Side A

Hillsborough County
P U B L I C   S C H O O L S
Preparing Students for Life

GRADE_____

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

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

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 <u>immediately</u> 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.