Dear student and family of student:

Welcome to Valrico Elementary School! To complete your registration and begin classes on 08/10/2020, you must first provide the following registration documents. Please submit all required documentation to our registrar, Terry Gammill. You can fax them to (813) 740-3535 or email them as an attachment to Terry.Gammill@sdhc.k12.fl.us.

➢ **Verification of Parent/Legal Guardian Address (two matching items are required):**
  - Current TECO electric bill (cannot accept water or phone/cable)
  - Property tax bill or homestead exemption
  - Contract for purchase of home
  - Warranty deed or lease agreement
  *(if you are living with a relative, etc., the person who will provide the verification documentation listed above must come in person to our office with their photo ID and their proof of residency. Both addresses must match.)*

➢ **Completed Registration Forms:**
  - Registration Form (attached Form SB45501)
  - Residency Form (attached)

➢ **Authenticated Birth Date of Student (one of the following):**
  - Birth Certificate, original
  - Baptismal Certificate
  - Insurance Policy on child in force at least two years
  - Bible record of Birth w/ Parents’ Sworn Affidavit
  - Passport or Certificate of Arrival in the US
  - School Records for 4 years showing date of birth

➢ **Immunization Records** - Immunization records must be up to date. See Student Handbook for details.

➢ **School Physical** - by an approved licensed health care provider or the Hillsborough County Health Department, within twelve months prior to entry of Florida Schools

➢ **Current Transcript/Transfer Grades/IEP/504**

➢ **Social Security Card** - to verify SSN

If you have any questions, please contact:
  - Data Processor, Terry Gammill: 813-744-6777

We are excited to be a part of your educational journey and look forward to meeting you!

Sincerely,

Tricia Simonsen
Principal
Valrico Elementary
Dear student and family of student:

Welcome to Valrico Elementary School! To complete your registration and begin classes on 08/10/2020, you must first provide the following registration documents. Please submit all required documentation to our registrar, Terry Gammill. You can fax them to (813)740-3535 or email them as an attachment to Terry.Gammill@sdhc.k12.fl.us.

➢ **Verification of Parent/Legal Guardian Address (two matching items are required):**
  - Current TECO electric bill (cannot accept water or phone/cable)
  - Property tax bill or homestead exemption
  - Contract for purchase of home
  - Warranty deed or lease agreement
  (if you are living with a relative, etc., the person who will provide the verification documentation listed above must come in person to our office with their photo ID and their proof of residency. Both addresses must match.)

➢ **Completed Registration Forms:**
  - [Registration Form](#) (attached Form SB45501)
  - [Residency Form](#) (attached)

If you have any questions, please contact
- Data Processor, Terry Gammill (813)744-6777

We are excited to be a part of your educational journey and look forward to meeting you!

Sincerely,
Tricia Simonsen
Principal
Valrico Elementary
**AUTHORIZATION FOR STUDENT RELEASE AND EMERGENCY INFORMATION CARD**

**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 ________ 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 ________

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?

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 a single parent with either custody or joint custody of a minor child?

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

Distribution: Data processor
SB 607/11 (Rev. 5/16/2019)
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:

<table>
<thead>
<tr>
<th>Check One Reason</th>
<th>Cause</th>
<th>SCHOOL CODE (office use)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortgage Foreclosure-Homeless family loses own home due to foreclosure</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>Natural Disaster - Earthquake</td>
<td>E</td>
<td></td>
</tr>
<tr>
<td>Natural Disaster - Flooding</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>Natural Disaster - Hurricane</td>
<td>H</td>
<td></td>
</tr>
<tr>
<td>Natural Disaster - Tropical Storm</td>
<td>S</td>
<td></td>
</tr>
<tr>
<td>Natural Disaster - Tornado</td>
<td>T</td>
<td></td>
</tr>
<tr>
<td>Natural Disaster - Wildfire or Fire</td>
<td>W</td>
<td></td>
</tr>
<tr>
<td>Natural Disaster - Other</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Other (lack affordable housing, unemployment, domestic violence, eviction)</td>
<td>O</td>
<td></td>
</tr>
</tbody>
</table>

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)