



## Welcome to Stowers Elementary!

To complete your registration and begin classes on **8/10/2021**, you must first provide the following registration documents. Please submit all required documentation to our data processor, Tari Carpenter. You can fax them to (813) 657-7435 or email them as an attachment to **tari.carpenter@hcps.net**. In person registration is available on Mondays - Friday from 9:00 am – 3:00 pm at the Stowers' front office.

➤ **Verification of Parent/Legal Guardian Address (two matching items are required):**

- Current TECO electric bill (cannot accept water or phone/cable)
- Property tax bill
- Homestead exemption
- Contract for purchase of home
- Warranty deed
- Lease agreement

*(if you are living with a relative, etc., the person who will provide the verification documentation listed above must come in person to our office with their photo ID and their proof of residency. Both addresses must match.)*

➤ **Completed Registration Forms:**

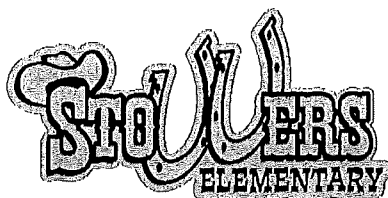
- Registration Form (attached Form SB45501)
- Residency Form (attached)
- Florida School Health Physical dated 8/10/2020 or later
- Florida Immunization Record
- Birth Certificate or Passport

**Please note that incomplete registration packets will not be accepted.**

Once all documentation is received, you will be contacted by Tari Carpenter to complete your child's registration.

If you have any questions, please contact Tari Carpenter at 813-657-7431 x229 or [tari.carpenter@sdhc.k12.fl.us](mailto:tari.carpenter@sdhc.k12.fl.us)

We are excited to be a part of your educational journey and look forward to meeting you!





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

PLEASE PRINT FIRMLY

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**THIS BLOCK FOR SCHOOL USE ONLY**

SCHOOL YEAR		SCHOOL NAME		DISTRICT STUDENT NUMBER		ENTRY CODE		
TEACHER OR HOMEROOM		GRADE		STATE STUDENT NUMBER		ENTRY DATE		
<b>EMERGENCY INFORMATION:</b> This card must be completed by the parent or legal guardian.								
NAME OF STUDENT (LAST)		(JR, 2D, 3D, 4T) (FIRST)		(MIDDLE)		DATE OF BIRTH MM DD YY		
						<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
MAILING ADDRESS -- (STREET NUMBER & NAME, CITY, ZIP CODE)						CHILD OF MILITARY FAMILY? <input type="checkbox"/> YES <input type="checkbox"/> NO Military Family Includes: 1) members on active duty or 2) members for 1 year following: • medical discharge due to injury • retirement • death due to active duty injury		
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)		
HOSPITAL PREFERENCE			PHYSICIAN NAME & PHONE NUMBER			DENTIST NAME & PHONE NUMBER		
CURRENT HEALTH PROBLEMS ASTHMA <input type="checkbox"/> DIABETES <input type="checkbox"/> SEIZURES <input type="checkbox"/> HEART CONDITION <input type="checkbox"/> ALLERGIES <input type="checkbox"/> OTHER <input type="checkbox"/>			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.						<input checked="" type="checkbox"/> 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 \_\_\_\_\_ 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 notions?

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 \_\_\_\_\_

**Side A**



Hillsborough County  
PUBLIC SCHOOLS  
Preparing Students for Life

**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.

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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.

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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 regular 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)
<input type="checkbox"/>	Man-Made Disaster (Major)	D
<input type="checkbox"/>	Earthquake	E
<input type="checkbox"/>	Flooding	F
<input type="checkbox"/>	Hurricane	H
<input type="checkbox"/>	Mortgage Foreclosure-Homeless family loses own home due to foreclosure	M
<input type="checkbox"/>	Other homeless causes	N
<input type="checkbox"/>	Pandemic (Major)	P
<input type="checkbox"/>	Tropical Storm	S
<input type="checkbox"/>	Tornado	T
<input type="checkbox"/>	Unknown	U
<input type="checkbox"/>	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.