

What to bring for Kindergarten Registration?

****You MUST be 5 years old by September 1st****

- ___ Completed SER (Student Enrollment Report)
- ___ Completed Student Residency Form (see below for approved forms)
- ___ Completed Incoming Student Questionnaire
- ___ Florida Physical (not to expire before the first day of school)
- ___ Immunization / Shot Record
- ___ Birth Certificate- Original
- ___ Testing or paperwork for services (speech, language or gifted)
- ___ Small picture of child (if available to start cumulative file)
- ___ Social Security Card/Number (Child's if available)

Proof of Residency- 2 required

- Homestead exemption
- Tax receipt
- Contract for purchase of home
- Warranty deed
- Current electric bill
- Lease Agreement



Carrollwood Elementary
3516 McFarland Road
Tampa, Fl. 33618

813-975-7640/ 813-631-5364(fax)

<https://www.hillsboroughschools.org/carrollwood>

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.							
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)							
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)	
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 _____ 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 _____

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 _____

(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

Side A



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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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 shelter or abandoned in a hospital **(McKinney-Vento Code A)**
- Sharing the housing of other persons temporarily **due to loss of housing or economic hardship (McKinney-Vento Code B)**
- Living in a car, park, campground, public space, abandoned building, **substandard housing**, bus or train station, or similar setting **(McKinney-Vento Code D)**
- Living in a hotel, motel, or trailer park on a temporary basis **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)
	Mortgage Foreclosure-Homeless family loses own home due to foreclosure	M
	Natural Disaster - Earthquake	E
	Natural Disaster - Flooding	F
	Natural Disaster - Hurricane	H
	Natural Disaster - Tropical Storm	S
	Natural Disaster - Tornado	T
	Natural Disaster - Wildfire or Fire	W
	Natural Disaster - Other	N
	Other (lack affordable housing, unemployment, domestic violence, eviction)	O

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.

You're on your way to K!

Incoming Kindergarten Questionnaire

The attitude towards school and learning that a child carries with them for life is often determined by their first experience with school. Because you are your child's first, and most important, teacher, please help us get to know them by providing the information below. This way we can make this transition into kindergarten a smooth one.

Student's Name: _____

Parent/Guardian's Name(s): _____

1. **3 words to describe** your child are: _____

2. What does your child like to do for **fun outside of school**? _____

3. What are you child's **strengths**? _____

4. In what area(s) would you like to see your child **improve**? _____

5. What **motivates** your child? (Computer/tablet time, candy, toys, etc.) _____

6. What kinds of things **upset** your child? _____

7. Does your child have **prior school experience**? (Select one.) YES NO
If yes, please list **what school** and **when attended**. _____

8. Please rate your child's **attitude towards school**.
(Poor ☹️) 1 2 3 4 5 (Loves school! 😊)

9. Please rate your child's **sense of responsibility**.
(Needs redirection.) 1 2 3 4 5 (Very responsible!)

10. Please rate your child's **ability to follow directions**.
(Needs several reminders or 1 direction at a time.) 1 2 3 4 5 (Able to follow multi-step directions with no reminders.)

11. Please rate your child's **behavioral occurrences**.
____ Never ____ Seldom ____ Occasionally ____ Frequent

12. Which statements best describe your child? (Please check ALL that apply.)

READING/WRITING

____ My child knows most of their letter names and letter sounds.

____ My child is already reading.

____ My child recognizes 8 or more high frequency/sight words.

____ My child is writing letters.

____ My child is writing some phonetic words (invented spelling).

____ My child can write their name.

____ My child is writing some phonetic sentences.

MATH/NUMBER SENSE

____ My child can rote count up to _____. (Just counting, no objects.)

____ My child can count objects up to _____.

____ My child can write numbers up to _____.

Please use the back of this form to list any comments or concerns you have, as well as any additional information you would like us to know about your child.

Kindergarten Supply List

2022-2023

****Please DO NOT label any folders or supplies****

No character or logo items-solid colors only

- Standard size backpack (NO wheels)
- 2-24 packs #2 Ticonderoga **Pre-Sharpended** pencils
- 1-Four pack of play-doh
- 6-Boxes of Crayola 24 ct crayons
- 12 Elmer's glue sticks
- 1-Fiskar primary scissors-solid color only
- 4-Black Expo fine tip skinny dry erase markers
- 1-Large soft pencil pouch (no pencil boxes)
- 1-White 1" 3 ring Avery presentation binder
- 5-Spiral wide ruled notebooks (1 red, 1 yellow, 1 blue, 1 green)
- 2 reams of copy paper
- 2 containers Clorox wipes
- 1 box of gallon sized zip lock bags (**Girls**)
- 1 box of quart sized zip lock bags (**Boys**)
- 1 bottle liquid hand soap (**Boys**)
- 1 bottle hand sanitizer (**Girls**)
- 1 change of uniform clothes (in a zip lock bag, labeled with child's name)
- 1 pair of headphones (in a zip lock bag, labeled with child's name-NO EARBUDS)

Non-Compliance:

The student will be expected to comply with the School Uniform Policy. Consequences for students who do not comply are as follows:

1st Offense: The teacher will write the offense in the student's agenda book and the student will change his/her shirt/pants.

2nd Offense: A letter will be sent to the parent and the student will change his/her shirt/pants.

3rd Offense: Administration will call the parents and request that they bring in a uniform.

Uniform Orders

Information regarding school uniform/spirit shirt will be posted on the school website.

Carrollwood Elementary School
3516 McFarland Road
Tampa, Florida 33618
(813) 975-7640

Carrollwood Elementary School



Uniform Policy

Carrollwood Elementary School

Dear Parents:

We look forward to a year filled with challenges and opportunities. In an effort to maximize the learning environment at Carrollwood, our mandatory uniform policy was voted on and enacted in June 2013. As a result, the uniform policy will be enforced.

There are many benefits to supporting a uniform policy and research supports that the wearing of a school uniform:

- *provides a sense of pride and self-esteem that enhances the attitude of students towards their school
- *allows students to focus on the learning process
- *saves time and money
- *creates greater school recognition
- *helps maintain a safe and secure environment

Students in uniforms are easily identified by staff at school and school related activities. This also allows staff to easily identify visitors on our campus.

All students are expected to wear a school uniform. Any exception to the uniform policy must make an appointment with the School Advisory Council for the current school year and may complete an application at that time. Students opting out of the student uniform policy will be governed by the District Dress and Grooming Policy.

Thank you for supporting our mandatory uniform policy during this school year.

Sincerely,

MaryJo Stover
Principal

Carrollwood Elementary School Mandatory Uniform Policy

All Carrollwood students are expected to wear their uniforms every day to school. If a child is out of uniform the parent may be called to bring the appropriate clothing. If we are unable to contact a parent, a uniform will be provided to the child for the day from our clothes closet. **The Dress Code Will Be Strictly Enforced.**

The uniform for Carrollwood students consists of:

Shirts: Navy Blue, Gold, or White polo-style shirts (with or without school logo)

- *Shirts must have a collar and sleeves
- *Solid Sport Tek shirts with the school logo or white traditional button down shirts.
- *Long sleeve turtlenecks in solid white, navy, or gold are permitted during very cold weather only.
- *Sweatshirts must be in solid white, navy, or gold

Bottom Color: Navy Blue or Khaki

- *Bottoms may be pants, shorts, skorts, skirts or jumpers. No oversized pants are permitted.
- *Length of shorts must be fingertip length
- *No parachute or nylon fabric is allowed.
- *No overalls are allowed.

Spirit Day Fridays:

- *Uniforms or Carrollwood Spirit Shirts or previous spirit shirt or club shirt
- *Blue jean shorts, pants, skirts, skorts, shorts, capris, or jumpers
- *No hats may be worn inside the school building on any given day

Shoes:

- *Shoes must be securely fastened to the feet
- *Shoes are to have a flat heel and closed toe.
- *Athletic shoes are acceptable with socks and tied laces.
- *Skate shoes are NOT allowed on school property at any time.

Backpacks:

- *All backpacks must be a standard size no larger than 19"X 13" and must be carried when on campus.
- *Backpacks with wheels are not permitted.



2022-2023 Student Academic Calendar Board Approved – 4/13/2021

Students' First Day of School	Wednesday, August 10, 2022
Labor Day/Non-Student Day	Monday, September 5, 2022
End of 1st Grading Period	Wednesday, October 12, 2022
Non-Student Day	Monday, October 17, 2022
Veterans Day/Non-Student Day	Friday, November 11, 2022
Fall Break/Non-Student Days	Monday, November 21 – Friday, November 25, 2022
Students Return to School	Monday, November 28, 2022
End of 2nd Grading Period (End of 1st Semester)	Friday, December 23, 2022
Winter Break/Non-Student Days	Monday, December 26, 2022 – Monday, January 9, 2023
Students Return to School	Tuesday, January 10, 2023
Martin Luther King, Jr./Non-Student Day	Monday, January 16, 2023
Non-Student Day	Friday, February 17, 2023
Non-Student Day	Monday, March 6, 2023
Spring Break/Non-Student Days	Monday, March 13 – Friday, March 17, 2023
Students Return to School	Monday, March 20, 2023
End of 3rd Grading Period	Friday, March 24, 2023
Non-Student Day	Friday, April 7, 2023
Last Day of School/End of 4th Grading Period (End of 2nd Semester)	Friday, May 26, 2023

Please Note

* Hurricane Day(s) if needed - October 17, November 11, 21-23, and 25, 2022

Student Early Release Days

Early Release Day schedule is not finalized.

Last day of school is a 2.5-hour early release.

HOJA DE COTEJO PARA REGISTRACIÓN

A – Estudiante nuevo de Kindergarten; (Tiene que haber cumplido los 5 años para el 1^{ero} de septiembre de 2020)

- Completar el formulario SER (será provisto por la escuela)
- Formulario de domicilio del estudiante, verificación de la dirección del padre, madre o representante legal con dos de los siguientes documentos:
 - Comprobante de exención de la propiedad
 - Recibo de impuesto a la propiedad
 - Contrato de compra de la casa
 - Contrato de Alquiler
 - Factura actual de electricidad
 - Garantía de la escritura de la propiedad
- Verificar la fecha de nacimiento con el acta de nacimiento (no con un récord de nacimiento del hospital)
- Examen físico llevado a cabo dentro de los doce meses antes del primer día de clases.
- Historial de inmunizaciones que muestra que el estudiante recibió las vacunas requeridas,
 - una exención médica firmada por un médico
 - una exención religiosa llenando el formulario HRS 681 disponible en el Departamento de Salud de Florida
- Verificación del Número de Seguro Social

B – Un estudiante que viene de una escuela dentro del Condado de Hillsborough;

- Completar el formulario SER (será provisto por la escuela)
- Formulario de domicilio del estudiante, verificación de la dirección del padre, madre o representante legal con dos de los siguientes documentos:
 - Comprobante de exención de la propiedad
 - Recibo de impuesto a la propiedad
 - Contrato de compra de la casa
 - Contrato de Alquiler
 - Factura actual de electricidad
 - Garantía de la escritura de la propiedad

C – Un estudiante que viene de una escuela pública o privada fuera del Condado de Hillsborough;

- Completar el formulario SER (será provisto por la escuela)
- Informe de progreso o transcripción de la escuela anterior
- Formulario de domicilio del estudiante, verificación de la dirección del padre, madre o representante legal con dos de los siguientes documentos:
 - Comprobante de exención de la propiedad
 - Recibo de impuesto a la propiedad
 - Contrato de compra de la casa
 - Contrato de alquiler
 - Factura actual de electricidad
 - Garantía de la escritura de la propiedad
- Verificar la fecha de nacimiento con el acta de nacimiento (no con un récord de nacimiento del hospital)
- Examen físico llevado a cabo dentro de los doce meses antes del primer día de clases.
- Historial de inmunización que muestra que el estudiante recibió las vacunas requeridas,
 - una exención médica firmada por un médico
 - una exención religiosa llenando el formulario HRS 681 disponible en el Departamento de Salud de Florida
- Verificar del Número de Seguro Social

Revise la documentación con el padre, madre o representante legal al momento de la registraci3n

Es muy importante que el formulario SER est3 completado en su totalidad.

Todos los documentos de registraci3n deben ser recibidos para que la matr3cula del estudiante est3 completa*