

REGISTRATION CHECKLIST

A - New Kindergarten Student; (Must be 5 by Sept 1)

- Completed SER (provided at school)
- Student Residency Form, verification of parent/legal guardian address by two forms of the following;
 - Homestead exemption
 - Property tax receipt Current electric bill
 - Contract for purchase of home Warranty deed
 - Lease agreement
- Verify birth date from birth certificate (not a hospital record of birth)
- Physical Examination completed within the twelve months prior to the first day of attendance.
- Immunization Records showing proof of proper immunizations,
 - OR** A medical exemption signed by a physician
 - OR** A religious exemption on HRS form 681 available at the Florida Department of Health
- Verify Social Security Number

B - Student coming from school within Hillsborough County;

- Completed SER (provided at school)
- Student Residency Form, verification of parent/legal guardian address by two forms of the following;
 - Homestead exemption
 - Property tax receipt Current electric bill
 - Contract for purchase of home Warranty deed
 - Lease agreement

C - Student coming from a public or private school outside of Hillsborough County;

- Completed SER (provided at school)
- Report Card or Transcript from the last school
- Student Residency form, verification of parent/legal guardian address by two forms of the following;
 - Homestead exemption
 - Property tax receipt Current electric bill
 - Contract for purchase of home Warranty deed
 - Lease agreement
- Verify birth date from birth certificate (not a hospital record of birth)
- Physical Examination completed within the twelve months prior to the first day of attendance.
- Immunization Records showing proof of proper immunizations,
 - OR** A medical exemption signed by a physician
 - OR** A religious exemption on HRS form 681 available at the Florida Department of Health
- Verify Social Security Number

*Review documentation with parent/guardian at time of registration. It is very important SER is complete.
All registration documentation must be received for your student's registration to be complete.

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*

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)		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 _____

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

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 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 regulars 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)
	Man-Made Disaster (Major)	D
	Earthquake	E
	Flooding	F
	Hurricane	H
	Mortgage Foreclosure-Homeless family loses own home due to foreclosure	M
	Other homeless causes	N
	Pandemic (Major)	P
	Tropical Storm	S
	Tornado	T
	Unknown	U
	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.



Hillsborough County
PUBLIC SCHOOLS
Excellence in Education

AUTHORIZATION FOR RELEASE, INSPECTION, OR RECEIPT OF RECORDS

Hillsborough County Schools is hereby authorized to:

- Release or Copy Records Receive Records Permit the inspection of listed records/information

Regarding: _____
Name of Student
Date of Birth
Parent /Guardian

To/From/By: (circle one) _____
Medical Provider or Agency Name
Address

PLEASE CHECK THE APPLICABLE RECORDS THAT ARE TO BE RELEASED/COPIED/INSPECTED:

- | | |
|--|---|
| <input type="checkbox"/> Psychological Evaluations/Reports | <input type="checkbox"/> Health/Medical/Birth Reports/Records |
| <input type="checkbox"/> Diagnostic Screenings/Reports/Records | <input type="checkbox"/> Educational/Academic Reports/Records |
| <input type="checkbox"/> Social/Developmental History Reports | <input type="checkbox"/> Standardized Test Data |
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Psychiatric Reports |
| <input type="checkbox"/> Other: _____ | |

PLEASE SEND/RELEASE INFORMATION TO: EMAIL RECORDS TO: jackie.gutierrez@hcps.net

CARROLLWOOD ELEMENTARY SCHOOL	3516 McFarland Road		
<i>Name of Individual or Agency</i>	<i>Address</i>		
P-813-975-7640 F-813-631-5364	Tampa	FL	33618
<i>Phone</i>	<i>City</i>	<i>State</i>	<i>ZIP</i>

THIS RELEASE SHALL BE EFFECTIVE 365 DAYS FROM THE DATE OF SIGNING

IMPORTANT – PLEASE NOTE

The person or agency receiving these records must not transfer the information obtained to any other person or agency without obtaining the written consent of the parent or legal guardian, or the student if eighteen years of age or older.

Pursuant to Public Law 93-380, you, the parent / guardian, are hereby notified that you have the right to inspect educational records, to have a copy of said records if you wish to pay the cost of duplication, and to challenge the content of said records on the grounds that they may be inaccurate, misleading or inappropriate.

PLEASE CHECK ONE OF THE FOLLOWING:

- I certify that I am age eighteen or older and I am the person who is the subject matter of the records listed above.
- I certify that I am the parent or legal guardian of the person who is the subject matter of the records listed above, and that said person is under the age of eighteen. I understand that the information and/or reports that are shared with the school may become part of the student's record. Furthermore, school records are subjected to the regulations imposed by the Family Education Rights and Privacy Act of 1974 (PL 94-142) (Statute: 20 U.S.C. § 1232(g) Regulations: 34 CFR Part 99). Those records used to make educational decisions about students are subject to review by the parents/guardians and students 18 years of age or older.

CARROLLWOOD ELEMENTARY SCHOOL

(Signature of Parent/Guardian or Student 18 years of age or older)

(Date Signed)

FOR OFFICE USE ONLY	
Sent By CARROLLWOOD ELEMENTARY SCHOOL	Date _____
(Site)	
Phone 813-975-7640	Initial _____

Thank you,
 Jackie Gutierrez, Data Processor