

# WHARTON HIGH SCHOOL REGISTRATION PACKET

(Please note the registration process can take up to 1-hour)

PHONE 813-631-4710

FAX 813-631-4722

### *\*SCHOOL USE ONLY*

#### From Hillsborough County Public School

- Birth Certificate- *Original*
- Social Security Card
- Verification of Address – **2 forms required See Residency Form.**
- Report card/withdrawal papers from previous school
- Legal documents of Guardianship and/or Formal Affidavit  
*(All students must reside with a parent or legal guardian and must attend the school in the district where their parent or legal guardian live)*

#### From Florida Public School

- Verification of Address – **2 forms required See Residency Form**
- Immunization Records/Health Exam (must be within 12-months) \*
- Report card/withdrawal papers from previous school
- Social Security Card
- Birth Certificate – *Original*
- Legal documents of Guardianship and/or Formal Affidavit  
*(All students must reside with a parent or legal guardian and must attend the school in the district where their parent or legal guardian live)*

#### From Out Of State, Private School or Country

- Verification of Address – **2 forms required See Residency Form**
- FLORIDA Immunization Records \*
- FLORIDA Health Examination (must be within 12-months)
- Report Card/withdrawal papers from previous school
- Social Security Card
- Birth Certificate – *Original*
- Legal documents of Guardianship and/or Formal Affidavit  
*(All students must reside with a parent or legal guardian and must attend the school in the district where their parent or legal guardian live)*

Last Name	First
Name	
Date	
Previous School/State	
Grade	Age

**Must meet with:**

ADMIN    Initials

ESE        Initials

ESOL        Initials

BUS PASS

### **EXCEPTIONAL Student Program**

- Out Of State     In County
- All Papers Provided     Missing Paperwork

\*Without proper ESE documentation, your course selection could be delayed or changed

DOCUMENTS RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

ASSIGNED COUNSELOR: \_\_\_\_\_ DATE: \_\_\_\_\_

RECORDS REQUEST:  YES     NO    **EVALUATION ONLY:** \_\_\_\_\_

*START DATE* \_\_\_\_\_

\*Immunization Requirements information - Please see reverse side

## Immunization Requirements

<i>Immunizations</i>	<i>9<sup>th</sup> Grade</i>	<i>10<sup>th</sup> Grade</i>	<i>11<sup>th</sup> Grade</i>	<i>12<sup>th</sup> Grade</i>
DPT/DTap (5)	X	X	X	X
OPV (4)	X	X	X	X
MMR (2)	X	X	X	X
HEP B Series (3)	X	X	X	X
VARICELLA (2)	X	X	X	X
TD/TDap (1)	X	X	X	X

\*All shots are required per Hillsborough County Public School District