

**School Board**

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**Superintendent of Schools**  
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**Principal**  
Steven Sims  
**Assistant Principal**  
Amanda Zulkoski

Hello Parents/Guardians,

Welcome to FishHawk Creek Elementary! Enclosed you will find our registration packet. It is important that all necessary paperwork be completed for your child to begin classes. Your child's immunization record and physical record must be submitted on the 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 it along with this paperwork.

Once completed you may drop off the paperwork to our front office. If you have any questions, please contact us. Our contact phone number, email and fax number are below.

Sincerely,

Steve Sims  
Principal

**Data Processor Contact Information:**

Mechelle Delage Lazar  
Data Processor  
FishHawk Creek Elementary  
16815 Dorman Road  
Lithia, FL 33547  
(813) 651-2150  
[mechelle.delage@hcps.net](mailto:mechelle.delage@hcps.net)

## **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

**HILLSBOROUGH COUNTY PUBLIC SCHOOLS  
DIVISION OF ACADEMIC SUPPORT AND FEDERAL PROGRAMS  
SCHOOL HEALTH SERVICES**

**IMMUNIZATION REQUIREMENTS FOR SCHOOL ENTRY**

	<b>K</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>
<b>Varicella – 2 doses (chicken pox)</b>	x	x	x	x	x	x	x	x	x	x	x	x	
<b>Varicella – 1 dose (chicken pox)</b>													x
<b>DPT – 5 doses</b>	x	x	x	x	x	x	x	x	x	x	x	x	x
<b>*Polio – (3-5 doses)</b>	x												
<b>Polio - 4 doses</b>		x	x	x	x	x	x	x	x	x	x	x	x
<b>MMR - 2 doses</b>	x	x	x	x	x	x	x	x	x	x	x	x	x
<b>Hepatitis B – 3 doses</b>	x	x	x	x	x	x	x	x	x	x	x	x	x
<b>Tdap – 1 dose</b>								x	x	x	x	x	x

*The immunization record must show that the student has met the minimum state requirement: \*KG - if the 4<sup>th</sup> dose of polio vaccine is administered prior to the 4<sup>th</sup> birthday, a 5<sup>th</sup> dose of polio vaccine is required for entry into kindergarten. The final dose of the polio series should be administered on or after the 4<sup>th</sup> 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  
3 doses **Hepatitis B**  
4 doses **Hib**  
Up to date for age for **DTaP**, **Polio**, and **MMR**

**Kindergarten**

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

**1<sup>st</sup> - 11<sup>th</sup> Grade  
Students**

5 doses **DPT** (diphtheria, pertussis, tetanus)  
4 doses **Polio**  
2 doses **MMR** (measles, mumps, rubella)  
3 doses **Hepatitis B**  
2 doses **Varicella** (Chickenpox) or have had the disease as verified by a physician  
1 dose of **Tdap** for 7<sup>th</sup> grade

**12<sup>th</sup> Grade  
Students**

5 doses **DPT** (diphtheria, pertussis, and tetanus)  
4 doses **Polio** vaccine  
2 doses **MMR** (measles, mumps, rubella)  
3 doses **Hepatitis B**  
1 dose **Tdap**  
1 dose **Varicella** (chickenpox) or have had the disease as verified by a physician



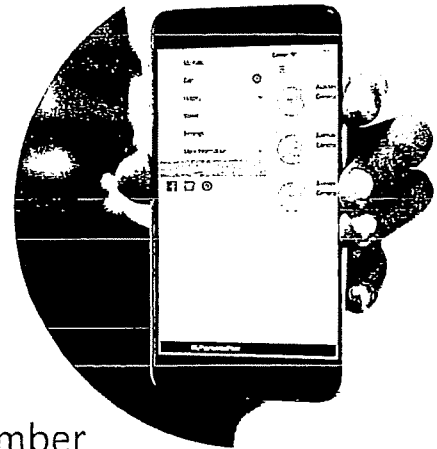
# Hillsborough County

## 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

myPayments  
plus™





# BSAC

BEFORE & AFTER SCHOOL CARE

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

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



REGISTER AT   
FOR THE 2021/2022 SCHOOL YEAR!



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.



## 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
NOT an Early Release Day	December 13, 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

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

#### **Student Early Release Days**

Students are released one hour early every Monday with the exception of Monday, December 13, 2021. On the last day of school, May 27, 2022, students are released 2.5 hours early.



PLEASE PRINT FIRMLY

## AUTHORIZATION FOR STUDENT RELEASE AND EMERGENCY INFORMATION CARD

PLEASE PRINT FIRMLY

SCHOOL YEAR <b>21-22</b>		SCHOOL NAME <b>FishHawk Creek Elementary</b>		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.							
NAME OF STUDENT (LAST)		(JR, 2D, 3D, 4T)		(FIRST)		(MIDDLE)	
		DATE OF BIRTH MM DD YY		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		CHILD OF MILITARY FAMILY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
MAILING ADDRESS -- (STREET NUMBER & NAME, CITY, ZIP CODE)						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	
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 <input type="checkbox"/> DIABETES <input type="checkbox"/> SEIZURES <input type="checkbox"/> HEART CONDITION <input type="checkbox"/> ALLERGIES <input type="checkbox"/> OTHER <input type="checkbox"/>		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 \_\_\_\_\_



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/V E FULL TIME WITH IEP

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

\_\_\_\_\_ ELL-SECOND LANGUAGE

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

\_\_\_\_\_ OTHER

PLEASE LIST ANY MEDICAL INFORMATION THE SCHOOL SHOULD BE AWARE OF

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

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# 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 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.**

**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)*

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.

**School Board**  
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Henry "Shake" Washington, Vice Chair  
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**Superintendent of Schools**  
Addison G. Davis

**Principal**  
Steven Sims  
**Assistant Principal**  
Amanda Zulkoski

## 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
_____ Discipline Report	most recent IEP and initial eligibility
	documentation

\_\_\_\_\_ 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