparing Students for Life

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 recorded 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 matricula del estudiante

Al firmar abajo, yo estoy verificando que toda la información entregada a la escuela en el momento de la matricula 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)

_____ Sí, el estudiante estaba recibiendo acomodaciones o estaba asignado/a para recibir servicios de educación especial en su colocación de educación más reciente (EH, SLD, 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

OMB Number: 1810-0021 Expiration Date: 07/31/2019

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 _____

OMB Number: 1810-0021 Expiration Date: 07/31/2019

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, CDIB 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

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.

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 matricula 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.

Traslado 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

Hillsborough County
PUBLIC SCHOOLS
Preparing Students for Life

PLEASE PRINT FIRMLY

AUTHORIZATION FOR STUDENT RELEASE AND EMERGENCY INFORMATION CARD

PLEASE PRINT FIRMLY

THIS BLOCK FOR SCHOOL USE ONLY

SCHOOL YEAR	SCHOOL NAME		DISTRICT STUDENT NUMBER	ENTRY CODE
TEACHER OR HOMEROOM		GRADE	STATE STUDENT NUMBER	ENTRY DATE

EMERGENCY INFORMATION: This card must be completed by the parent or legal guardian.

CHILD OF MILITARY FAMILY? ____ YES ____ 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 MM DD YY | ____ MALE ____ FEMALE

MAILING ADDRESS – (STREET NUMBER & NAME, CITY, ZIP CODE)

RESIDENTIAL ADDRESS – (IF DIFFERENT FROM MAILING ADDRESS) (STREET NO. & NAME, CITY, ZIP) (IF RURAL LOCATION, PLACE DIRECTIONS ON REVERSE) | HOME PHONE

PARENT/LEGAL GUARDIAN (LAST, FIRST, INITIAL)		PARENT/LEGAL GUARDIAN (LAST, FIRST, INITIAL)	
EMPLOYER NAME		EMPLOYER NAME	
BUSINESS PHONE/EXTENSION	MOBILE NUMBER	BUSINESS PHONE/EXTENSION	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
ASTHMA ____ DIABETES ____ SEIZURES ____
HEART CONDITION ____ ALLERGIES ____
OTHER ____

EXPLANATION OF HEALTH PROBLEM(S) AND/OR MEDICATION(S) STUDENT IS TAKING

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_____ _____
Signature of Parent/Legal Guardian Date

REGISTRATION INFORMATION

Student's Social Security Number _____ - _____ - _____

Birthplace _____ _____ _____
City State Country

***** 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.

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 _____ Country _____

(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

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.

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.

PARA USO DE OFICINA SOLAMENTE

AÑO ESCOLAR	NOMBRE DE LA ESCUELA	NÚMERO DE ESTUDIANTE DEL DISTRITO	Código de inscripción
MAESTRO O SALÓN HOGAR / GRADO		NÚMERO DE ESTUDIANTE DEL ESTADO	Fecha de inscripción

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? ___ Sí o ___ 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 | ___Masculino ___Femenino

Dirección postal – (Número de la casa y nombre de la calle, ciudad, código postal)

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) *ad litem*; 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) *ad litem*; 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: ___Asma ___Diabetes ___Ataques/convulsiones ___Condiciones cardiacas ___Alergias ___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.

X _____ Firma del padre/madre o representante legal _____ Fecha

AVISO
El distrito escolar (HCPS) 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.

FORMULARIO DE MATRÍCULA

Número de Seguro Social del estudiante: ___ - ___ - ___ Lugar de nacimiento _____ Ciudad _____ Estado _____ País

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

SUMMER ELECTIVE CHOICES: This section is to be completed by the student

Directions: Choose five (5) electives from the lists below. Number them in order of preference – number 1 being your first choice. Not all choices will be part of your schedule; some may be alternates.

If you select a semester course, the same number should be placed by another semester course (i.e., Creative Writing (1) and/or Team Sports (1). ***Please be aware that any classes chosen may be placed in your schedule, including your 5th choice. Make sure that you can live with whatever electives you choose.***

Legend
$=Cost Involved **HCC Application required
PF= Performing Arts
T=Teacher Approval
+=Prerequisite
*=One Semester
@= After School Commitment required
OJT=On the Job Training

ADVANCED PLACEMENT /AICE (T= Teacher approval for any AP)
___ AP Calculus AB
___ AP Calculus BC
___ AICE English Gen Paper
___ AICE English Language
___ AICE English Literature
___ AICE Environmental Science
___ AICE Global Perspectives
___ AICE International History
___ AICE Spanish Language
___ AP Spanish Literature
___ AP Statistics
___ AP Studio Art
___ AICE Travel & Tourism
___ AICE Thinking Skills
___ AICE US History

AUTO TECHNOLOGY
___ Auto Maint/Lt Rpr 3
___ Auto Maint/Lt Rpr 4

AVID
___ AVID 1
___ AVID 2
___ AVID 3

BUSINESS TECHNOLOGY
___ TV Production 1
___ TV Production 2
___ TV Production 3

DRIVERS EDUCATION
___ **Drivers Education*$**
(Must be 15 years old)

ROBOTICS
___ Found of Robotics
___ Robotic Design Ess+
___ Robotic Systems+

ENGINEERING
___ Principles of Engineering (Algebra 1 pre-req)

ENGLISH
___ **Creative Writing I***
___ **Creative Writing 2***
___ Creative Writing 3
___ Creative Writing 4

FAMILY/CONSUMER SCIENCE
___ Cosmetology 4 (+T) (PF)$ (block)
___ Cosmetology 5 (+T) (PF)$ (block)

___ Child Develop/Parent Skills
___ Intro Teach Professions

MARKETING
___ Fashion Essentials (PF) $
___ Fashion Application (PF) $
___ Fashion Mkt Mgmt 3 (PF) $

PHYSICAL EDUCATION
___ HOPE (G)
___ **Basketball 1***
___ **Basketball 2***
___ **Volleyball 1***
___ **Volleyball 2***
___ **Team Sports 1***
___ **Team Sports 2***

PUBLIC SERVICE
___ Criminal Justice 2
___ Criminal Justice 3 (+T)
___ Public Serv Officer (+T)

ROTC
___ Naval Science 1 @
___ Naval Science 2 (PF+NS1) @
___ Naval Science 3 +@
___ Naval Science 4 +@

SOCIAL STUDIES
___ **Psych I***
___ **Psych 2***

VISUAL/PERFORMING ARTS (PF)
___ 2-D Studio Art 1 $
___ 2-D Studio Art 2 $+

___ 3-D Studio Art 1 $
___ 3-D Studio Art 2 $+

___ Band 1 (+T) $@
___ Band 2 (+T) $@
___ Band 3 (+T) $@
___ Band 4 (+T) $@
___ Chorus $@
___ Percussion (Instrumental Tech)$@
___ Eurhythmics (Color Guard) $@

___ Theater 1 $@
___ Theater 2 $@
___ Theater 3 $@
___ Theater 4 $@

WORLD LANGUAGES
___ Spanish I
___ Spanish 2
___ AP Spanish Literature

Please choose your requests wisely! Due to class size limitations, we will NOT be honoring elective schedule changes.

Student Name _____ Student # _____ Student Signature _____ Date _____