

**School Board**

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**Hillsborough County**  
PUBLIC SCHOOLS  
Preparing Students for Life

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John Sanders

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**Louis Benito Middle School**

*INTENT TO RETURN*

*ADDRESS VERIFICATION FOR 2021-2022 SCHOOL YEAR*

April 30, 2021

Dear Parents and Guardians:

In preparation for the closing of the 2020-2021 school year and to pre-register your student for the 2021-2022 school year, it is imperative that we have all student information current and up to date.

**If there has been a change in address**, find the Change of Residency Form on the Canvas announcement page by scrolling down. It is also located on the district website (choose PARENT from the dropdown menu - Enrollment, Withdrawals and Re-entry) or visit the front office at Benito to pick up the form. Two proofs of residency from the ones listed below, along with identification will be needed to process the withdrawal form at the end of the year. ***Acceptable proofs of residency include a current electric bill, current lease, property tax receipt, homestead exemption, warranty deed, contract for purchase of home. No changes will be made without proper verification and identification.***

**If student(s) will not be returning to Benito for the 2021-2022 school year**, please fill out a Withdrawal Form that can be found on the Canvas announcement page by scrolling down or visit the front office before the end of this school year. No change will be made without proper identification.

If you have any concerns regarding this matter, please contact the front office, 813-631-4694. Thank you for your cooperation and assistance during this challenging time.

May you all stay safe and healthy,

John Sanders

Principal

**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.**

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.

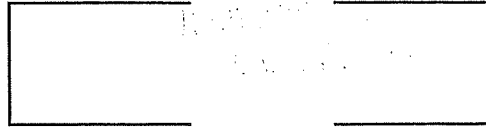
Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true (FS 92.525). A person who knowingly makes a false declaration is guilty of the crime of perjury by false written declaration, a felony of the third degree.

Print Name of Parent/Guardian	Signature of Parent/Guardian	Date
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# HILLSBOROUGH COUNTY PUBLIC SCHOOLS

## Student Withdrawal Form



### School Stamp

Entry Date \_\_\_\_\_ Withdrawal Date \_\_\_\_\_ Withdrawal Code \_\_\_\_\_ School Number \_\_\_\_\_ Grade/Section \_\_\_\_\_

FLORIDA Student No. \_\_\_\_\_ DISTRICT Student No. \_\_\_\_\_ Birth Date \_\_\_\_\_

Name of Student \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M) \_\_\_\_\_ Sex \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

New School Name \_\_\_\_\_ Parent or Guardian \_\_\_\_\_

New Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Authorization For Withdrawal \_\_\_\_\_

Without Signature: Record name of contact from receiving school and date, or date of written records request

**Please Note: 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.

PERIOD	SUBJECT	PARTIAL GRADE THIS GRADING PERIOD	TOTAL ABSENCES THIS GRADING PERIOD	UNEXCUSED ABSENCES THIS GRADING PERIOD	TARDIES THIS GRADING PERIOD	TEACHER	TEXTBOOK RETURNED	UNPAID OBLIGATIONS
							YES - NO COST	

Official School Attendance Data: Total Absences \_\_\_\_\_ Unexcused Absences \_\_\_\_\_

GUIDANCE COUNSELOR \_\_\_\_\_  
 ASSISTANT PRINCIPAL ADMINISTRATION \_\_\_\_\_  
 STUDENT SUCCESS COACH \_\_\_\_\_  
 ATTENDANCE CLERK \_\_\_\_\_

BOOKKEEPER \_\_\_\_\_  
 MEDIA SPECIALIST \_\_\_\_\_  
 REGISTRAR \_\_\_\_\_  
 DATA PROCESSOR \_\_\_\_\_  
 STUDENT NUTRITION SERVICE MANAGER \_\_\_\_\_