

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.

PLEASE PRINT FIRMLY

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	ENTRY DATE
STATE STUDENT NUMBER			CHILD OF MILITARY FAMILY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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 _____			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) _____			
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: P – PARENT O – OTHER G – LEGAL GUARDIAN S – SURROGATE (CIRCLE ONE) A – GUARDIAN AD LITEM N – NO PARENT/GUARDIAN REQUIRED		RELATIONSHIP TO STUDENT: P – PARENT O – OTHER G – LEGAL GUARDIAN S – SURROGATE (CIRCLE ONE) A – GUARDIAN AD LITEM 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 <input type="checkbox"/> DIABETES <input type="checkbox"/> 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

____ 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 _____ Country _____

(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

*** Notice ***

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.

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



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):

- | | | |
|---|--|--|
| <input type="checkbox"/> Homestead exemption | <input type="checkbox"/> Current electric bill | <input type="checkbox"/> Lease agreement |
| <input type="checkbox"/> Property tax receipt | <input type="checkbox"/> Contract for purchase of home | <input type="checkbox"/> 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
	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.

Alafia Elementary School

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