

**School Board**

Lynn L. Gray, Chair  
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Karen Perez  
Melissa Snively  
Jessica Vaughn  
Henry "Shake" Washington



Acting Superintendent of Schools  
Addison Davis

Dear student and family of student:

Welcome to Burnett Middle School! To complete your registration and begin classes, you must first provide the following registration documents. Please submit all required documentation to our Data Processor Valerie Rocka. You can fax them to (813)744-8973 or email them as an attachment to Valerie.Rocka@hcps.net.

➤ **Verification of Parent/Legal Guardian Address (two matching items are required):**

- Current TECO electric bill (cannot accept water or phone/cable)
- Property tax bill or homestead exemption
- Contract for purchase of home
- Warranty deed or lease agreement

*(if you are living with a relative, etc., the person who will provide the verification documentation listed above must come in person to our office with their photo ID and their proof of residency. Both addresses must match.)\*You will need to do this every year\**

➤ **Completed Registration Forms:**

- **Registration Form (attached Form SB45501)**
- **Residency Form (attached) Only do side B if you are homeless**
- **Elective form (for 7<sup>th</sup> & 8<sup>th</sup> grade – attached)**

➤ **Withdraw form from Previous school:**

- ☐ **Grades**
- ☐ **IEP**
- ☐ **ELL**
- ☐ **504**

If you have any questions, please contact one of the people listed below.

- Data Processor, Valerie Rocka: 813-744-6745 Ext. 227

We are excited to be a part of your educational journey and look forward to meeting you!

Sincerely,

Valerie Newton (Principal)

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**Superintendent of Schools**  
Addison G. Davis

**Principal**  
Valerie Newton

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- **Completed Registration Forms:**
  - **Registration Form (attached Form SB45501)**
  - **Residency Form (attached) side B is for homeless**
  - **Elective form (for 7<sup>th</sup> & 8<sup>th</sup> grade – attached)**
- **Authenticated Birth Date of Student (one of the following):**
  - Birth Certificate, original
  - Baptismal Certificate
  - Insurance Policy on child in force at least two years
  - Bible record of Birth w/ Parents' Sworn Affidavit
  - Passport or Certificate of Arrival in the US
  - School Records for 4 years showing date of birth
- **Immunization Records** - Immunization records must be up-to-date. See Student Handbook for details.
- **School Physical** - by an approved licensed health care provider or the Hillsborough County Health Department, within twelve months prior to entry of Florida Schools
- **Current Transcript/Transfer Grades/IEP/504**
- **Social Security Card** - to verify SSN

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Sincerely,  
Valerie Newton (Principal)



**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)*

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.

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**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.**



\_\_\_\_\_  
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.)**

1. Comprehensive Vision Examination (3-5 years of age) Date of Exam: _____ Results of Exam: _____ _____ Health Care Provider: _____ (check one) Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/>	Please describe any corrective action for any problems detected and any accommodations required.
2. Comprehensive Dental Examination Date of Exam: _____ Results of Exam: _____ _____ Dentist: _____	Please describe any corrective action for any problems detected and any accommodations required.
3. Hearing Screening Date of Exam: _____ Results of Exam: _____ _____ Health Care Provider: _____	Please describe any corrective action for any problems detected and any accommodations required.

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
<b>EMERGENCY INFORMATION:</b> This card must be completed by the parent or legal guardian.							CHILD OF MILITARY FAMILY? <input type="checkbox"/> YES <input type="checkbox"/> NO 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
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)							HOME PHONE
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: (CIRCLE ONE)		P – PARENT G – LEGAL GUARDIAN A – GUARDIAN AD LITEM		O – OTHER S – SURROGATE 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 _____ 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

# Side A



## 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 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)
<input type="checkbox"/>	Man-Made Disaster (Major)	D
<input type="checkbox"/>	Earthquake	E
<input type="checkbox"/>	Flooding	F
<input type="checkbox"/>	Hurricane	H
<input type="checkbox"/>	Mortgage Foreclosure-Homeless family loses own home due to foreclosure	M
<input type="checkbox"/>	Other homeless causes	N
<input type="checkbox"/>	Pandemic (Major)	P
<input type="checkbox"/>	Tropical Storm	S
<input type="checkbox"/>	Tornado	T
<input type="checkbox"/>	Unknown	U
<input type="checkbox"/>	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.**

**Burnett Middle School**  
**Elective Ranking for 2021-2022**



**Last Name, First Name**

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**Student #**

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**Grade Level 2021-2022 School Year (Check one)**

\_\_\_\_\_ Grade 7

\_\_\_\_\_ Grade 8

**Elective Ranking:**

- Rank your electives from 1 to 3.
- Place a 1 by your #1 choice for elective, Place a 2 by your #2 choice for elective, Place a 3 by your #3 choice for elective.

\_\_\_\_\_ AVID (Advancement Via Individual Determination) Ms. Graham-Allen

\_\_\_\_\_ Band (Playing Instruments) Mr. Chapel

\_\_\_\_\_ Chorus (Singing) Quixtan

\_\_\_\_\_ Coding (Computer Programming) Mr. Wright

\_\_\_\_\_ Culinary (Cooking) Mrs. Paul

\_\_\_\_\_ Student Assistant (Job Employment) Mr. Wright Coordinator

\_\_\_\_\_ Digital Information Technology (**HS COURSE 8th Grade Students ONLY**) Mr. Wright

\_\_\_\_\_ Nutrition & Wellness (**HS Course 8th Grade Students ONLY**) Mrs. Paul