

REGISTRATION CHECKLIST

A - New Kindergarten Student: (Must be 5 by or on Sept 1)

- Completed SER
- Student Residency Form, verification of parent/legal guardian address by two forms of the following:
 - Homestead exemption Tax receipt Current electric bill
 - Contract for purchase of home Lease agreement Warranty deed
- 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 from Florida Department of Health
 - OR** A religious exemption on HRS form 681 available at the Florida Department of Health
- Verify Social Security Number

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 Current electric bill
 - Contract for purchase of home Lease agreement Warranty deed

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 Current electric bill
 - Contract for purchase of home Lease agreement Warranty deed
- 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 from Florida Department of Health
 - OR** A religious exemption on HRS form 681 available at the Florida Department of Health
- Verify Social Security Number

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		STATE STUDENT NUMBER		ENTRY DATE
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		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
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)	
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

____ 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 _____

(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

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.

Distribution: Data Processor, Administrator, School Social Worker, and District Homeless Liaison via fax (813) 384-3979.
SB 60711 (Rev. 5/14/2020)

Side B



STATE OF FLORIDA
School Entry Health Exam

To Parent/Guardian: Please complete and sign Part I — Child's Medical History. State law for school entry requires a health examination by a legally qualified professional. Additional requirements may be determined by local school districts.

(Please Print)

Form with fields: Name of Child (Last, First, Middle), Birth Date, Sex, Address (Street), School, Grade, City and ZIP Code, Home Telephone Number, Parent/Guardian (Last, First, Middle)

PART I — CHILD'S MEDICAL HISTORY

To Parent/Guardian: Please check answers to questions 1 through 8 below in the column on the left. (Please explain any "Yes" answers in the space provided below.)

- 1. Yes [] No [] Any concerns about general health (eating and sleeping habits, weight, etc.)?
2. Yes [] No [] Any other specific illness or social/emotional or behavioral problems?
3. Yes [] No [] Any allergies (food, insects, medication, etc.)?
4. Yes [] No [] Any prescription medication (daily or occasionally)?
5. Yes [] No [] Any problems with vision, hearing, or speech (glasses, contacts, ear tubes, hearing aids)?
6. Yes [] No [] Any hospitalization, operation, or major illness (specify problem)?
7. Yes [] No [] Any significant injury or accident (specify problem)?
8. Yes [] No [] Would you like to discuss anything about your child's health with a school nurse?

To Parent/Guardian: Please explain any "Yes" answers from above.

Three horizontal lines for writing answers to the questions above.

I am the parent/guardian of the child named above. I give permission for the information on PARTS I and II of this form provided about my child to be reviewed and utilized only by the staff of this school and any school health personnel providing school health services in the district for the limited purpose of meeting my child's health and educational needs.

[X] Signature of Parent/Guardian Date

Partnership for School Readiness Recommendations for Prekindergarten and Kindergarten

To Parent/Guardian: Please obtain the services listed below in order to find any problems. Please work with your health care provider to correct or treat any problems that may reduce your child's ability to learn in school. (These services are recommended but not required.)

Table with 3 rows: 1. Comprehensive Vision Examination (3-5 years of age), 2. Comprehensive Dental Examination, 3. Hearing Screening. Each row includes exam details and a space to describe corrective actions.