REGISTRATION CHECKLIST

A - New Kindergarten Student: (Must be 5 years of age by Sept 1st of the year of enrollment)
___ Completed SER
___ Student Residency Form, verification of parent/legal guardian address by two forms of the following:
    ___ Homestead exemption ___ Tax receipt *make copies of 2 forms
    ___ Current electric bill ___ Lease agreement
    ___ Warranty Deed ___ Contract for purchase of home (if under contract only)

___ 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
___ Copy of current IEP - if applicable

B - Student coming from school with in Hillsborough County:
___ Completed SER
___ Student Residency Form, verification of parent/legal guardian address by two forms of the following:
    ___ Homestead exemption ___ Tax receipt *make copies of 2 forms
    ___ Current electric bill ___ Lease agreement
    ___ Warranty Deed ___ Contract for purchase of home (if under contract only)
___ Last report card from prior school - for placement purposes
___ Copy of current IEP or 504 plan - if applicable

C - Student coming from a public or private school outside of Hillsborough County:
___ Completed SER
___ 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 ___ Tax receipt *make copies of 2 forms
    ___ Current electric bill ___ Lease agreement
    ___ Warranty Deed ___ Contract for purchase of home (if under contract only)

___ 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
___ Last report card or withdrawal papers from prior school
___ Copy of current IEP or 504 plan - if applicable

****Registration documents can be dropped off at school site or emailed to: patricia.miller@hcps.net

All registration documentation must be received for your student's registrations to be complete.
**Hillsborough County Public Schools**

**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) (First) (Middle)**

**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)**

**Parent/Legal Guardian (Last, First, Initial)**

**Employer Name**

**Employer Phone**

**Business Phone**

**Mobile Number**

**Email**

**Relationship to Student:**

- **Parent:**
  - **Legal Guardian:**
  - **S - Surrogate:**
  - **N - No Parent/Legal Guardian Required:**

**Parent/Legal Guardian (Last, First, Initial)**

**Employer Name**

**Employer Phone**

**Business Phone**

**Mobile Number**

**Email**

**Relationship to Student:**

- **Parent:**
  - **Legal Guardian:**
  - **S - Surrogate:**
  - **N - No Parent/Legal 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 Problems, 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 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.

**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?**

- **Yes**
- **No**

**If Yes, City**

**State**

**County**

**Country**

**Last School attended by the Student**

**Public**

**Private**

**Home Education** (Include the dates attended and complete address information below)

**School Name**

**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?**

- **Yes**
- **No**

**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?**

- **Yes**
- **No**

**Date student first entered a United States school: Month (MM) / Day (DD) / Year (YYYY) **

**If foreign born, how many years has the student attended school in the United States?**

- **Yes**
- **No**

**Is the student of Hispanic or Latino ethnicity?**

- **Yes**
- **No**

**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**

**Distribution:** Original - Student Cumulative Folder, Copy - Data Processor

**SB 45501 (Rev. 08/22/2018)**

**Page 1 of 1**
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
   - ☐ Property tax receipt  ☐ Contract for purchase of home
   - ☐ Lease agreement  ☐ 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

Distribution: Data Processor
SB 60711 (Rev. 5/14/2020)
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 regular 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:

<table>
<thead>
<tr>
<th>Check One Reason</th>
<th>Cause</th>
<th>SCHOOL CODE (office use)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Man-Made Disaster (Major)</td>
<td></td>
<td>D</td>
</tr>
<tr>
<td>Earthquake</td>
<td></td>
<td>E</td>
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<tr>
<td>Flooding</td>
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<tr>
<td>Hurricane</td>
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<td>H</td>
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<tr>
<td>Mortgage Foreclosure-Homeless family loses own home due to foreclosure</td>
<td></td>
<td>M</td>
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<tr>
<td>Other homeless causes</td>
<td></td>
<td>N</td>
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<tr>
<td>Pandemic (Major)</td>
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<td>Tropical Storm</td>
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<tr>
<td>Unknown</td>
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<td>U</td>
</tr>
<tr>
<td>Wildfire</td>
<td></td>
<td>W</td>
</tr>
</tbody>
</table>

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 243-01, 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)
Student Information Sheet

Please provide the following information that will assist us in making an appropriate classroom placement for your child next year.

______________________________
Child's Name

______________________________
Grade KG
(2021-2022)

A. Describe the type of learning environment best suited to your child.

B. List any other information that you feel will assist us in placing your child

**Please note this form and all requests for student placements are shared amongst a committee of teachers and staff that strive to create balanced classes when making student placements. Specific teacher names should not be used on this form. Personnel changes can and do occur. When our committee reviews each request, we will look specifically at the best learning environment for each student**. Thank you

______________________________
Parent Signature

______________________________
Date