



A Reservation for Kindergarten

Please leave your contact information below to RESERVE a seat in KINDERGARTEN and to stay informed of any upcoming events!

Fill out one sheet for each student if you have more than one.

Parent Name: _____

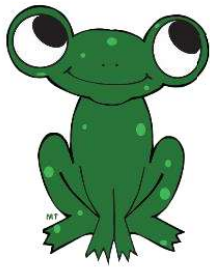
Student Name: _____

Student Date of Birth: _____

Address: _____

Email: _____

Cell Phone (*If you wish to receive text messages*): _____



Welcome to KINDERGARTEN and Hillsborough County Public Schools!

Thank you for choosing to have your child attend a Hillsborough County Public School. We look forward to serving you and your child throughout the upcoming school year.

Documents and information provided in this packet are designed to help you **prepare** for registration. You may complete the two included forms ahead of time and bring with you when you enroll your child.

Please note that **registration is not complete until all paperwork is accepted at the school site.**



A parent/legal guardian must complete the registration process and provide the proper documents to the school site where the child will attend.

Please refer to the **Registration Checklist** to double check that you have what you need.

Forms to Complete: (provided)

1. **SER** – Student Enrollment Record Form (provided at the school site)
2. **Student Residency Form** – can be completed ahead of time, supporting documentation is required (see **Registration Checklist** for acceptable documents)

Documentation to Provide:

- **Birth Certificate/Proof of Birth**

Authenticated birth date can be verified by one of the following:

- Certified copy of birth certificate/State of Florida Birth Registration Card
- Baptismal certificate showing date of birth, place of baptism, accompanied by parents' sworn affidavit
- Insurance policy on the child in force for at least two years
- Bible record of child's birth accompanied by parents' sworn affidavit
- Passport or certificate of arrival in the United States showing age of child (view only, do not copy)
- School record at least four years prior, showing date of birth

- **Social Security Number** *not a requirement but highly recommended

Used as a unique numeric identification for state reporting to the Department of Education.

- **Physical**

Proof of physical examination by an approved licensed health care provider or the Hillsborough County Health Department, within 12 months prior to entry in Florida Schools (first day of school); Contact School Health Services for help.

Immunizations

	K	1	2	3	4	5	6	7	8	9	10	11	12
Varicella - 2 doses	X	X	X	X	X	X							
Varicella - 1 dose (chicken pox)							X	X	X	X	X	X	X
DPT - 5 doses	X	X	X	X	X	X	X	X	X	X	X	X	X
Polio - (New for KG)	X												
Polio – 4-5 doses	X	X	X	X	X	X	X	X	X	X	X	X	X
MMR - 2 doses	X	X	X	X	X	X	X	X	X	X	X	X	X
Hepatitis B - 3	X	X	X	X	X	X	X	X	X	X	X	X	X
Td or Tdap - 1													X
Tdap - 1 dose								X	X	X	X	X	

- KG - if the 4th dose of polio vaccine is administered prior to the 4th birthday, a 5th dose of polio vaccine is required for entry into kindergarten. The final dose of the polio series should be administered on or after the 4th birthday regardless of the number of previous doses.

Pre-Kindergarten

- Varicella (chicken pox) vaccine or date of disease (year) as verified by parent or physician
- 3 doses Hepatitis B
- 4 doses Hib
- Up to date for age for Tdap, Polio, and MMR

Kindergarten

- 5 doses DPT (diphtheria, pertussis, tetanus)
- 3-5 doses *Polio
- 2 doses MMR (measles, mumps, rubella)
- 3 doses Hepatitis B
- 2 doses Varicella (chicken pox) or have had the disease

1st, 2nd, 3rd, 4th and 5th Grade Students

- 5 doses DPT (diphtheria, pertussis, tetanus)
- 4 doses Polio vaccine
- 2 doses MMR (measles, mumps, rubella)
- 3 doses Hepatitis B
- 2 doses Varicella (chicken pox) or have had the disease

A **religious exemption** on HRS form 681 is available at the Florida Department of Health only - Hillsborough, Sulphur Springs Health Center 8605 N. Mitchell Ave., Tampa 813-307-8077.

REGISTRATION CHECKLIST

A - New Kindergarten Student; (Must be 5 by Sept 1)

- ☐ Completed SER (provided at school)
- ☐ Student Residency Form, verification of parent/legal guardian address by two forms of the following;
 - ☐ Homestead exemption
 - ☐ Property tax receipt
 - ☐ Contract for purchase of home
 - ☐ Lease agreement
 - ☐ Current electric bill
 - ☐ Warranty deed
- ☐ Verify birth date from birth certificate (not a hospital record of birth)
- ☐ Physical Examination completed within the twelve months prior to the first day of attendance.
- ☐ Immunization Records showing proof of proper immunizations,
 - OR** A medical exemption signed by a physician
 - OR** A religious exemption on HRS form 681 available at the Florida Department of Health
- ☐ Verify Social Security Number

B - Student coming from school within Hillsborough County;

- ☐ Completed SER (provided at school)
- ☐ Student Residency Form, verification of parent/legal guardian address by two forms of the following;
 - ☐ Homestead exemption
 - ☐ Property tax receipt
 - ☐ Contract for purchase of home
 - ☐ Lease agreement
 - ☐ Current electric bill
 - ☐ Warranty deed

C - Student coming from a public or private school outside of Hillsborough County;

- ☐ Completed SER (provided at school)
- ☐ Report Card or Transcript from the last school
- ☐ Student Residency form, verification of parent/legal guardian address by two forms of the following;
 - ☐ Homestead exemption
 - ☐ Property tax receipt
 - ☐ Contract for purchase of home
 - ☐ Lease agreement
 - ☐ Current electric bill
 - ☐ Warranty deed
- ☐ Verify birth date from birth certificate (not a hospital record of birth)
- ☐ Physical Examination completed within the twelve months prior to the first day of attendance.
- ☐ Immunization Records showing proof of proper immunizations,
 - OR** A medical exemption signed by a physician
 - OR** A religious exemption on HRS form 681 available at the Florida Department of Health
- ☐ Verify Social Security Number

*Review documentation with parent/guardian at time of registration. It is very important SER is complete.

All registration documentation must be received for your student's registration to be complete.

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).

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Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Form B

McKinney-Vento Enrollment Student Residency Form

According to the federal McKinney-Vento Homeless Assistance Act, eligible students have the right to be **immediately enrolled** in **ONLY** the **school of origin** or the **attendance boundary** school, even without required enrollment documents. Eligibility should be determined using the McKinney-Vento Eligibility Assessment **before** giving this Form B to the parent/guardian/host caretaker. This form identifies a student's enrollment category and serves as residence verification for enrollment in a Hillsborough County Public School.

Complete this **Form B** if the **student lacks a fixed, regular, and adequate nighttime residence (McKinney-Vento definition)**.

- If the family can provide proof of residency with two (2) residency documents, complete Form A.
- If the family is co-residing by choice, they did not experience a loss of housing, and they have zero (0) residency documents, complete Form C.

Student Name:	Date of Birth:	Student Number:	Grade:
School Name:			
Student's Street Address / City / State / Zip Code:			
Parent/Guardian/Host Caretaker Name:		Contact:	

1. Check the box that fits the student's current living situation, based on where the student slept the night before enrollment. **(Code the HLS field on the E screen/SIS)**

- ☐ Living in an emergency shelter (shelter verification letter), transitional housing program, or FEMA housing. **(Code A)**
- ☐ Sharing the housing of other person due to a loss of housing, economic hardship, or similar reason. **(Code B)**
- ☐ Living in a car, temporary RV park or campground, bus station, abandoned buildings, substandard housing, or other public or private spaces not designed for human beings due to lack of alternative accommodations. **(Code D)**
- ☐ Living in hotels or motels due to a loss of housing or lack of alternative and adequate accommodations. **(Code E)**

2. Is the student an Unaccompanied Youth (not living in the physical custody of a parent or guardian) **and** meets the McKinney-Vento definition of homeless living in one of situations listed above? **(Code the UAC field on E screen/SIS)**

- ☐ No. This student is not an Unaccompanied Youth. **(Code N)**
- ☐ Yes. This student is an Unaccompanied Youth, meets the definition of homeless, **under** the age of 16. **(Code U)**
- ☐ Yes. This student is an Unaccompanied Youth, meets the definition of homeless, 16 years of age or older, and **will be certified** by the district Homeless Education Liaison. **(Code C)**

3. Cause of homelessness: What led to the student's current living situation? Check one of the following: **(Code the HLCS field on E screen/SIS)**

<input type="checkbox"/> Man-Made Disaster - Major (War, Explosions, House Fire) (Code D)	<input type="checkbox"/> Mortgage foreclosure (Code M)	<input type="checkbox"/> Tornado (Code T)
<input type="checkbox"/> Earthquake (Code E)	<input type="checkbox"/> Pandemic Major (Code P)	<input type="checkbox"/> Wildfire (Code W)
<input type="checkbox"/> Flooding (Code F)	<input type="checkbox"/> Tropical Storm (Code S)	<input type="checkbox"/> Hurricane (Code H)
<input type="checkbox"/> Other homeless causes: divorce, domestic violence, eviction, economic hardship (loss of wages, unemployment, lack of affordable housing, mental illness, health issues, family conflict) (Code N)		

4. List **all** school age children enrolled in a Hillsborough County Public or Charter School (PreK-12) that were affected by this loss of housing.

Name	Student Number	DOB	School	Grade
1.				
2.				
3.				
4.				

NOTE: This form is valid for one (1) school year only. Eligibility must be determined at the beginning of each school year to continue receiving McKinney-Vento services. Contact your child's school for assistance. Per HCPS Policy 2431, students are not guaranteed the right to participate in an athletic program if they transfer schools, even if they are identified as McKinney-Vento eligible. For more information, contact the Assistant Principal for Administration at your child's school.

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.

Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date
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Form C



Co-Residency Form

Complete this form (C) if the parent/guardian is co-residing with another family and has zero (0) residency documents.

- If the family can provide proof of residency with two (2) documents, complete Form A.
- If the family has experienced a loss of housing, complete Form B.

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

Please check the following (if applicable):

<input type="checkbox"/>	Co-residing <u>and</u> family has no residency documents. (Family has not experienced a loss of housing. Update B, D screens/SIS)
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If co-residing, the party with whom the family resides must sign below and provide proof of residency with two (2) documents. This form is valid for one school year only and expires at the end of the regular school year.

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

Name of Individual	Signature	Date

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



Hillsborough County
PUBLIC SCHOOLS
Preparing Students for Life

Hillsborough County Public Schools is offering a FREE educational VPK program for children entering kindergarten in the Fall of 2024.

Plan now to take advantage of the FREE 30- day summer VPK program at a Hillsborough County Public School near you!

Give your child a jump start to kindergarten!

Save the Dates for Summer VPK!

TENTATIVE Summer Dates: June 4th, 2024-July 24th, 2024

Monday - Thursday, 7:00 a.m. to 5:30 p.m. (drop off and pick up are flexible)

Locations: TBD

Child must be 5 years old or turn 5 on or before September 1st, 2024. *Child may not have attended a VPK program over the school year.*



VPK questions? Call our VPK Hotline (813) 272-4516

Or visit <https://www.floridaearlylearning.com/vpk/families>

