

**School Board**  
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**CIMINO ELEMENTARY**  
**School Grade: A+**  
 Recipient of 5 Star Award  
 10 Year Golden School Award  
 2012 & 2017 National School of Character

Dear student and family of student:

Welcome to Cimino Elementary School! To begin classes, you must first complete a registration packet and provide the required documents listed below. All documents and forms must be complete and ready to submit to the Cimino Elementary front office during your registration appointment.

Please click on the following link to make a registration appointment.

<https://www.signupgenius.com/go/10C0C49ACAB2BA7F5C61-cimino>

**Items required for new registrations: (new student to Hillsborough County)**

- Student Registration Form (attached Form SB45501)
- Parent's ID – a parent or legal guardian is required to enroll student
- Birth Certificate
- Student's Social Security Card – to verify SSN
- Immunization Record
- Florida Physical – from a licensed health care provider of the Hillsborough County Health Department, dated within twelve months prior to entry of Florida Schools.
- Recent Report Card / IEP / 504
- Residency Form (attached) – and residency documents

**Must provide 2 of the following items:**

<i><b>Renting Home</b></i>	<i><b>Own Home</b></i>
Current Signed Lease Agreement (signed by all parties)	Current Tampa Electric Bill
Current Tampa Electric Bill	General Warranty Deed
	Current Property Tax Statement
	Homestead exemption forms (Signed and approved)
	Contract for purchase of home with future date

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

If your TECO service is new or recently transferred, TECO will provide a Verification of Service upon request. Just call customer service at 813-223-0800 and request them to email it to you. Also note that pdf versions of property tax receipts are available online at the Hillsborough County Tax Collector site.

**\*Attention Kg – 5<sup>th</sup> grade students already enrolled in Hillsborough County Public Schools: Transfers within the Hillsborough County Public School System only require parental ID, enrollment form, & residency requirements.**

If you have any questions, please contact us at: 813-740-4450 (press 0 for the office). We are excited to be a part of your educational journey and look forward to meeting you!

# Cimino Elementary School

## Documentation Required for Registration

### PARENT/GUARDIAN PLEASE COMPLETE THIS SECTION

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Where was your child previously enrolled? \_\_\_\_\_

Has your child ever been enrolled in any type of Special Education Program or class?

\_\_\_\_\_NO \_\_\_\_\_YES

If YES, what program \_\_\_\_\_Gifted \_\_\_\_\_SLD \_\_\_\_\_EMH \_\_\_\_\_Speech \_\_\_\_\_Other?

Has your child ever been retained? \_\_\_\_\_No \_\_\_\_\_Yes If YES, what grade? \_\_\_\_\_

### KINDERGARTEN

- \_\_\_\_ Student Enrollment (make sure it is signed and any health alerts noted)
- \_\_\_\_ Proof of Residency Form (must provide two items from list below)
- \_\_\_\_ Birth Certificate (must be 5 years of age on or before September 1<sup>st</sup> of the current school year)
- \_\_\_\_ Social Security Card
- \_\_\_\_ Physical Exam (within the last 12 months from the day student starts school)
- \_\_\_\_ Immunization Record (Form DH680) OR Religious exemption (HRS Form 681) from the Hillsborough Co. Health Dept.

	K	1	2	3	4	5
Varicella – 2 doses (chicken pox)	X	X	X	X	X	X
DPT – 5 doses (final after 4 <sup>th</sup> birthday)	X	X	X	X	X	X
Polio - 4 doses (final after 4 <sup>th</sup> birthday)	X	X	X	X	X	X
MMR - 2 doses	X	X	X	X	X	X
Hepatitis B – 3 doses	X	X	X	X	X	X

### TRANSFERS WITHIN HILLSBOROUGH COUNTY

- \_\_\_\_ Student Enrollment Card (make sure it is signed and any health alerts noted)
- \_\_\_\_ Proof of Residency (must provide two items from list below.)
- \_\_\_\_ Latest Report Card (if available) and Withdrawal Papers
- \_\_\_\_ Indicate if student is in any special classes

### OUT OF COUNTY / OUT OF STATE / PRIVATE SCHOOL

- \_\_\_\_ Student Enrollment Card (make sure it is signed and any health alerts noted)
- \_\_\_\_ Proof of Residency (must provide two items from list below.)
- \_\_\_\_ Physical Exam (within the last 12 months from the day student starts school)
- \_\_\_\_ Immunization Record
- \_\_\_\_ Birth Certificate
- \_\_\_\_ Social Security Card
- \_\_\_\_ Withdrawal papers & Report Card to indicate grade level
- \_\_\_\_ Indicate if student is in any special classes

PLEASE GIVE ADDRESS OF SCHOOL

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fax# \_\_\_\_\_

### Documentation for Proof of Residence – Must provide 2 items from list

Current TECO Bill

Completed Homestead Exemption

General Warranty Deed

Signed Lease Agreement (signed by renter/owner)

Current Property Tax Statement

Signed Copy of Contract for Purchase of Home (buyer/seller)



PLEASE PRINT FIRMLY

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

PLEASE PRINT FIRMLY

**THIS BLOCK FOR SCHOOL USE ONLY**

SCHOOL YEAR	SCHOOL NAME <b>Cimino Elementary School</b>		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.					CHILD OF MILITARY FAMILY? YES <input type="checkbox"/> NO <input type="checkbox"/>
NAME OF STUDENT (LAST)		(JR, 2D, 3D, 4T)	(FIRST)	(MIDDLE)	DATE OF BIRTH MM DD YY
					MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
MAILING ADDRESS – (STREET NUMBER & NAME, CITY, ZIP CODE)					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	
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 <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.					
				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



**STATE OF FLORIDA**  
**School Entry Health Exam**

**To Parent/Guardian:** Please complete and sign Part I — Child's Medical History.

State law for school entry requires a health examination by a legally qualified professional. Additional requirements may be determined by local school districts.

*(Please Print)*

Name of Child (Last, First, Middle)		Birth Date	Sex
Address (Street)		School	Grade
City and ZIP Code	Home Telephone Number	Parent/Guardian (Last, First, Middle)	

**PART I — CHILD'S MEDICAL HISTORY**

**To Parent/Guardian:** Please check answers to questions 1 through 8 below in the column on the left.

*(Please explain any "Yes" answers in the space provided below.)*

1. Yes ☐ No ☐ Any concerns about general health (eating and sleeping habits, weight, etc.)?
2. Yes ☐ No ☐ Any other specific illness or social/emotional or behavioral problems?
3. Yes ☐ No ☐ Any allergies (food, insects, medication, etc.)?
4. Yes ☐ No ☐ Any prescription medication (daily or occasionally)?
5. Yes ☐ No ☐ Any problems with vision, hearing, or speech (glasses, contacts, ear tubes, hearing aids)?
6. Yes ☐ No ☐ Any hospitalization, operation, or major illness (specify problem)?
7. Yes ☐ No ☐ Any significant injury or accident (specify problem)?
8. Yes ☐ No ☐ Would you like to discuss anything about your child's health with a school nurse?

**To Parent/Guardian:** Please explain any "Yes" answers from above.

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**I am the parent/guardian of the child named above. I give permission for the information on PARTS I and II of this form provided about my child to be reviewed and utilized only by the staff of this school and any school health personnel providing school health services in the district for the limited purpose of meeting my child's health and educational needs.**



\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Partnership for School Readiness Recommendations for Prekindergarten and Kindergarten**

**To Parent/Guardian:** Please obtain the services listed below in order to find any problems. Please work with your health care provider to correct or treat any problems that may reduce your child's ability to learn in school. **(These services are recommended but not required.)**

1. Comprehensive Vision Examination (3-5 years of age) Date of Exam: _____ Results of Exam: _____ Health Care Provider: _____ (check one) Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/>	Please describe any corrective action for any problems detected and any accommodations required.
2. Comprehensive Dental Examination Date of Exam: _____ Results of Exam: _____ Dentist: _____	Please describe any corrective action for any problems detected and any accommodations required.
3. Hearing Screening Date of Exam: _____ Results of Exam: _____ Health Care Provider: _____	Please describe any corrective action for any problems detected and any accommodations required.

# 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):

☐ Homestead exemption

☐ Current electric bill

☐ Lease agreement

☐ Property tax receipt

☐ Contract for purchase of home

☐ 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
	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.**

**Distribution:** Data Processor, Administrator, School Social Worker, and District Homeless Liaison via fax (813) 384-3979.  
**SB 60711 (Rev. 5/14/2020)**

**Side B**

# Cimino Elementary

## New Student Profile Input Form

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_



### PLEASE COMPLETE THE INFO BELOW

Your input will be used by Cimino's Placement Committee as we consider the best homeroom placement for your child. To ensure that all students have equal opportunities to experience any and/or all of the instructional professionals at Cimino, we ask that you not request a particular teacher. Writing a teacher's name on this form will render it invalid.

Please indicate with a check mark only the descriptors that would be important considerations:

- \_\_\_\_\_ My child works best when the classroom is very quiet and structured.
- \_\_\_\_\_ My child works best when the classroom environment frequently allows for movement and choices.
- \_\_\_\_\_ My child works best when he/she is highly challenged academically.
- \_\_\_\_\_ My child needs extra time and additional supports to master standards.

What academic or social areas do you consider to be a strength for your child?

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What academic or social areas would you like to see your child develop next year?

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Is there anything else the placement committee needs to consider when placing your child?

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**CIMINO ELEMENTARY SCHOOL**  
**4329 CULBREATH RD.**  
**VALRICO, FL 33596**  
**(813) 740-4450**  
**FAX (813) 740-4454**  
**bonnie.steele@hcps.net**

**CIMINO  
COUGARS**

## Request for Records

<b>To: Name of Previous School</b>	
<b>Address:</b>	
<b>City, State, Zip:</b>	
<b>Phone Number:</b>	
<b>Fax Number:</b>	

☒ **Urgent**    ☐ **For Review**    ☐ **Please Comment**    ☐ **Please Reply**    ☐ **Please Recycle**

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The student listed below has enrolled in the School District of Hillsborough County. Please forward the permanent academic records, health records, confidential records, and other available guidance materials, psychological evaluations and social histories to the school indicated by the above return address.

Student Name: Last	First	Middle	Date of Birth	Grade

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Parent Signature – Indicates permission to fax or email records

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Date

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Bonnie Steele, Data Processor / School Official Signature

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Date

Parental permission is not required when authorized school personnel request records.  
(Family Educational Rights and Privacy Act, Final Rule on Education Records, Federal Register, June 17, 1976, Vol. 41, No. 18, page 24673).