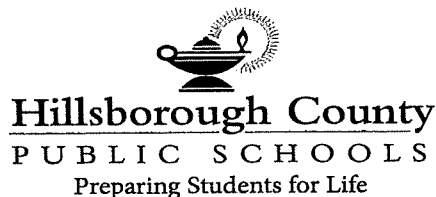


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Jessica Vaughn



Superintendent of Schools
Addison G. Davis

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 DH680 and DH3040.

We will be accepting new registrations for 2022-2023 in May and during the summer. **The registration hours will be on Wednesdays between 8am – 12pm.** We will not accept incomplete registrations so please make sure all required documents are included in your paperwork when you return your registration forms. 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
mchelle.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



Registration Requirements

You **MUST** have all the following for your registration to be complete:

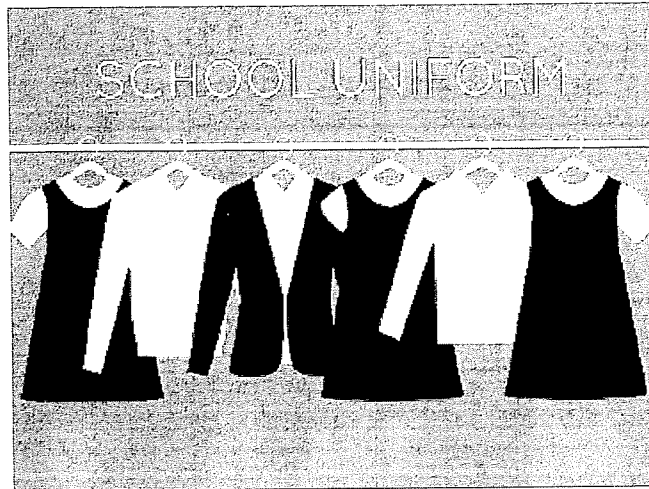
- Child must be 5 on or before September 1st, 2022
- Birth Certificate
- Social Security Card (for verification only)
- Current Physical on Florida form DH3040 (within 1 year of first day of school)
- Immunization Records in Florida form DH680
- 2 Proofs of Address

See reference sheet in your folder or online for acceptable forms



What is Expected of You!

- Encourage positive behavior
- Create independence: say goodbye at the door
- Review agendas/daily work together
- Read with or to your child every night
- Complete on-line SERVE application if volunteering at school
- Make sure the teacher knows how your child will be going home (bus, car walking, private provider van) and notify the office and teacher of any changes
- Make sure the office always has your current phone numbers, address, emergency contact and email address
 - **Ensure your child arrives at school on time**
 - **School begins at 7:40am**
 - **Monday Early Release Dismissal 12:55pm**
 - **Tuesday – Friday Dismissal 1:55pm**



FishHawk Creek Elementary School
Mandatory Uniform Policy
2022-2023

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 Embroider 813-654-4226.



Parent Letter: Preventing the Spread of Communicable Diseases

Dear Parents:

We are asking you for your continued cooperation in assisting us to control the spread of communicable diseases. Our goal is to make our school a healthy and safe place for both students and employees. We will call you immediately if your child becomes ill during school hours. You are expected to arrange for your child to be picked up as soon as possible. Our school clinic is not equipped or staffed to handle ill children for long periods of time.

Please inform us immediately if telephone numbers or other contact information on your child's emergency card changes. The information on this card is vital for the safety and well being of your child.

Please do not send your child to school if any signs/symptoms listed below are present:

1. Vomiting or diarrhea within past 24 hours
2. Fever $\geq 100.4^{\circ}$ within past 24 hours
3. Chills
4. Sore/red throat and/or congestion
5. Persistent coughing, sneezing, or shortness of breath
6. Loss of taste or smell
7. Red watery eyes
8. Rash
9. Earache, drainage from ear
10. Excessive mucus from nose (runny nose), particularly greenish-yellow mucus

Your child may return to school as soon as all signs/symptoms are gone for 24 hours without the use of medication to treat the above signs/symptoms or when your healthcare provider provides a written statement indicating your child is ready to return to school.

If suspected COVID-19 exposure, please follow isolation or quarantine procedures as directed by your healthcare provider and/or the Department of Health. Please notify your school if you are tested or test positive for COVID-19.

If your child has a communicable disease, please call the school and tell us the nature of the illness and when we can expect his/her return to school.

Thank you for working with us.

Sincerely,

The Office of School Health Services



2022-2023 Student Academic Calendar

Board Approved – 4/13/2021

Students' First Day of School	Wednesday, August 10, 2022
Labor Day/Non-Student Day	Monday, September 5, 2022
End of 1st Grading Period	Wednesday, October 12, 2022
Non-Student Day	Monday, October 17, 2022
Veterans Day/Non-Student Day	Friday, November 11, 2022
Fall Break/Non-Student Days	Monday, November 21 – Friday, November 25, 2022
Students Return to School	Monday, November 28, 2022
End of 2nd Grading Period (End of 1st Semester)	Friday, December 23, 2022
Winter Break/Non-Student Days	Monday, December 26, 2022 – Monday, January 9, 2023
Students Return to School	Tuesday, January 10, 2023
Martin Luther King, Jr./Non-Student Day	Monday, January 16, 2023
Non-Student Day	Friday, February 17, 2023
Non-Student Day	Monday, March 6, 2023
Spring Break/Non-Student Days	Monday, March 13 – Friday, March 17, 2023
Students Return to School	Monday, March 20, 2023
End of 3rd Grading Period	Friday, March 24, 2023
Non-Student Day	Friday, April 7, 2023
Last Day of School/End of 4th Grading Period (End of 2nd Semester)	Friday, May 26, 2023

Please Note

* Hurricane Day(s) if needed - October 17, November 11, 21-23, and 25, 2022

Student Early Release Days

Early Release Day schedule is not finalized.

Last day of school is a 2.5-hour early release.

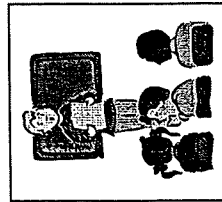
Hillsborough County Public Schools
Department of Student Services
Office of School Health Services
Attention Parents of Kindergarten Students

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 4 th birthday regardless of the number of the previous doses
2 MMR	(measles, mumps, rubella) 1 st 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

*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:

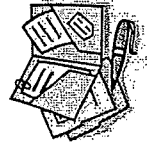
Health examination records from school district early childhood programs (EELP, ECLC, Head Start, Pre-K) will be accepted if the examination was completed within the twelve months prior to the first day of attendance in kindergarten. Day care certificates of health are not acceptable. It is the parents'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



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								
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				
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 _____

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 _____



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):

- | | | |
|---|--|--|
| <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
-------------------------------	------------------------------	------



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)

Form with fields: 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.

Three horizontal lines for explaining "Yes" answers.

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.)

Table with 3 rows: 1. Comprehensive Vision Examination (3-5 years of age), 2. Comprehensive Dental Examination, 3. Hearing Screening. Each row includes exam details and a space for corrective actions.

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Lynn L. Gray
Stacy A. Hahn, Ph.D.
Karen Perez
Tamara P. Shamburger
Cindy Stuart

Acting Superintendent of Schools
Addison Davis



Hillsborough County
PUBLIC SCHOOLS
Preparing Students for Life

RELEASE OF RECORDS

Date: _____

To: _____

Student Name: _____ D.O.B. _____

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

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