

Welcome to KINDERGARTEN and Hillsborough County Public Schools!

Thank you for choosing to have your child attend a Hillsborough County Public School. We look forward to serving you and your child throughout the upcoming 2021-2022 school year.

Documents and information provided in this packet are designed to help you **prepare** for registration. You may complete the two included forms ahead to save time.

Please note that *registration is not complete until all paperwork is accepted at the school site.*

A parent/legal guardian must complete the registration process and provide the proper documents to the school site where the child will attend.

Please refer to the **Registration Checklist** to double check that you have what you need.

Forms to Complete: (provided)

1. **SER** – Student Enrollment Record Form (provided at the school site)
2. **Student Residency Form** – can be completed ahead of time, supporting documentation is required (see **Registration Checklist** for acceptable documents)

Documentation to Provide:

- **Birth Certificate/Proof of Birth**

Authenticated birth date can be verified by one of the following:

- Certified copy of birth certificate/State of Florida Birth Registration Card
- Baptismal certificate showing date of birth, place of baptism, accompanied by parents' sworn affidavit
- Insurance policy on the child in force for at least two years
- Bible record of child's birth accompanied by parents' sworn affidavit
- Passport or certificate of arrival in the United States showing age of child (view only, do not copy)
- School record at least four years prior, showing date of birth

- **Social Security Number** *not a requirement but highly recommended

Used as a unique numeric identification for state reporting to the Department of Education.

- **Physical**

Proof of physical examination by an approved licensed health care provider or the Hillsborough County Health Department, within 12 months prior to entry in Florida Schools (first day of school); Contact School Health Services for help.

REGISTRATION CHECKLIST

A - New Kindergarten Student; (Must be 5 by Sept 1)

- ☐ Completed SER (provided at school)
- ☐ Student Residency Form, verification of parent/legal guardian address by two forms of the following;
 - ☐ Homestead exemption
 - ☐ Property tax receipt
 - ☐ Contract for purchase of home
 - ☐ Lease agreement
 - ☐ Current electric bill
 - ☐ 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 signed by a physician
 - OR** A religious exemption on HRS form 681 available at the Florida Department of Health
- ☐ Verify Social Security Number

B - Student coming from school within Hillsborough County;

- ☐ Completed SER (provided at school)
- ☐ Student Residency Form, verification of parent/legal guardian address by two forms of the following;
 - ☐ Homestead exemption
 - ☐ Property tax receipt
 - ☐ Contract for purchase of home
 - ☐ Lease agreement
 - ☐ Current electric bill
 - ☐ Warranty deed

C - Student coming from a public or private school outside of Hillsborough County;

- ☐ Completed SER (provided at school)
- ☐ 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
 - ☐ Property tax receipt
 - ☐ Contract for purchase of home
 - ☐ Lease agreement
 - ☐ Current electric bill
 - ☐ 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 signed by a physician
 - OR** A religious exemption on HRS form 681 available at the Florida Department of Health
- ☐ Verify Social Security Number

*Review documentation with parent/guardian at time of registration. It is very important SER is complete.

All registration documentation must be received for your student's registration to be complete.



Hillsborough County
PUBLIC SCHOOLS
Preparing Students for Life

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
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 _____ _____ MALE _____ FEMALE			CHILD OF MILITARY FAMILY? YES _____ 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
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: P – PARENT G – LEGAL GUARDIAN O – OTHER (CIRCLE ONE) A – GUARDIAN AD LITEM S – SURROGATE N – NO PARENT/GUARDIAN REQUIRED		RELATIONSHIP TO STUDENT: P – PARENT G – LEGAL GUARDIAN O – OTHER (CIRCLE ONE) A – GUARDIAN AD LITEM S – SURROGATE N – NO PARENT/GUARDIAN REQUIRED	
PERSON(S) TO CONTACT IF PARENT CANNOT BE REACHED NAME (STUDENT MAY BE RELEASED TO THIS PERSON)		PERSON(S) TO CONTACT IF PARENT CANNOT BE REACHED NAME (STUDENT MAY BE RELEASED TO THIS PERSON)	
DAYTIME PHONE		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 _____ 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

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

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 shelter or abandoned in a hospital (McKinney-Vento Code A)
- ☐ Sharing the housing of other persons temporarily **due to loss of housing or economic hardship** (McKinney-Vento Code B)
- ☐ Living in a car, park, campground, public space, abandoned building, **substandard housing**, bus or train station, or similar setting (McKinney-Vento Code D)
- ☐ Living in a hotel, motel, or trailer park on a temporary basis **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"/>	Mortgage Foreclosure-Homeless family loses own home due to foreclosure	M
<input type="checkbox"/>	Natural Disaster - Earthquake	E
<input type="checkbox"/>	Natural Disaster - Flooding	F
<input type="checkbox"/>	Natural Disaster - Hurricane	H
<input type="checkbox"/>	Natural Disaster - Tropical Storm	S
<input type="checkbox"/>	Natural Disaster - Tornado	T
<input type="checkbox"/>	Natural Disaster - Wildfire or Fire	W
<input type="checkbox"/>	Natural Disaster - Other	N
<input type="checkbox"/>	Other (lack affordable housing, unemployment, domestic violence, eviction)	O

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.

Hillsborough County Public Schools

Department of Student Services

Office of School Health Services

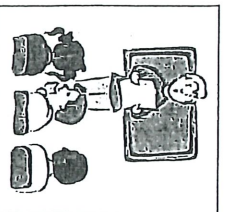
Attention Parents of Kindergarten Students

Health Requirements for Entrance to School

Every student must present a health examination and immunization record when entering a Florida school for the first time (Grades Kindergarten -12th grade). **These requirements must be completed before a child can attend kindergarten.**

Immunization Requirements

The immunization record must indicate that the following minimum requirements have been met:



*5 DPT

(diphtheria, pertussis, tetanus)
Series of 4 plus 1 booster

**3-5 POLIO

The final dose of the polio series should be administered on or after the 4th birthday regardless of the number of the previous doses

2 MMR

(measles, mumps, rubella)
1st one administered after 12 months of age.

3 HEPATITIS B

Series of 3

2 VARICELLA

- OR DISEASE VERIFIED BY PHYSICIAN.

***Special Note:** If the 4th DPT was given after the child's 4th birthday, the 5th DPT is not required.

****Special Note:** If the 4th Polio was given before the child's 4th birthday, the 5th Polio will be required.

or

A Medical Exemption signed by a physician

or

A Religious Exemption on DH form 681 available only at the Hillsborough County Health Department

Health Examination Requirements

A health examination must be completed within the twelve months prior to the first day of attendance in a Florida school (Grades K-12). If you have Private Health Insurance or Medicaid, contact your Physician or Health Care Provider for an appointment. If you do not have private Health Insurance or Medicaid, please contact the Registered Nurse at your school site for further information.

Special Note:

Health examination records from school district early childhood programs (EELP, ECLC, Head Start, Pre-K) will be accepted if the examination was completed within the twelve months prior to the first day of attendance in kindergarten. Day care certificates of health are not acceptable. It is the parents' responsibility to have the early childhood record transferred to the school their child will be attending.

Records and Resources

Immunizations must appear on the Immunization Form (DH680). Physical examination results must appear on the Florida School Physical Examination form (DH 3040). Parents must complete and sign the back of the Physical Examination form Part 1 – Child's Medical History.

IMPORTANT!

Your child cannot attend school until the physical examination and immunization requirements have been met!



Information About School Health Services

Immunizations

If you have Private Health Insurance or Medicaid, contact your Physician or Health Care Provider for an appointment. If you do not have Private Health Insurance contact the Hillsborough County Health Department immunization Clinic for further information

Insurance or Medicaid, contact your physician or Health Care Provider for an appointment. If you do not have Private Health Insurance contact the Hillsborough County Health Department immunization Clinic for further information

Hillsborough County Health

Department Immunization Clinic

**Sulphur Spring
Health Center**
8605 N. Mitchell, Tampa
8 3 - 307-8077



personnel important information concerning health problems, procedures for emergency care, and persons to contact if you are unavailable. Your signature on this card gives the school personnel permission to act in emergency situations. Any health problem your child may have should be listed on this card. Please complete this card carefully. It is extremely important for the school to have complete and accurate information.

Remember to alert the school if changes in telephone numbers, addresses, or health status occur during the school year.

Screening Program

Health screening programs are an important part of the Primary Education Program. School health screening activities for kindergartners may include vision and hearing screenings, and measurement of height and weight with Body Mass Index calculation.

Child Health Assurance Act

In 1986, the Florida Legislature passed the Child Health Assurance Act. This act requires insurance companies to pay for children's routine checkups. The law states that insurance companies must cover specified visits (17 visits the age of 2 months to 16 years) even if the policyholder's deductible has not been met. It applies also to group policies that originate out of the state for people living and working in Florida. However, the law does not apply to self-insurers--companies that have developed their own plans

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Services to be covered at each visit include "history, physical examination, developmental assessment, anticipatory guidance, and appropriate immunizations and laboratory tests." Provisions of the Child Health Assurance Act will cover the "examination and immunizations needed to enter school. Parents should check with their insurance carrier.

Emergency Information/Parental Permission

At the beginning of each school year, you will be asked to complete an emergency card. The purpose of this card is to give school

Parental Permission

At the beginning of each school year, you will be asked to complete an emergency card. The purpose of this card is to give school

Additional Information

If you have questions or comments concerning items on this sheet or other school health services, please call the Department of Student Services, School Health Services, 273-7020.

