

REGISTRATION DOCUMENTS CHECKLIST

You will need hard copies of the following documents in addition to the enrollment forms provided in the manila envelope.

Transferring from a Public or Charter School within Hillsborough County:

- Parent/Guardian ID
- Two (2) Proofs of Address (Please see below)***
- Withdrawal form from previous school

Transferring from a Private School or Out of County within Florida:

- Parent/Guardian ID
- Two (2) Proofs of Address (Please see below)***
- Withdrawal form from previous school/Previous Semester Report Card/School Phone and fax number.
- Original Birth Certificate
- STATE OF FLORIDA Immunization Records
- IEP/504 documents (if applies)
- STATE OF FLORIDA School Entry Health Exam

* Data Processor + Registrar
will reach out when
we have received
all Paperwork.
Thank you!

Transferring from Out of State/Country

- Parent/Guardian ID
- Two (2) Proofs of Address (Please see below) ***
- Original Birth Certificate
- STATE OF FLORIDA Immunization Records
- STATE OF FLORIDA School Entry Health Exam (No older than 1 year)
- Withdrawal form from previous school/Previous School Report Card/phone and fax number.
- Transcript (We can request if you do not have but this can take a while depending on their school.)
- IEP Plan/504 Plan (if applies)

Court Documents/Notarized letter required for all Non-Biological Parents/Guardians

*** Accepted proofs of address are electric, lease, mortgage disclosure, purchase agreement, property tax document/No other utilities are accepted *** No other forms of address verification can be accepted.

If sharing the home by Choice or Hardship, the person with whom you reside must be present to sign a sharing form

*** If any other special circumstances apply please ask to speak with the Registrar***

OR Data Processor

Angela Gonzalez - Data Processor (angela.gonzalez@hcps.net)
Fax 813-558-1184

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
STATE STUDENT NUMBER			
EMERGENCY INFORMATION: This card must be completed by the parent or legal guardian.			CHILD OF MILITARY FAMILY? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF STUDENT (LAST) (JR, 2D, 3D, 4T) (FIRST) (MIDDLE)		DATE OF BIRTH MM DD YY	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)		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
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) P – PARENT G – LEGAL GUARDIAN A – GUARDIAN AD LITEM	O – OTHER S – SURROGATE N – NO PARENT/GUARDIAN REQUIRED
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 _____ 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 _____

***** Notice *****
 HCPS collects Social Security Numbers for the purposes of creating a unique numerical identification within the HCPS system and for required reporting to the Department of Education. Enrollment will not be denied to a student because the student or student's parent/legal guardian does not provide a Social Security Number.

First-time Hillsborough County Student

Yes No Did the student relocate/move to Hillsborough County from ANOTHER county, state or country within the past year?
 If yes, City _____ State _____ County _____
 (Last School attended by the Student) _____ Public _____ Private _____ Home Education (Include the dates attended and complete address information below)
 School Name _____ Dates Attended _____
 Street Address _____ City _____ State _____ Zip Code _____ County _____
 If the student ever attended a Hillsborough County Public School, name of school _____

Home Language Survey

Yes No Is a language other than English used in the home?
 Yes No Did the student have a first language other than English?
 Yes No Does the student most frequently speak a language other than English?
 Primary language spoken in the home by the Parent/Legal Guardian _____ Student's Native Language _____

State/Federal Mandated Information

Yes No Is either head of household a law enforcement officer, firefighter, or judge/justice?
 Yes No Is either parent in the military, employed as a federal civilian, or residing in a housing project?
 Yes No Did your family ever travel to look for work on a farm or do paid farm labor?
 Yes No Is the student a single parent with either custody or joint custody of a minor child?
 Yes No Has the student ever been expelled, arrested resulting in a charge, or had juvenile justice actions?
 Yes No Has the student ever had any referrals to mental health services?
 Date student first entered a United States school: Month (MM) _____ / Day (DD) _____ / Year (YYYY) _____
 If foreign born, how many years has the student attended a school in the United States? _____
 Yes No Is the student of Hispanic or Latino ethnicity?
 Check all applicable races _____ American Indian or Alaska Native _____ Asian _____ Black/African American
 _____ Native Hawaiian or other Pacific Islander _____ White

Students with Individual Educational Plans (IEPs) have protections under Part B of the IDEA, and are entitled to a free appropriate public education. As parent/legal guardian, I give permission for the school district to release, exchange, review, and utilize my child's personally identifiable information to assist in the provision of school health services, and for this information to be disclosed to the Agency for Health Care Administration to facilitate verification of Medicaid eligibility; and/or, as applicable, to seek reimbursement from Medicaid for services provided at school. I understand that my child will continue to receive all services per his/her IEP, at no charge, whether or not I give consent. I understand that I may withdraw my consent at any time, and that my state/private benefits are not affected.

Signature of Parent/Legal Guardian _____

Date _____

Side A



Hillsborough County
PUBLIC SCHOOLS
Preparing Students for Life

Student Residency Form

Complete **Side A** of this form if the Parent/Guardian can provide Proof of Residence.

This form defines the student enrollment category and verifies residence when enrolling a student in a Hillsborough County Public School.

Student Name: _____ School: _____

Student Number: _____ Date of Birth: _____

Student Address: _____

1. What is the current student residence?

- Family owned house
Homesteaded Yes No
- Family rented apartment/house
- Licensed foster care placement (update D Screen)
- Co-residing and no residency documents (parent has not experienced a loss of housing) (update B and D Screens)

If co-residing, the party with whom the family resides must sign below and provide two (2) proofs of residency. In this circumstance, this form is valid for one school year only and expires at the end of the school year.

Acknowledgement: I certify that the family referenced above is residing with me at the above address.

Print the name of party with whom student resides	Signature	Date
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Please check the documents being provided to the school for verification of residence (2 are required):

- | | | |
|---|--|--|
| <input type="checkbox"/> Homestead exemption | <input type="checkbox"/> Current electric bill | <input type="checkbox"/> Lease agreement |
| <input type="checkbox"/> Property tax receipt | <input type="checkbox"/> Contract for purchase of home | <input type="checkbox"/> Warranty deed |

2. The undersigned certifies that all information contained in this form is accurate. Per HCPS Policy 2431, students are not guaranteed the ability to participate in the athletic program if they transfer schools. Contact the Assistant Principal for Administration for more information.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true (FS 92.525). A person who knowingly makes a false declaration is guilty of the crime of perjury by false written declaration, a felony of the third degree.

Print Name of Parent/Guardian	Signature of Parent/Guardian	Date
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Side B

Student Residency Form

Complete Side B of this form to determine a student's eligibility under the federal McKinney-Vento Homeless Education Act. Eligible students are to be immediately enrolled even if they are missing the required documentation.

This form defines a student enrollment category and verifies residence for enrollment in a Hillsborough County Public School.

Student Name: _____ School: _____

Student Number: _____ Date of Birth: _____

Student Address: _____

Questions 1-3 must be completed to determine eligibility.

1. Describe the current residence of the student:

- Living in an emergency/transitional shelters (e.g. FEMA Trailers) or abandoned in a hospital (McKinney-Vento Code A)
- Sharing the housing of other persons due to loss of housing or economic hardship or other similar reason; doubled-up (McKinney-Vento Code B)
- Living in a car, parks, temporary trailer parks or campgrounds due to lack of alternative adequate accommodations, public spaces, abandoned buildings, **substandard housing**, bus or train stations, public or private place not designed for or ordinarily used as a regulars sleeping accommodation for human beings or similar settings (McKinney-Vento Code D)
- Living in a hotels or motels due to lack of alternative adequate accommodations (McKinney-Vento Code E)

2. Is the student an "Unaccompanied Homeless Youth" (not living in physical custody of a parent/legal guardian) and identified under McKinney-Vento (code UAC field)? Yes No

3. Reason for residency status:

Check One Reason	Cause	SCHOOL CODE (office use)
<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.

School Board
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Hillsborough County
PUBLIC SCHOOLS
Preparing Students for Life.

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Van Ayres
Deputy Superintendent, Operations
Chris Farkas
Acting Chief of Schools, Administration
Shayliá McRae

Liberty Middle School

Principal
James D. Ammirati

Assistant Principals
Angela M. Brown
Michael T. Pursley

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: _____

Authorized Personnel Email: _____

Authorized Personnel Contact Phone Number: _____

Parent signature indicates approval for email or fax of records _____

Parent Signature

Liberty Middle School
17400 Commerce Park Blvd
Tampa, Florida 33647
Angela.Gonzalez@sdhc.k12.fl.us
813-558-1180 Phone 813-558-1184 Fax

New Enrollment Special Services Questionnaire

Student Name _____ Grade _____

- ❖ Does your child have an IEP (Individualized Education Plan)? _____ Yes _____ No
- ❖ If yes, what is (are) the eligible exceptionality(ies)? (i.e. speech, SLD, etc.)

- ❖ Please list the school, city and state where the IEP was written:

School Name _____

City _____ State _____

- ❖ Does your child have a 504 Plan? _____ Yes _____ No

- ❖ If yes, for what health condition? _____

- ❖ Please list the school, city and state where the 504 was written:

School Name _____

City _____ State _____

- ❖ Does your child have an EP (Educational Plan) or have they been determined as Gifted?

_____ Yes _____ No

- ❖ If yes, please list the school, city and state where the eligibility was determined:

School Name _____

City _____ State _____