



Freedom High School
17410 Commerce Park Blvd
Tampa FL 33647

(P) 813.558.1185 (F) 813.558.1189

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

New Student Registration Checklist

All required documentation must be copied and all paperwork in the folder must be complete

From Hillsborough County Public Schools

- Two (2) verifications of residency
 - utility bill (TECO / Water) and one of the following
 - If you lease your home, you must provide a copy of the entire lease agreement OR
 - If you own your home, you must provide proof of ownership such as property tax statement, warranty deed, or real estate contract
- Withdrawal papers from previous school (only needed after school year begins)
- Social Security Card
- If guardian – a copy of the court order appointing guardianship
- All transferring students must complete one (1) dose of tetanus-diphtheria-pertussis (Tdap) vaccine in 2005 or after
- Request to participate or decline participation in sports

From Florida Public school in another County

- All of the above plus the following
- Report card or Transcript from latest school attended
- Florida Certificate of Immunization (required upon registration – no exceptions)
- Florida Health Examination Form (required upon registration – no exceptions)
- Standardized Test Scores
- Birth Certificate

From Out of State, Private School, or Homeschool

- Two (2) verifications of residency
 - utility bill (TECO / Water) and one of the following
 - If you lease your home, you must provide a copy of the entire lease agreement OR
 - If you own your home, you must provide proof of ownership such as property tax statement, warranty deed, or real estate contract
- Florida Certificate of Immunization (required upon registration – no exceptions)
- Florida Health Examination Form (required upon registration – no exceptions)
- Standardized Test Scores
- Social Security Card
- Birth Certificate
- If guardian – a copy of the court order appointing guardianship
- Name and address of previous school
- Request to participate or decline participation in sports

ESE Students – current copy of IEP needed to meet with ESE specialist prior to meeting with counselor

THIS BLOCK FOR SCHOOL USE ONLY				DISTRICT STUDENT NUMBER		ENTRY CODE	
SCHOOL YEAR		SCHOOL NAME		STATE STUDENT NUMBER		ENTRY DATE	
TEACHER OR HOMEROOM				GRADE			
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 _____ MALE _____ FEMALE						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	
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 First-time Hillsborough County Student <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Private <input type="checkbox"/> 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 _____	<p style="text-align: center;">*** Notice ***</p> 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.
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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 _____

Form A

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:

<input type="checkbox"/>	Own residence	<input type="checkbox"/>	Rent residence
<input type="checkbox"/>	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:

<input type="checkbox"/>	Current Florida Driver's License or State ID	<input type="checkbox"/>	Declaration of Domicile
<input type="checkbox"/>	Utility Bill or Utility Deposit Receipt	<input type="checkbox"/>	Transitioning Active-Duty Military Orders
<input type="checkbox"/>	Lease Agreement	<input type="checkbox"/>	Mortgage Statement
<input type="checkbox"/>	Rent Receipt	<input type="checkbox"/>	Property Tax Receipt
<input type="checkbox"/>	Homestead Exemption	<input type="checkbox"/>	Warranty Deed
<input type="checkbox"/>	Migrant Address Verification Letter (Migrant eligible students only) <i>No other documentation required.</i>		

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).

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Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

School Board

Nadia T. Combs, Chair
Henry "Shake" Washington, Vice Chair
Lynn L. Gray
Stacy A. Hahn, Ph.D.
Karen Perez
Patricia "Patti" Rendon
Jessica Vaughn



Hillsborough County
PUBLIC SCHOOLS
Excellence in Education

Freedom High School
Home of the Patriots

Superintendent

Van Ayres

Principal

Kevin Stephenson

Assistant Principals

Matthew Smith, **APC**
Jenna Lamour, **APA**

RELEASE OF RECORDS

Date: _____

Previous School: _____

Student Name: _____ D.O.B. _____

Grade: _____

The student listed above has enrolled in our school. Please send the following records:

- _____ Transcript of Grades and Grading System
- _____ Standardized Test Scores
- _____ Intellectual/Psychological Evaluations
- _____ 504 Plan
- _____ Social History
- _____ Special Education Records, to include most recent IEP and initial eligibility documentation
- _____ Immunization Records
- _____ Physical Exam
- _____ ESOL Records
- _____ Birth Certificate

Authorized Personnel Name: _____

Authorized Personnel Email: _____

Authorized Personnel Contact Phone Number: _____

Please include any other records that may assist in proper placement of the student. If the requested records are not available at your school, please let us know. Thank you for your cooperation. These records will be for professional use of authorized Hillsborough County Public School personnel only.

Parent signature indicates approval for email or fax of records _____

Parent Signature

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**Hillsborough County Public Schools
Freedom High School
17410 Commerce Park Blvd
Tampa, FL. 33647**

Phone (813) 558-1185 Fax (813)558-1189

Student's Name: _____

Parent Verification of Student's Accommodation Plan Information:

Does this student receive accommodations/supports inside the classroom due to a medical 504 plan?

Please check YES or NO

If yes, is a copy provided in the registration folder?

Please check YES or NO

Has the student ever been enrolled in a special education services program?

Please check YES or NO

If yes, does the student have a current IEP (Individual Education Plan) or private support plan? If YES, please see next page for specific criteria

Please check YES or NO

If yes, is a copy of the IEP plan enclosed in registration folder?

Please check YES or NO

Has your student been expelled from any school district in the past 12 months?

Please check YES or NO

If you circle yes to any of the above, please notify counselor during enrollment discussions so we can discuss support services offered at PHS

***** INTERNAL USE ONLY ***** If this student has ever been enrolled in HCPS, and answered Yes to any above questions, do they have an F screen? YES or NO

If Yes, what is the student's SSD number? _____

TESTING INFORMATION

STUDENT: _____ GRADE: _____

DATE ENROLLED: _____

LAST SCHOOL: IN STATE _____ OUT OF STATE _____ PUBLIC _____ PRIVATE _____

NAME OF LAST SCHOOL _____

DOES THE STUDENT NEED:

FSA/WRITING/READING (STATE READING ASSESSMENT) _____ Y _____ N

(SCORE REPORT PROVIDED) _____ Y _____ N

ALGEBRA 1 EOC (STATE ALG 1 ASSESSMENT) _____ Y _____ N

TEST TAKEN:

SAT _____ Y _____ N SCORE REPORT PROVIDED

ACT _____ Y _____ N SCORE REPORT PROVIDED

RECEIVED RECORDS _____ YES _____ NO

COPIES TO COUNSELOR _____ TESTING COORDINATOR _____ REGISTRAR _____

ESE Registration Form

Exceptional Student Education

If Student has an IEP (please check ☐ all that apply)

My child is eligible for the following programs.

Deaf or Hard of Hearing

Physically Impaired

Speech/Language Impaired

Visually Impaired

Dual Sensory

Impaired Gifted

☐ ASD (Autism Spectrum Disorder)

☐ EBD (Emotional/Behavioral Disability)

☐ OI (Orthopedic Impairment)

☐ SLD (Specific Learning Disability)

☐ TBI (Traumatic Brain Injury)

☐ OHI (Other Health Impaired)

☐ IND (Intellectual Disabilities)

Related Services:

☐ OT (Occupational Therapy)

(Physical Therapy)

☐ Specialized Transportation

Are you transferring from: ☐ In-State School ☐ Out-of-State School

Have you ever attended a Florida School? ☐ YES ☐ NO

Have you ever attended a Hillsborough County School? ☐ YES ☐ NO

What is the Name, County and State of the last school attended?

Do you have a copy of your child's IEP? ☐ YES ☐ NO

If NO, - parent will provide Freedom HS a copy of the IEP by: _____

☐ COMMENTS:

New Student-Athlete Registration Information

Student Last Name _____ Student First Name _____

Parent Last Name _____ Parent First Name _____

Last School Attended: _____ Grade: _____

Reason for Transfer: _____

Did you participate in athletics at your previous school? ☐ Yes ☐ No

If yes, what sport(s)? _____

Do you plan on participating in athletics at Freedom High School? ☐ Yes ☐ No

If yes, what sport(s)? _____

Student Signature _____ Date _____

Parent Signature _____ Date _____

Guidance Counselor will return completed form to Athletic Director for further review.



Florida High School Athletic Association

Affidavit of Compliance with the Policies on Athletic Recruiting & Non-Traditional Student Participation

- For:** Any student who changes attendance to a member school at any time, regardless of whether the change occurs during the school year (i.e. a transfer) or during the summer period between school years, including youth exchange, international and immigrant students, or is a “Non-Traditional” student (i.e. home education, certain charter and special/alternative school, certain private school, FLVS Full Time Public Program, etc.) participating for your school. ***This form is not required for students entering from a terminating grade school (i.e. 5th grade to 6th, 8th grade to 9th grade).***
- Action:** Must be read and signed by the student and his/her parent(s)/legal guardian(s) appointed by a court of competent jurisdiction. **This form only needs to be done once for each change of schools or change in participation as a “Non-Traditional” student at a member school.**
- Due date:** Must be received by the school **prior to participation** in the first sport in which the student wishes to participate,
- Required by:** FHSAA Policies.
- Purpose:** To heighten the awareness of and compliance with rules prohibiting athletic recruiting on the part of student-athletes, their parents legal guardians, and member schools, as well as participation with a member school as a “Non-Traditional” student.
- Verification:** Page 3 will be checked for completeness. **Submission of this form DOES NOT grant eligibility.**

TO: STUDENT-ATHLETE

The school that you have chosen to attend, or participate for as a “Non-Traditional” student, is a member of the Florida High School Athletic Association (FHSAA). The FHSAA has rules that prohibit a member school from making any effort to encourage or entice a student to attend or participate there for athletic purposes. This is called athletic recruiting, and it is not permitted on the high school level. The Florida Legislature, in fact, has directed the FHSAA to “adopt bylaws that specifically prohibit the recruiting of students for athletic purposes.” Florida law also regulates the participation in interscholastic athletics by “Non-Traditional” students.

What follows is an explanation of athletic recruiting rules, as well as regulations related to participation by “Non-Traditional” students, and the penalties for violating them. You and your parent(s) or legal guardian(s) must read this document and declare that you were not recruited to attend or participate for the school for athletic purposes and that you are aware of the regulations regarding participation as a “Non-Traditional” student by signing the attached “Affidavit of Compliance”. The signed affidavit must be submitted to the member school prior to a date not earlier than the first day of practice of the first sport in which the student wishes to participate, as posted on the FHSAA Website.

Please read this information carefully. Sign the affidavit truthfully and honestly. Do not sign the affidavit if you have any questions about these rules or believe that a violation of these rules may have occurred. Instead, have your school’s athletic director contact the FHSAA Office by phone at 352.372.9551 ext. 340 or by e-mail at compliance@fhsaa.org. Violations of these rules and regulations can and do result in severe penalties for the school and the student-athlete. Making an inaccurate statement by signing the affidavit when you know you should not will only make these penalties worse for all involved if violations are later determined to have occurred.

What is athletic recruiting?

Athletic recruiting is any attempt by any employee or athletic department staff member of an FHSAA member school, a representative of the school’s athletic interests or a third party to pressure, urge or entice a student who does not currently attend or participate for that school to change his/her attendance or participation there for the purpose of athletic participation. This occurs when the school employee, athletic department staff member or representative of the school’s athletic interests makes improper contact with the student or a member of his/her family in an effort to pressure or urge the student to go to that school OR promises, offers or gives the student an impermissible benefit in an effort to entice the student to go to or participate for that school.

Who is “a representative of the school’s athletic interests?”

Any person, business or organization that participates in, assists with, and/or promotes a school’s athletic program is considered to be a representative of the school’s athletic interests. This includes, but is not limited to:

- A student-athlete or other student participant in the athletic program at that school;
- The parents, guardians or other family members of a student-athlete or other student participant in the athletic program at that school;
- Immediate relatives of a coach or other members of the athletic department staff at that school;
- A volunteer with that school’s athletic program;
- A member of an athletic booster organization of that school;
- A person, business or organization that makes financial or in-kind contributions to the athletic department or that is otherwise involved in promoting the school’s interscholastic athletic program.

What is improper contact with a student who does not attend a school?

Any contact or communication of any kind with a student who does not attend or participate for a particular school, or a member of the student’s family, in attempt to pressure, urge or entice the student to change attendance to a different school for athletic reasons is improper. The improper contact can either be in person, through written or electronic means such as letters, flyers, e-mails, text messages, social media or through a third party. Did someone talk you into changing to this school to play athletics? Did someone urge you to change to this school to play athletics? If so, you may have been athletically recruited.



Affidavit of Compliance with the Policies on Athletic Recruiting & Non-Traditional Student Participation

What is an impermissible benefit?

An impermissible benefit is any benefit that is promised, offered or given to a student or a member of his/her family but is not offered or generally made available to all students who apply to or attend or participate for the school. Did someone promise, offer or give you anything more than what any other student who attends or participate for this school is generally promised, offered or given that caused you to decide to change to this school? If so, it probably is an impermissible benefit.

What is a “third party”?

A “third party” is an independent person, business or organization who may or may not be a representative of the school’s athletic interests.

What are the penalties for violations of athletic recruiting rules by a member school?

A member school that violates athletic recruiting rules will be assessed one or more of the following penalties:

- A public reprimand;
- A financial penalty;
- Forfeiture of all contests and awards won in which the student who was athletically recruited or received an impermissible benefit participated or contributed;
- One or more forms of probation (administrative, restrictive or suspension) for one or more years;
- Prohibition against participating or coaching in certain competitions, including state playoffs, for one or more years in the sport(s) in which the violation(s) occurred;
- Prohibition against participating in any competitions for one or more years in the sport(s) in which the violation(s) occurred;
- Restricted membership for one or more years during which some or all of the school’s membership privileges are restricted or denied;
- Expulsion from membership in the FHSAA.

What are the penalties for a student who is found to have been athletically recruited or receives an impermissible benefit?

A student who is found to have accepted an impermissible benefit will be ineligible for athletic competition for one or more years at the school where the violation occurred, and may be declared ineligible for athletic competition at all FHSAA member schools for one or more years.

What are the regulations regarding the participation of “Non-Traditional” students?

A Non-Traditional student is eligible to participate provided:

- The student meets the same residency requirements as other students in the school at which he/ she participates; and
- The student meets the same standards of acceptance, behavior and performance as required of other students in extracurricular activities; and
- The student registers with the school his/her intent to participate in interscholastic athletic competition as a representative of the school, utilizing the official Association process as approved by the Executive Director, **prior to participation** in the sport(s) in which he/she wishes to participate, as posted on the FHSAA website; and
- The student complies with all FHSAA regulations, including eligibility requirements regarding age and limits of eligibility, and local school regulations during the time of participation; and
- The student provides proof of basic medical insurance coverage and both independently secured catastrophic insurance coverage and liability insurance coverage which names the FHSAA as an insured party in the event the school’s insurance provider does not extend coverage to such students; and
- The student provides his/her own transportation to and from the school; and
- The student provides to school authorities all required forms (including, but not limited to, the EL2, EL3 and, where applicable, the EL7, EL7V, EL12, EL12V and EL14) and provisions.

What are the penalties for violations of regulations regarding “Non-Traditional” student by a member school?

Allowing students to participate without properly registering a non-traditional student will subject the school to a monetary penalty.



Affidavit of Compliance with the Policies on Athletic Recruiting & Non-Traditional Student Participation

The student/parent must complete, obtain all applicable signatures and submit this form to the school **on or before the first day of practice for the first sport in which the student wishes to participate**, as established on the FHSAA Calendar. Submission of this form **DOES NOT** grant eligibility. The student must be **ELIGIBLE** in all other respects.

We, the undersigned, being sworn, certify that the following statements are true:

1. Student *{full legal name}* _____ ("THIS STUDENT"), who was born on *{date}* _____, 19/20 _____, and who is currently in the *{number}* _____th grade, now attends or wishes to participate for *{school now attending/participating for}* _____ ("THIS SCHOOL"), commencing on *{date}* _____, 20 _____.

THIS STUDENT has previously attended/participated for *{list all previous secondary schools beginning with the most recent and working back in time}* _____.

2. I have read and understand the definition of athletic recruiting, including the explanation of the terms "representatives of the school's athletic interests", "improper contact" and "impermissible benefit", or I have read and understand the regulations regarding participation as a "Non-Traditional" student.

3. No employee, athletic department staff member, representative of the athletic interests of THIS SCHOOL, any person or organization acting on their behalf or a third party has had communication, directly or indirectly, through intermediaries, or otherwise with THIS STUDENT or any member of his/her family in an attempt to pressure, urge or entice THIS STUDENT to change attendance to or participation for THIS SCHOOL for the purpose of participation in interscholastic athletics.

4. No employee, athletic department staff member, representative of the athletic interests of THIS SCHOOL, any person or organization acting on their behalf or a third party is giving, has given, has offered or promised to give, directly or indirectly, through intermediaries, or otherwise any impermissible benefit to THIS STUDENT or any member of his/her family for the purpose of participation in interscholastic athletics.

5. If THIS STUDENT is a "Non-Traditional" student, THIS STUDENT has submitted to THIS SCHOOL the EL2 and EL3 forms and, where applicable, the EL7, EL7V, EL12, EL12V and EL14 forms **prior to participation in the first sport in which the student wishes to participate**.

6. If THIS STUDENT is a youth exchange (J-1 and F-1 Visas), international or immigrant student, THIS STUDENT has submitted to THIS SCHOOL the EL2 and EL3 forms and, where applicable, the EL4 Form.

Under penalties of perjury, I declare that I have read the foregoing Affidavit and that the facts stated therein are true and correct and that the punishment for knowingly making a false statement includes fines and/or imprisonment. I further understand that the penalties for knowingly making a false statement may subject THIS SCHOOL to fines, forfeitures, probations and possible expulsion from membership in the FHSAA, and may subject THIS STUDENT to a loss of athletic eligibility.

FOR STUDENT/PARENT(S)/LEGAL GUARDIAN(S):

Signature of Student / Date

Signature of Parent/Legal Guardian / Date

Printed Name of Student

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian / Date

Printed Name of Parent/Legal Guardian

**Freedom High School
New Student-Athlete Participation Guide**

Welcome to Freedom High School, home of the Patriots! Below is some general information to get you started in participating in athletics. All prospective student-athletes must be fully enrolled before they are allowed to speak with an Freedom High School athletic coach or representative.

Academic Requirements

If you are in the 11th grade or 12th grade, you must have a cumulative 2.0 grade point average on a 4.0 unweighted scale in all courses taken through the end of the previous semester. If you are in the ninth grade or 10th grade, you must have a cumulative 2.0 grade point average on a 4.0 unweighted scale in all courses taken through the end of the previous semester; OR you must have earned a 2.0 grade point average on a 4.0 unweighted scale in the courses taken in the previous semester alone, provided you sign an academic performance contract (FHSAA form EL5) with your school and attend summer school as necessary. (Article 9.4, FHSAA Handbook, Bylaws and Policies)

Ninth Grader Eligibility

A student shall be eligible during the first semester of his/her ninth-grade year provided that it is the student's first entry into the ninth grade and he/she was regularly promoted from the eighth grade the immediate preceding year.

Residence

A student will be eligible at the first school in which he/she enrolls, or participates in an athletic practice, at the beginning of each school year. The student will be eligible in his/her first school of choice each year as long as the student remains enrolled in that school. (Florida Law 97-53) Additionally, home school students who are registered through Hillsborough County Public Schools and charter school students who are enrolled in a Hillsborough County registered charter school are eligible for athletic participation at their school of residence.

Transfers

Per School Board Policy 2431.01, student-athletes who transfer are allowed to immediately participate in interscholastic athletics for their new school as long as they are enrolled prior to the start of a specific sport's season. Student-athletes that participated in a sport at their previous school during the same school year may not participate in the same sport unless they meet one of the following criteria:

- 1) Dependent children of active duty military personnel whose move resulted from military orders.
- 2) Children who have been relocated due to a foster care placement in a different school zone.
- 3) Children who move due to a court-ordered change in custody due to separation or divorce, or the serious illness or death of a custodial parent.
- 4) Authorized good cause established in this policy.

Age

Students enrolled in high school prior to 7/1/2014 may participate at the high school level until the day he/she reaches the age of 19 years 9 months if the student has not exceeded his/her four-year limit of eligibility. For students initially entering high school after 7/1/2014, reaching the age of 19 before September 1st will make them ineligible to participate in interscholastic athletics for that school year and beyond.

Athletic Participation

Prior to participation (to include off-season conditioning, workouts, and practices) in any sport, a student-athlete must have a completed online athletic application and received a "clearance" email from the Assistant Principal for Administration. Instructions for completing an online Athletic Participation application can be obtained in the main office or on the Freedom HS website or on the Freedom360 app. Go to athleticclearance.com to complete your application.

Limit of Eligibility

A student shall be eligible for no more than eight (8) consecutive academic semesters upon first entrance to ninth grade as defined by the pupil progression plan of the school in which the student is enrolled. A student who does not attend school, repeats any grade, is declared ineligible to participate, or otherwise fails to exercise the opportunity to participate for any reason for any length of time during this eight-semester period shall not be entitled to any additional period of eligibility.

International Students

Students who were born in a country other than the U.S. who did not start and complete the 8th grade in the U.S. are considered International Students per the FHSAA. If you are an international student wishing to participate in athletics at Freedom HS, please see the Assistant Principal for Administration for additional paperwork to be registered with the FHSAA for clearance.

Parent's Initials_____ Student's Initials_____ Please complete attached and return at time of registration.

2023-2024 Hillsborough County Public Schools
Student Likeness Release Form



School: _____ Student ID Number: _____

Student Name (Last, First): _____

Homeroom Teacher: _____ Grade: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

Dear Parent/Guardian:

Throughout the school year, certain Hillsborough County Public School partners and media members may be involved with special events or activities at your child's school.

Hillsborough County Public Schools also may wish to interview, photograph, or videotape your child for promotional and educational reasons to utilize in publications and special district events. Before your child can participate in any of the above events or activities, you must give your permission by signing and returning this likeness release form to your child's school.

Please select only one option below:

☐ **I give my permission** for my child to be interviewed, photographed, or videotaped by the school/district, school/district partners or sponsors, and/or members of the general news media and expressly authorize and grant my consent to such parties the right to use my child's physical likeness, other identifying characteristics, information, and/or recordings of his/her voice in any media, including but not limited to, broadcast, cable, print, and/or digital, and for any purpose including but not limited to entertainment, news, education, advertising, marketing and promotion without compensation thereof.

☐ **I do not give permission** for my child to be interviewed, photographed, or videotaped by the school/district, school/district partners or sponsors, and/or members of the general news media; nor for his/her name to be published in school/district publications, on the internet, or in news Publications or broadcasts.

☐ **I give my permission ONLY** for my child to be photographed for and his/her name be published in the 2022-2023 school yearbook.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Option 1

Option 2

Email all forms to: registration@freedomcte.org

Print all forms and bring in to FHS