

PK – 5th Grade REGISTRATION REQUIREMENTS

<p>Office use ONLY (Address Verification)</p> <p><input type="checkbox"/> Neighborhood school</p> <p><input type="checkbox"/> CHOICE</p> <p><input type="checkbox"/> ESE Special Assignment</p> <p><input type="checkbox"/> Affidavit by choice</p> <p><input type="checkbox"/> Homeless</p>	<p>CITRUS PARK ELEMENTARY</p> <p>7700 GUNN HWY</p> <p>TAMPA, FL 33625</p> <p>PH. 813-558-5356</p> <p>FAX 813-558-5111</p> <p>SCHOOL WEBSITE: citruspark.mysdhc.org</p>
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To: Parent/guardian

Due to Covid-19 please follow the current registration procedures. I highly recommend that you call the school before picking up or dropping off registration forms and documents. During the call we will ensure all forms are filled out and documents are available. Parents can submit all registration and copies of documents back to the school in **ONE** of the following ways:

- **Mailed** directly to the school @ **7700 Gunn Hwy, Tampa, FL 33625**
- **Email** with completed registrations forms and required documents attached to:
ramonita.rodriquez@sdhc.k12.fl.us
- **Fax** to 813-558-5111 **Attention: Ramonita Rodriguez**
- **In person delivery** by Appointment ONLY Monday – Friday 8am – 1pm
- **Registration forms are available in the schools website: citruspark.mysdhc.org**

Requirements for in-county registrations

___ Completed SER

___ **Proof of Residency:** Verification of parent/legal guardian address. **2 of the following are required-**

- | | |
|-------------------------------------|------------------------------|
| ___ Homestead Exemption | ___ Current Teco bill |
| ___ Contract for Purchase of a home | ___ Warranty Deed |
| ___ Lease Agreement | ___ Property Tax Receipt |

Requirements for out-of-county or out-of-state registrations

For Kindergarten: Children must be five years of age on or before September 1st of the current school year

___ Completed SER

___ **Proof of Residency:** Verification of parent/legal guardian address. **2 of the following are required-**

- | | |
|-------------------------------------|------------------------------|
| ___ Homestead Exemption | ___ Current Teco bill |
| ___ Contract for Purchase of a home | ___ Warranty Deed |
| ___ Lease Agreement | ___ Property Tax Receipt |

___ **Birth Certificate**

___ **Florida physical exam-** Health exam must be less than one year old as of 1st day of school AND must have Doctor's signature.

___ **Immunizations records** showing proof of proper immunizations

OR ___ a medical exemption signed by physician

OR ___ a religious exemption on HRS form 681 available at Florida Department of Health.

___ **Verify social security card**

___ **Current Transcript/Transfer Grades**

___ **IEP / 504 Plan**

Lado A



Formulario de Domicilio del Estudiante

Complete el **Lado A** de este formulario si el padre/madre/representante legal puede presentar comprobantes del domicilio.

Este formulario define el tipo de inscripción y verifica el domicilio del estudiante en el momento en que se matricula en una escuela pública del Condado de Hillsborough.

Nombre del estudiante: _____ Escuela: _____
Número del estudiante: _____ Fecha de nacimiento: _____
Dirección del estudiante: _____

1. ¿Cuál es el domicilio actual del estudiante?

- Una casa que es propiedad de la familia
Con exención contributiva (*Homestead*) Sí No
- La familia alquila un apartamento/casa
- Un hogar sustituto con licencia (*update D Screen*)
- Compartiendo un hogar con otra familia y sin documentos de residencia (el padre/madre no ha perdido su casa) (*update B & D Screen*)

Si la familia está compartiendo la vivienda con otra persona, la persona con quien la familia reside, deberá firmar a continuación y proporcionar dos (2) comprobantes de domicilio. En esta circunstancia, este formulario es válido por el año escolar solamente y caduca al final del año escolar.

Confirmación: Certifico que la familia aquí mencionada está residiendo conmigo en la dirección indicada arriba.

	Firma	Fecha
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Por favor, marque los documentos que está presentándole a la escuela para la verificación de su domicilio (Tendrá que presentar 2):

- Exención contributiva Factura reciente del servicio eléctrico Contrato de arrendamiento
- Recibo de impuestos sobre la propiedad Contrato de compra de la casa Garantía del título de propiedad

2. El que suscribe certifica que toda la información provista en este formulario es correcta. De acuerdo con la Norma 2431 de HCPS, si los estudiantes se transfieren a otra escuela, no se les garantizará la posibilidad de participar en el programa de deportes. Para obtener información adicional, comuníquese con el director asistente de administración escolar.

Bajo pena de perjurio, declaro que he leído el documento anterior y que las declaraciones aquí expuestas son verdaderas (FS 92.525). Una persona que, en pleno conocimiento, haga una declaración falsa, es culpable del delito de fraude por hacer una declaración falsa escrita, un delito grave de tercer grado.

	Firma del padre/madre/representante	Fecha
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en letra de molde

Formulario de Domicilio del Estudiante

Complete el lado B de este formulario para determinar la elegibilidad del estudiante bajo la ley federal McKinney-Vento Homeless Education.

Los estudiantes elegibles serán matriculados inmediatamente, aunque les falte la documentación.

Este formulario define el tipo de inscripción y verifica el domicilio para matricular a un estudiante en una escuela pública del Condado de Hillsborough

Nombre del estudiante: _____ Escuela: _____

Número del estudiante: _____ Fecha de nacimiento: _____

Dirección del estudiante: _____

Para poder determinar la elegibilidad, tendrá que responder a las preguntas del 1 al 3

1. Describa el domicilio actual del estudiante:

- Viviendo en un refugio de emergencia/temporal o abandonado en un hospital (*McKinney-Vento Code A*)
- Utilizando la vivienda de otras personas temporalmente **debido a la pérdida de vivienda o a un problema financiero u otra razón similar; doble (McKinney-Vento Code B)**
- Viviendo en un automóvil, parques, parques de casas móviles o rodantes temporales, o en campamentos debido a falta de alojamiento alternativo adecuado, espacios públicos, edificios abandonados, **vivienda subestándar**, en estaciones de autobuses o de ferrocarriles, lugares públicos o privados que no son adecuados para que una persona duerma o en un lugar similar (*McKinney-Vento – Code D*)
- Viviendo en hoteles o moteles **debido a la falta de alojamiento alternativo adecuado (McKinney-Vento- Code E)**

2. ¿Es el estudiante un “joven sin hogar que vive solo” (sin la custodia física del padre/madre o de un representante legal) y ha sido identificado aquí bajo los códigos de las categorías McKinney-Vento (code UAC field)? Sí No

3. Razón del estatus:

Marque una razón	Causa	CÓDIGO DE LA ESCUELA (para uso exclusivo de la oficina)
	Desastre por mano de hombre (Mayor)	D
	Terremoto	E
	Inundación	F
	Huracán	H
	Ejecución hipotecaria- La familia pierde su casa propia por ejecución hipotecaria	M
	Otras causas	N
	Pandemia (Mayor)	P
	Tormenta tropical	S
	Tornado	T
	Se desconoce	U
	Incendio forestal	W

El que suscribe, certifica que toda la información contenida en este formulario es verdadera. Este formulario es válido solamente por un año escolar y vence al final del mismo. De acuerdo con la Norma 2431.01 de HCPS, si los estudiantes se transfieren a otra escuela, no se les garantizará la posibilidad de participar en el programa deportivo. Para obtener información adicional, comuníquese con el director asistente de administración escolar.

Bajo pena de perjurio, declaro que he leído el documento anterior y que las declaraciones aquí mencionadas son verdaderas (FS 92.525). Una persona que, en pleno conocimiento, hace una declaración falsa, es culpable del delito de fraude por declaración escrita falsa, un delito grave de tercer grado.

Escriba el nombre del padre/madre/representante en letra de molde

Firma del padre/madre/representante

Fecha

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 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.

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					
<p>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.</p> <p>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.</p>							
				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