

Leto High School Registration Packet



When completed, including photos/copies of ALL necessary documentation,
return one of the following ways:

Email to: letohs@outlook.com
Yocaira.Brito@sdhc.k12.fl.us
Fax to: (813) 769-0725

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; 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:
 - 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 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 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.



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: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel #: _____ Fax #: _____

The above student is enrolling in the _____ th 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: _____

Thank You!

Student Residency Form

Complete **Side A** of this form if the Parent/Guardian can provide Proof of Residence.

This form defines the student enrollment category and verifies residence when enrolling a student in a Hillsborough County Public School.

Student Name: _____ School: _____

Student Number: _____ Date of Birth: _____

Student Address: _____

1. What is the current student residence?

- Family owned house
Homesteaded Yes No
- Family rented apartment/house
- Licensed foster care placement (update D Screen)
- Co-residing and no residency documents (parent has not experienced a loss of housing) (update B and D Screens)

If co-residing, the party with whom the family resides must sign below and provide two (2) proofs of residency. In this circumstance, this form is valid for one school year only and expires at the end of the school year.

Acknowledgement: I certify that the family referenced above is residing with me at the above address.

Print the name of party with whom student resides	Signature	Date
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Please check the documents being provided to the school for verification of residence (2 are required):

- | | | |
|---|--|--|
| <input type="checkbox"/> Homestead exemption | <input type="checkbox"/> Current electric bill | <input type="checkbox"/> Lease agreement |
| <input type="checkbox"/> Property tax receipt | <input type="checkbox"/> Contract for purchase of home | <input type="checkbox"/> Warranty deed |

2. The undersigned certifies that all information contained in this form is accurate. 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.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true (FS 92.525). 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.

Print Name of Parent/Guardian	Signature of Parent/Guardian	Date
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Side B

Student Residency Form

Complete Side B of this form to determine a student's eligibility under the federal McKinney-Vento Homeless Education Act. Eligible students are to be immediately enrolled even if they are missing the required documentation.

This form defines a student enrollment category and verifies residence for enrollment in a Hillsborough County Public School.

Student Name: _____ School: _____

Student Number: _____ Date of Birth: _____

Student Address: _____

Questions 1-3 must be completed to determine eligibility.

1. Describe the current residence of the student:

- Living in an emergency/transitional shelters (e.g. FEMA Trailers) or abandoned in a hospital (McKinney-Vento Code A)
- Sharing the housing of other persons **due to loss of housing or economic hardship or other similar reason; doubled-up** (McKinney-Vento Code B)
- Living in a car, parks, temporary trailer parks or campgrounds due to lack of alternative adequate accommodations, public spaces, abandoned buildings, **substandard housing**, bus or train stations, public or private place not designed for or ordinarily used as a regulars sleeping accommodation for human beings or similar settings (McKinney-Vento Code D)
- Living in a hotels or motels **due to lack of alternative adequate accommodations** (McKinney-Vento Code E)

2. Is the student an "Unaccompanied Homeless Youth" (not living in physical custody of a parent/legal guardian) and identified under McKinney-Vento (code UAC field)? Yes No

3. Reason for residency status:

Check One Reason	Cause	SCHOOL CODE (office use)
	Man-Made Disaster (Major)	D
	Earthquake	E
	Flooding	F
	Hurricane	H
	Mortgage Foreclosure-Homeless family loses own home due to foreclosure	M
	Other homeless causes	N
	Pandemic (Major)	P
	Tropical Storm	S
	Tornado	T
	Unknown	U
	Wildfire	W

The undersigned certifies that all information contained in this form is accurate. This form is valid for one school year only and expires at the end of the school year. Per the HCPS policy 2431.01, 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.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true (FS 92.525). 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.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

Data processors – This form (SB 60711) must be coded into the student database upon enrollment (on B, D, and E screens). The original document is maintained in a file located in the data processor's office. This form should not be placed in the student's cumulative folder.

Lado B

Formulario de Domicilio del Estudiante

Complete el **lado B** de este formulario para determinar la elegibilidad del estudiante bajo la ley federal *McKinney-Vento Homeless Education*.

Los estudiantes elegibles serán matriculados **inmediatamente**, aunque les falte la documentación.

Este formulario define el tipo de inscripción y verifica el domicilio para matricular a un estudiante en una escuela pública del Condado de Hillsborough

Nombre del estudiante: _____ Escuela: _____

Número del estudiante: _____ Fecha de nacimiento: _____

Dirección del estudiante: _____

Para poder determinar la elegibilidad, tendrá que responder a las preguntas del 1 al 3

1. Describa el domicilio actual del estudiante:

- Viviendo en un refugio de emergencia/temporal o abandonado en un hospital (*McKinney-Vento Code A*)
- Utilizando la vivienda de otras personas temporalmente **debido a la pérdida de vivienda o a un problema financiero u otra razón similar; doble** (*McKinney-Vento Code B*)
- Viviendo en un automóvil, parques, parques de casas móviles o rodantes temporales, o en campamentos debido a falta de alojamiento alternativo adecuado, espacios públicos, edificios abandonados, **vivienda subestándar**, en estaciones de autobuses o de ferrocarriles, lugares públicos o privados que no son adecuados para que una persona duerma o en un lugar similar (*McKinney-Vento – Code D*)
- Viviendo en hoteles o moteles **debido a la falta de alojamiento alternativo adecuado** (*McKinney-Vento- Code E*)

2. ¿Es el estudiante un “joven sin hogar que vive solo” (sin la custodia física del padre/madre o de un representante legal) y ha sido identificado aquí bajo los códigos de las categorías *McKinney-Vento* (code UAC field)? Sí No

3. Razón del estatus:

Marque una razón	Causa	CÓDIGO DE LA ESCUELA (para uso exclusivo de la oficina)
	Desastre por mano de hombre (Mayor)	D
	Terremoto	E
	Inundación	F
	Huracán	H
	Ejecución hipotecaria- La familia pierde su casa propia por ejecución hipotecaria	M
	Otras causas	N
	Pandemia (Mayor)	P
	Tormenta tropical	S
	Tornado	T
	Se desconoce	U
	Incendio forestal	W

El que suscribe, certifica que toda la información contenida en este formulario es verdadera. Este formulario es válido solamente por un año escolar y vence al final del mismo. De acuerdo con la Norma 2431.01 de HCPS, si los estudiantes se transfieren a otra escuela, no se les garantizará la posibilidad de participar en el programa deportivo. Para obtener información adicional, comuníquese con el director asistente de administración escolar.

Bajo pena de perjurio, declaro que he leído el documento anterior y que las declaraciones aquí mencionadas son verdaderas (FS 92.525). Una persona que, en pleno conocimiento, hace una declaración falsa, es culpable del delito de fraude por declaración escrita falsa, un delito grave de tercer grado.

Escriba el nombre del padre/madre/representante en letra de molde

Firma del padre/madre/representante

Fecha

Data Processors – This form (SB 60711) must be coded into the student database upon enrollment (on B, D and E screens). The original document is maintained in a file located in the data processor’s office. This form should not be placed in the student’s cumulative folder.

Distribution: Data processor, administrator, school social worker, and district homeless liaison via fax (813) 384-3979. SB 60711 (Rev. 5/14/2020)

**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, 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: 02/29/2020.

**LETO HIGH SCHOOL
EXCEPTIONAL STUDENT EDUCATION
IEP/EP/504 PLANS**

Student's Name : _____ DOB: _____ Grade Level: _____

Name of Parent/Guardian: _____ Phone: _____

A. INDIVIDUAL EDUCATION PLAN (IEP)

1. Is your child currently enrolled in an exceptional student education program? Yes__ No__
2. Does your child have an active Individual Education Plan (IEP)? Yes_____ No_____ 3.
3. If you answered yes to either question above, then continue below:
 - a. If yes, which disability was used to determine ESE eligibility/services:
 - i. Autism Spectrum Disorder _____
 - ii. Deaf or Hard of Hearing _____
 - iii. Emotional/Behavioral Disability _____
 - iv. Intellectual Disabilities _____
 - v. Language Impairment _____
 - vi. Orthopedically Impairment _____
 - vii. Specific Learning Disabilities _____
 - viii. Speech Impairment _____
 - ix. Traumatic Brain Injury _____
 - x. Visual Impairment _____
 - b. If you child was not determined eligible for ESE with one of above the disabilities, then what disability/ diagnosis was used for determination? _____
4. Do you have a copy of your child's IEP for our school record? Yes_____ No_____
 - a. If you do not have a copy of your child's IEP, please give us the school information below, where we may obtain a copy.

B. GIFTED

1. Is your child currently enrolled in a gifted program? Yes_____ No_____
2. Does your child have an active Educational Plan (EP) for gifted services? Yes_____ No_____
3. Do you have a copy of your child's EP for our school record? Yes_____ No_____
 - a. If you do not have a copy of your child's IEP, please give us the school information below, where we may obtain a copy.

C. 504 PLANS

2. Does your child have an active 504 plan? Yes_____ No_____
 - a. If so, what medical diagnosis was used to find your child eligible for a 504 plan? _____
3. Do you have a copy of your child's 504 plan to provide to our school? Yes_____ No_____
 - a. If you do not have a copy of your child's 504 plan, please give us the school information below of where we can obtain a copy.

School Name: _____

School Address: _____

School Telephone: _____ School Fax: _____



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: _____

FALL 2020: 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.**

HCC DUAL ENROLLMENT

Must have unweighted 3.0

___ SLS 1106: First Year Experience

___ LIT 2000: Intro to Literature

AUTO TECHNOLOGY

___ Auto Maintenance (Grades 9-12)

___ Auto Service 1 & 2 ***Block***

(Grade 11 & 12 + 2.0 GPA Required)

DRIVERS EDUCATION

___ Drivers Education*\$

(Must be 15 years old)

ELECTRICITY

___ Electricity 1

ENGLISH

___ Creative Writing 1*

___ Creative Writing 2*

FAMILY/CONSUMER SCIENCE

___ Parenting Skills

___ Child Development*

___ Grooming & Salon*(PF)\$ +/- Cosmo 2 (Nails)*(PF)\$

HOSPITALITY

___ Intro to Hospitality & Tourism \$

___ Tech for Hospitality &Tour \$

MARKETING

___ Fashion Essentials (PF) \$

___ Fashion Application (PF) \$

PHYSICAL EDUCATION

___ HOPE (G)

___ Basketball 1*

___ Basketball 2*

___ Volleyball 1*

___ Volleyball 2*

PUBLIC SERVICE

___ Criminal Justice 1

___ Criminal Justice 2 (+T)

___ Criminal Justice 3 (+T)

___ Criminal Justice 4 (+T)

SCIENCE ELECTIVES: MECHATRONICS

___ Foundation of Robotics (PF)

___ Robotic Design Ess (+T)(PF)

ROTC

___ Naval Science 1 @

___ Naval Science 2 (PF+NS1) @

___ Naval Science 3 +@

___ Naval Science 4 +@

SOCIAL STUDIES

___ Psych 2*

___ Humanities

___ Women's Studies

VISUAL/PERFORMING ARTS (PF)

___ Band 1 (+T) \$@

___ Band 2 (+T) \$@

___ Band 3 (+T) \$@

___ Band 4 (+T) \$@

___ Chorus \$@

___ Percussion (Instrumental Tech)\$@

___ Theatre 1 (PF)@

___ Theatre 2 (+T) (PF)@

___ Theatre 3 (+T) (PF)@

___ Theatre 4 (+T) (PF)@

WORLD LANGUAGES

___ Spanish for Native Speakers 1

___ Spanish for Native Speakers 3

LEGEND:

\$=Cost Involved

PF= Performing Arts

T=Teacher Approval

+ =Prerequisite

*=One Semester

@= After School Commitment required

Please Note: Due to time of enrollment, we have limited spaces in the courses listed above.

There will be no elective schedule changes honored. Choose your classes wisely!

Student Name: _____ Parent Name: _____

Student Signature: _____ Parent Signature: _____

Date: _____ Date: _____

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	ENTRY DATE
EMERGENCY INFORMATION: This card must be completed by the parent or legal guardian.			CHILD OF MILITARY FAMILY? ___ YES ___ NO
NAME OF STUDENT (LAST)	(JR, 2D, 3D, 4T)	(FIRST)	(MIDDLE)
DATE OF BIRTH MM DD YY		___ MALE ___ FEMALE	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
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	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)
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)
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 _____

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

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

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
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.			Código de inscripción Fecha de inscripción ¿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	<input type="checkbox"/> Masculino <input type="checkbox"/> 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) <i>ad litem</i>		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		O - otro S - sustituto N - no requiere padre/madre/encargado	
Persona(s) a contactar si el padre no se encuentra*	Teléfono durante el día	Persona(s) a contactar si la madre no se encuentra	Teléfono durante el día
Nombre (esta persona puede buscar al estudiante a la escuela)		Nombre (esta persona puede buscar al estudiante a la escuela)	
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.			
		X	
		Firma del padre/madre o representante legal	Fecha

FORMULARIO DE MATRÍCULA

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.

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

Estudiante nuevo en el Condado de Hillsborough _____ Ciudad _____ Estado _____ País _____

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 _____