

**School Board**  
Melissa Snively, Chair  
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Karen Perez  
Tamara P. Shamburger  
Cindy Stuart



**Superintendent of Schools**  
Addison Davis

Hello Parents/Guardians,

Welcome to Fishhawk Creek Elementary! Enclosed you will find our registration packet. It is important that all necessary paperwork be completed in order for your child to begin classes. Please submit what you have so we can place it in your child's file. For the 2021-2022 school year, we will ask that you submit the medical forms on Florida medical forms. While we understand you may not have transfer papers from the prior school, if you have your child's last report card, please submit that along with this paperwork.

Once completed you may drop off the paperwork to our front office or you may send all of the documents back to us electronically via email or fax. Our contact phone number, email and fax number are at the bottom of this page.

For those who are sharing a home with someone, please fill out section 1 on Side A of the residency form and have the homeowner sign it as well. You will need to provide with this paperwork the homeowner's two forms of residency.

**\*\*\*Our registration hours are on Wednesdays between 8am-12pm.\*\*\***

Sincerely,

*Steve Sims*

Steven Sims  
Principal

Data Processor Contact Information:  
Mechelle Delage Lazar  
mechelle.delage@hcps.net  
813-651-2150 x232 ph  
813-651-2154 fax



Fishhawk Creek Elementary School

Mandatory Uniform Policy

2021-2022

The uniform for Fishhawk Creek students consists of:

SHIRTS: Royal blue, white, light blue or gold shirts (with or without school logo). Shirts with logo may be ordered through 3FF Custom Embroidery 813-654-4226. No logo or writing other than the FHC school logo is allowed on the school uniform.

PANTS/WALKING SHORTS: Khaki or navy blue pants

Khaki or navy blue walking shorts

SKIRTS OR SKORTS: Khaki or navy blue

WINTER WEAR: A variety of long sleeve shirts and sweatshirts with a logo will be sold through 3FF Custom Embroidery 813-654-4226.

## **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

## 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.

## Immunizations

	K	1	2	3	4	5	6	7	8	9	10	11	12
Varicella - 2 doses	X	X	X	X	X	X							
Varicella - 1 dose							X	X	X	X	X	X	X
DPT - 5 doses	X	X	X	X	X	X	X	X	X	X	X	X	X
Polio - (New for KG)	X												
Polio - 4 doses	X	X	X	X	X	X	X	X	X	X	X	X	X
MMR - 2 doses	X	X	X	X	X	X	X	X	X	X	X	X	X
Hepatitis B - 3	X	X	X	X	X	X	X	X	X	X	X	X	X
Td or Tdap - 1													X
Tdap - 1 dose								X	X	X	X	X	

- KG - If the 4th dose of polio vaccine is administered prior to the 4th birthday, a 5th dose of polio vaccine is required for entry into kindergarten. The final dose of the polio series should be administered on or after the 4th birthday regardless of the number of previous doses.

### Pre-Kindergarten

- Varicella (chicken pox) vaccine or date of disease (year) as verified by parent or physician
- 4 doses Hib
- 3 doses Hepatitis B
- Up to date for age for Tdap, Polio, and MMR

### Kindergarten

- 5 doses DPT (diphtheria, pertussis, tetanus)
- 3 doses Hepatitis B
- 3-5 doses \*Polio
- 2 doses Varicella (chicken pox) or have had the disease
- 2 doses MMR (measles, mumps, rubella)

### 1st, 2nd, 3rd, 4th and 5th Grade Students

- 5 doses DPT (diphtheria, pertussis, tetanus)
- 3 doses Hepatitis B
- 4 doses Polio vaccine
- 2 doses Varicella (chicken pox) or have had the disease
- 2 doses MMR (measles, mumps, rubella)

A **religious exemption** on HRS form 681 is available at the Florida Department of Health only - Hillsborough, Sulphur Springs Health Center 8605 N. Mitchell Ave., Tampa 813-307-8077.



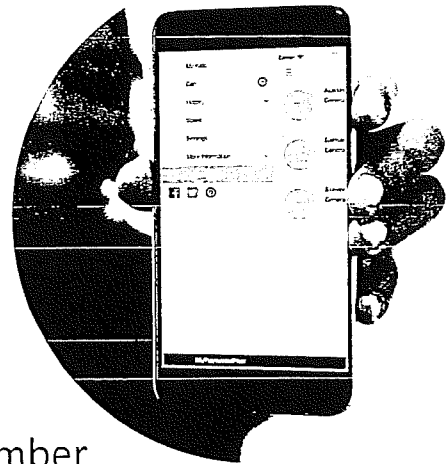
# Hillsborough County

## PUBLIC SCHOOLS

Preparing Students for Life

Parents are encouraged to create a MyPaymentsPlus account in order to:

- View student cafeteria balances anytime, from anywhere
- See what your student is purchasing in the cafeteria
- Set up alerts so you know when the balance is low
- Make payments to your student's cafeteria account
- View and pay for your student's fees & activities



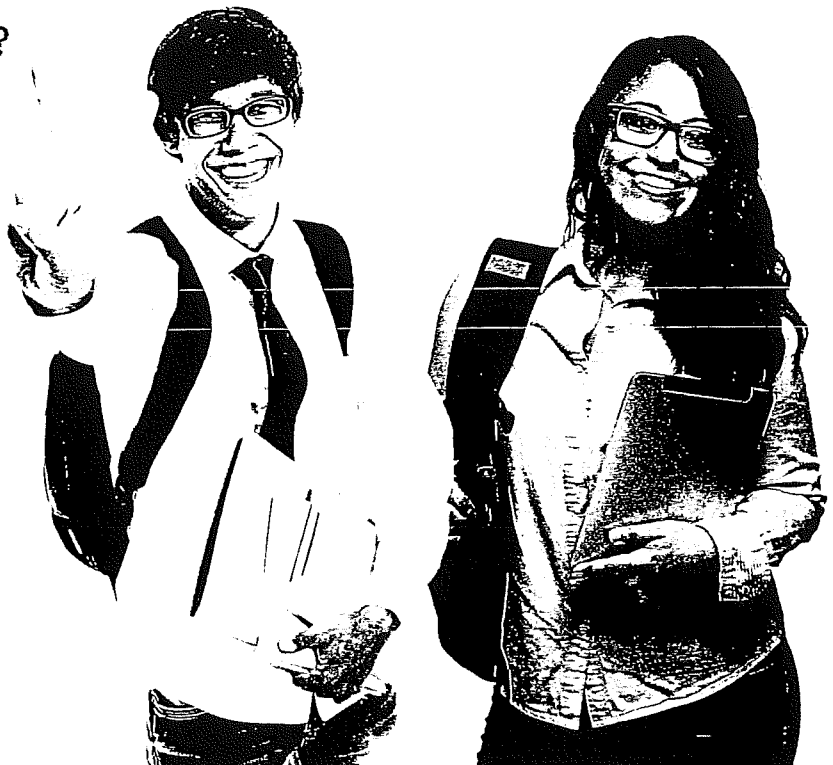
Signing up is free & easy:

- Go to [www.MyPaymentsPlus.com](http://www.MyPaymentsPlus.com)
- Click "Register for a Free Account"
- Add your student(s) by using their student ID number

**[www.MyPaymentsPlus.com](http://www.MyPaymentsPlus.com)**

Need help setting up an account?

- 1-877-237-0946
- [support@mypaymentsplus.com](mailto:support@mypaymentsplus.com)
- online chat







# BSAC

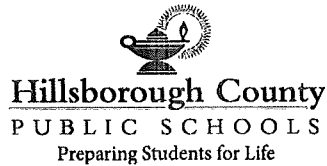
BEFORE & AFTER SCHOOL CARE

**ENRICHMENT, HOMEWORK TIME,  
RECHARGE, OUTDOOR RECREATION**

**Weekdays AM : 6:30a - 7:15a**  
**Weekdays: Dismissal - 6:00 PM**



REGISTER AT [MYBSAC.ORG](http://MYBSAC.ORG)  
FOR THE 2021/2022 SCHOOL YEAR!



## 2021-2022 Student Calendar

### Board Approved 4/28/20

Students' First Day of School	August 10, 2021
Labor Day Holiday/Non-Student Day	September 6, 2021
End of 1st Grading Period	October 8, 2021
*Veterans Day/Non-Student Day	November 11, 2021
*Fall Break/Non-Student Days	November 22 – 26, 2021
Students Return to School	November 29, 2021
End of 2nd Grading Period (End of 1st Semester)	December 17, 2021
Winter Break/Non-Student Days	December 20, 2021 – December 31, 2021
Non-Student Day	January 3, 2022
Students Return to School	January 4, 2022
Martin Luther King, Jr. Holiday/Non-Student Day	January 17, 2022
Non-Student Day	February 18, 2022
Presidents' Day/Non-Student Day	February 21, 2022
Non-Student Day	March 7, 2022
End of 3rd Grading Period	March 11, 2022
Spring Break/Non-Student Days	March 14 – 18, 2022
Non-Student Day	March 21, 2022
Students Return to School	March 22, 2022
Non-Student Day	April 15, 2022
Last Day of School/End of 4th Grading Period (End of 2nd Semester)	May 27, 2022

**Please Note**

\* Hurricane Day(s) if needed: November 11, 22-24, and 26, 2021

**Student Early Release Days**

One-hour early release: Early Release Day schedule has not been finalized

Last day of school: 2.5 hours early

PLEASE PRINT FIRMLY

## AUTHORIZATION FOR STUDENT RELEASE AND EMERGENCY INFORMATION CARD

PLEASE PRINT FIRMLY

<b>THIS BLOCK FOR SCHOOL USE ONLY</b>		<b>DISTRICT STUDENT NUMBER</b>		<b>ENTRY CODE</b>
<b>SCHOOL YEAR</b> 2020-2021	<b>SCHOOL NAME</b> Fishhawk Creek Elementary	<b>STATE STUDENT NUMBER</b>		<b>ENTRY DATE</b>
<b>TEACHER OR HOMEROOM</b>		<b>GRADE</b>		

<b>EMERGENCY INFORMATION:</b> This card must be completed by the parent or legal guardian.				<b>CHILD OF MILITARY FAMILY?</b> <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
<b>NAME OF STUDENT (LAST)</b> _____ (JR, 2D, 3D, 4T) _____ (FIRST) _____ (MIDDLE) _____		<b>DATE OF BIRTH</b> MM DD YY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
<b>MAILING ADDRESS – (STREET NUMBER &amp; NAME, CITY, ZIP CODE)</b> _____				
<b>RESIDENTIAL ADDRESS – (IF DIFFERENT FROM MAILING ADDRESS) (STREET NO. &amp; NAME, CITY, ZIP) (IF RURAL LOCATION, PLACE DIRECTIONS ON REVERSE)</b> _____				

<b>PARENT/LEGAL GUARDIAN (LAST, FIRST, INITIAL)</b>		<b>PARENT/LEGAL GUARDIAN (LAST, FIRST, INITIAL)</b>	
<b>EMPLOYER NAME</b>		<b>EMPLOYER NAME</b>	
<b>BUSINESS PHONE/EXTENSION</b>	<b>MOBILE NUMBER</b>	<b>BUSINESS PHONE/EXTENSION</b>	<b>MOBILE NUMBER</b>
<b>EMAIL</b>		<b>EMAIL</b>	
<b>RELATIONSHIP TO STUDENT:</b> P – PARENT      O – OTHER G – LEGAL GUARDIAN      S – SURROGATE A – GUARDIAN AD LITEM      N – NO PARENT/GUARDIAN REQUIRED (CIRCLE ONE)		<b>RELATIONSHIP TO STUDENT:</b> P – PARENT      O – OTHER G – LEGAL GUARDIAN      S – SURROGATE A – GUARDIAN AD LITEM      N – NO PARENT/GUARDIAN REQUIRED (CIRCLE ONE)	
<b>PERSON(S) TO CONTACT IF PARENT CANNOT BE REACHED</b> <b>NAME (STUDENT MAY BE RELEASED TO THIS PERSON)</b> _____		<b>PERSON(S) TO CONTACT IF PARENT CANNOT BE REACHED</b> <b>NAME (STUDENT MAY BE RELEASED TO THIS PERSON)</b> _____	
<b>DAYTIME PHONE</b>		<b>DAYTIME PHONE</b>	
<b>HOSPITAL PREFERENCE</b>		<b>PHYSICIAN NAME &amp; PHONE NUMBER</b>	
		<b>DENTIST NAME &amp; PHONE NUMBER</b>	
<b>CURRENT HEALTH PROBLEMS:</b> ASTHMA <input type="checkbox"/> DIABETES <input type="checkbox"/> SEIZURES _____ HEART CONDITION _____    ALLERGIES _____ OTHER _____		<b>EXPLANATION OF HEALTH PROBLEM(S) AND/OR MEDICATION(S) STUDENT IS TAKING</b> _____	

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 \_\_\_\_\_



FISHHAWK CREEK ELEMENTARY

REGISTRATION INFORMATION

STUDENT'S NAME \_\_\_\_\_

STUDENT'S PREVIOUS SCHOOL \_\_\_\_\_

SCHOOL LOCATION/PHONE NUMBER \_\_\_\_\_

HAS YOUR CHILD EVER BEEN RETAINED? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, WHAT GRADE? \_\_\_\_\_

IS YOUR CHILD ENROLLED IN ANY SPECIAL EDUCATION PROGRAMS \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, PLEASE INDICATE PROGRAM BELOW

\_\_\_\_\_ GIFTED WITH EDUCATIONAL PLAN (EP) SIGNED

\_\_\_\_\_ SLD/VE RESOURCE WITH IEP

\_\_\_\_\_ SLD/VE FULL TIME WITH IEP

\_\_\_\_\_ SPEECH/LANGUAGE WITH IEP

\_\_\_\_\_ ELL – 2ND LANGUAGE

\_\_\_\_\_ 504 PLAN

\_\_\_\_\_ OTHER \_\_\_\_\_

PLEASE LIST ANY MEDICAL INFORMATION THE SCHOOL SHOULD BE AWARE OF

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST ANY OTHER INFORMATION YOU FEEL IMPORTANT TO SHARE WITH THE  
SCHOOL/TEACHER \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# 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: Fishhawk Creek Elementary

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: Fishhawk Creek Elementary

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)
	Mortgage Foreclosure-Homeless family loses own home due to foreclosure	M
	Natural Disaster - Earthquake	E
	Natural Disaster - Flooding	F
	Natural Disaster - Hurricane	H
	Natural Disaster - Tropical Storm	S
	Natural Disaster - Tornado	T
	Natural Disaster - Wildfire or Fire	W
	Natural Disaster - Other	N
	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.

Distribution: Data processor, administrator, school social worker, and district homeless liaison via fax (813) 384-3979.  
SB 60711 (Rev. 5/16/2019)

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)*

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.

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.

**School Board**  
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Cindy Stuart

**Acting Superintendent of Schools**  
Addison Davis



## RELEASE OF RECORDS

Date: \_\_\_\_\_

To (Previous School):  
\_\_\_\_\_

Student Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

The student listed above has enrolled in our school. Please send the following records:

- |   |   |
|---|---|
| _____ Florida Student Number                  | _____ Transcript of Grades and Grading System   |
| _____ Immunization Records & Copy of Physical | _____ Standardized Test Scores  |
| _____ Birth Certificate                       | _____ Intellectual / Psychological Evaluations  |
| _____ Copy of Home Language Survey            | _____ 504 Plan  |
| _____ Withdrawal Form with Transfer Grades    | _____ Social History  |
| _____ Attendance Information                  | _____ Special Education Records, to include<br>most recent IEP and initial eligibility<br>documentation |
| _____ Discipline Report                       |   |

\_\_\_\_\_ Other \_\_\_\_\_

Please include any other records that may assist in proper placement of the student. If the requested records are not available at your school, please let us know. Thank you for your cooperation. These records will be for professional use of authorized Hillsborough County Public School personnel only.

Authorized Personnel Name: Mechelle Delage Lazar

Authorized Personnel Email: mechelle.delage@hcps.net

Authorized Personnel Contact Phone Number: 813-651-2150 ext. 232

Parent signature indicates approval for email or fax of records \_\_\_\_\_

Parent Signature