Hillsborough County PUBLIC SCHOOLS
Preparing Students for Life

Dear Student and Families:

Welcome to Valrico Elementary School! ***If your student is new to Hillsborough County School district***, please submit all required documentation to our registrar, Terry Gammill. You can fax them to (813) 740-3535 or email them as an attachment to Terry.Gammill@hcps.net.

- **Verification of Parent/Legal Guardian Address: (two documents are required)**
  - Current FL Driver's License
  - Current Utility Bill or Receipt
  - Lease Agreement
  - Current Rent Receipt
  - Homestead Exemption
  - Mortgage Statement
  - Property Tax Receipt
  - Warranty Deed
  - Military Orders
  - Declaration of Domicile
  - Migrant Address Verification

- **Completed Registration Form (attached Form SB45501)**

- **Residency Form: Complete only one form (see details below)**
  Form A—Parent/Guardian can provide two proofs of residency.
  Form B—Complete if there has been loss of housing.
  Form C—Co-Residing and parent/guardian has no residency documents. The party with whom the family resides must provide two proofs of residency and sign the form.

- **Authenticated Birth Date of Student: (one of the following)**
  - Birth Certificate, original
  - Baptismal Certificate
  - Insurance Policy on child in force at least two years
  - Bible record of Birth w/ Parents' Sworn Affidavit
  - Passport or Certificate of Arrival in the US
  - School Records for 4 years showing date of birth

- **Immunization Records** - Immunization records must be up to date.

- **School Physical** - By an approved licensed health care provider or the Hillsborough County Health Department, within twelve months prior to entry of Florida Schools.

- **Current Transcript/Transfer Grades/IEP/504**

- **Social Security Card** – SSN is preferred, but not mandatory. Must have original card to verify number.

Please contact Terry Gammill, Data Processor, at 813-744-6777 if you have any questions.

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

Sincerely,

Tricia Simonsen
Principal
Valrico Elementary

Hillsborough County
PUBLIC SCHOOLS
Preparing Students for Life

Dear Student and Families:

Welcome to Valrico Elementary School! ***If your student is coming from another Hillsborough County district school****, y*ou must first provide the following registration documents. Please submit all required documentation to our registrar, Terry Gammill. You can fax them to (813) 740-3535 or email them as an attachment to Terry.Gammill@hcps.net.

- **Verification of Parent/Legal Guardian Address: (two documents are required)**
  - Current FL Driver's License
  - Current Utility Bill or Receipt
  - Lease Agreement
  - Current Rent Receipt
  - Homestead Exemption
  - Mortgage Statement
  - Property Tax Receipt
  - Warranty Deed
  - Military Orders
  - Declaration of Domicile
  - Migrant Address Verification

- **Completed Registration Forms:**
  - **Registration Form (attached Form SB45501)**
  - **Residency Form (complete only one form)**
    - Form A—Parent/Guardian can provide two proofs of residency.
    - Form B—Complete if there has been loss of housing.
    - Form C—Co-Residing and parent/guardian has no residency documents. The party with whom the family resides must provide two proofs of residency and sign the form.

Please contact Terry Gammill, Data Processor, at (813) 744-6777 if you have any questions.

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

Sincerely,

Tricia Simonsen
Principal
Valrico Elementary

Hillsborough County PUBLIC SCHOOLS
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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	STATE STUDENT NUMBER	ENTRY DATE

EMERGENCY INFORMATION: This card must be completed by the parent or legal guardian.

CHILD OF MILITARY FAMILY? ____ YES ____ 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

NAME OF STUDENT (LAST) (JR, 2D, 3D, 4T) (FIRST) (MIDDLE) | DATE OF BIRTH MM DD YY | _____ MALE _____ FEMALE

MAILING ADDRESS – (STREET NUMBER & NAME, CITY, ZIP CODE)

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)	DAYTIME PHONE

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

***** Notice *****
HCPS collects Social Security Numbers for the purposes of creating a unique numerical identification within the HCPS system and for required reporting to the Department of Education. Enrollment will not be denied to a student because the student or student's parent/legal guardian does not provide a Social Security Number.

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 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**

Distribution: Original – Student Cumulative Folder, **Copy** – Data Processor

Form A

Hillsborough County
PUBLIC SCHOOLS
Preparing Students for Life

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) *No other documentation required.*		

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**

Distribution: Data Processor
SB 60711A (Approved 05/19/2023)

Form B

Hillsborough County
PUBLIC SCHOOLS
Preparing Students for Life

McKinney-Vento Eligibility Residency Form

According to the federal McKinney-Vento Homeless Assistance Act, eligible students must be enrolled immediately in either the school of origin or attendance boundary school. Hillsborough County Public Schools, via the guidance of the Homeless Education and Literacy Program Office (H.E.L.P), is responsible for removing systemic barriers to the education of children and youth experiencing homelessness.

Complete **this form (B)** if the student has experienced a loss of housing.

- 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:			

1. Check the box that fits the student's current living situation (applies to where the student slept last night): **(Code the HLS field on E screen/SIS)**

☐ Living in an emergency shelter (shelter verification letter), transitional housing program, or FEMA housing **(McKinney-Vento Code A SIS)**
☐ Sharing the housing of other person due to a loss of housing, economic hardship, or similar reason **(McKinney-Vento Code B SIS)**
☐ Living in a car, trailer park or campground, abandoned building, or other substandard housing **(McKinney-Vento Code D SIS)**
☐ Living in hotels or motels due to a loss of housing or lack of alternative and adequate accommodations **(McKinney-Vento Code E SIS)**

2. Is the student an Unaccompanied Youth not living in the physical custody of a parent or legal guardian and meets the McKinney-Vento definition based upon one of the living situations listed above? **(Code the UAC field on E screen/SIS)**
☐ No, the student is not an Unaccompanied Youth.
☐ Yes, the student is an Unaccompanied Youth.

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)**	☐ Unknown **(Code U)**
☐ Earthquake **(Code E)**	☐ Pandemic Major **(Code P)**	☐ Wildfire **(Code W)**
☐ Flooding **(Code F)**	☐ Tropical Storm **(Code S)**	☐ Tornado **(Code T)**
☐ Hurricane **(Code H)**	☐ Other homeless causes: divorce, domestic violence, eviction, unemployment, lack of affordable housing, mental illness, health issues, family conflict **(Code N)**	

4. When did the student first experience a loss of housing? (Month/Year) _____
4a. How long did the student live at the previous residence? _____

5. List the school aged 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.				

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 or the H.E.L.P. Office at (813) 315-4357.

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**

Distribution: School Social Worker > Data Processor, Cafeteria Manager, H.E.L.P. Office via email HELPOffice@hcps.net.
SB 60711B (Approved 05/19/2023)

Form C

Hillsborough County
PUBLIC SCHOOLS
Preparing Students for Life

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 and family has no residency documents. (Family has not experienced a loss of housing. Update B, D screens/SIS)

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**

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	Código de inscripción
MAESTRO O SALÓN HOGAR	GRADO	NÚMERO DE ESTUDIANTE DEL ESTADO	Fecha de inscripción

INFORMACIÓN PARA CASOS DE EMERGENCIA: Esta tarjeta debe ser completada por el padre, madre o encargado asignado por la corte.

¿Hijo(a) de familia militar? ___ Sí o ___ No
Familia militar incluye:
1) miembros en el servicio activo
2) miembros por 1 año después de:
- dado de baja médicamente por lastimarse
- jubilación
- muerte por lesión durante el servicio activo

Nombre del estudiante (Apellido) (Primer nombre) (Segundo nombre) | Fecha de nacimiento Mes Día Año | ____ Masculino ____ 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 en el reverso las direcciones para llegar) | Número telefónico 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 celular	Teléfono del trabajo/extensión / Número del 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) *ad litem*; O - otro; S - sustituto; N - no requiere padre/madre/encargado	Relación con el estudiante (circule uno): P - padre o madre; G - representante legal; A - encargado(a) *ad litem*; O - otro; S - sustituto; N - no requiere padre/madre/encargado
Persona(s) a contactar si el padre no se encuentra* Nombre (esta persona puede buscar al estudiante a la escuela) / Teléfono durante el día	Persona(s) a contactar si la madre no se encuentra Nombre (esta persona puede buscar al estudiante a la escuela) / Teléfono durante el día

Hospital de preferencia | Nombre y teléfono del médico | Nombre y teléfono del dentista

Problemas actuales de salud:
____ Asma ____Diabetes ____ Ataques/convulsiones
____ Condiciones cardiacas ____Alergias ____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 telefónicos al director de la escuela.

X _____ _____
Firma del padre/madre o representante legal Fecha

*****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.

FORMULARIO DE MATRÍCULA

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

Estudiante nuevo en el Condado de Hillsborough
____ 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 a la 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?
___ Sí ____ No ¿Ha sido el estudiante recomendado a servicios de salud mental?
Fecha en que el estudiante se matriculó en una escuela de los Estados Unidos: Mes (MM)_____ Día (DD) _____ Año (AAAA) _____
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

Un estudiante con el Plan Educativo Individualizado (*IEP*) está protegido bajo la Parte B de *IDEA*, y tiene derecho a una educación pública apropiada. 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), sin ningún costo, aunque me niegue a firmar este consentimiento. Entiendo que podré retirar el consentimiento en cualquier momento, y que los beneficios estatales/privados no se afectarán.

Firma del padre/madre o representante legal _____ Fecha _____