

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:

☐	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) <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).

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

Formulario A

Formulario de Domicilio del Estudiante

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

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

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

Por favor marque uno de los siguientes:

☐	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) <i>No necesita ningún otro documento.</i>		

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
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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)**

☐ Man-Made Disaster - Major (War, Explosions, House Fire) (Code D)	☐ Mortgage foreclosure (Code M)	☐ Tornado (Code T)
☐ Earthquake (Code E)	☐ Pandemic Major (Code P)	☐ Wildfire (Code W)
☐ Flooding (Code F)	☐ Tropical Storm (Code S)	☐ Hurricane (Code H)
☐ 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):

☐	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

Formulario C



Formulario de Domicilio Compartido

Complete este formulario (C) si el padre/madre/tutor convive con otra familia y no tiene (ningún) documento de domicilio.

- Si la familia puede presentar prueba de domicilio con dos (2) documentos, complete el Formulario A.
- Si la familia ha experimentado pérdida de vivienda, complete el Formulario B.

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

Por favor, marque lo siguiente si le corresponde:

☐	Estamos conviviendo con otra familia y no tenemos documentos de domicilio. (La familia no ha experimentado pérdida de vivienda. <i>Update B, D screens/SIS</i>)
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Si usted y su familia está conviviendo con otra persona, ésta tendrá que firmar a continuación y presentar prueba de domicilio con dos (2) documentos. Este formulario es válido por un año escolar solamente y se vence al final del año escolar regular.

Confirmación: Certifico que la familia mencionada anteriormente convive conmigo en la dirección descrita en este documento.

Nombre de la persona	Firma	Fecha

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.

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