Dear student and family of student:

Welcome to Cimino 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, Bonnie Steele. You can fax them to (813) 740-4454 or email them as a PDF attachment to bonnie.steele@sdhc.k12.fl.us.

**Items required for new registrations: (new student to Hillsborough County)**

- Student Registration Form (attached Form SB45501)
- Parent’s ID – a parent or legal guardian is required to enroll student
- Birth Certificate
- Student’s Social Security Card – to verify SSN
- Immunization Record
- Florida Physical – from a licensed health care provider of the Hillsborough County Health Department, dated within twelve months prior to entry of Florida Schools.
- Recent Report Card / IEP / 504
- Residency Form (attached) – and residency documents

**Must provide 2 of the following items:**

- Renting Home
  - Signed Lease Agreement
  - Current Property Tax Receipt
  - Warranty Deed
- Own Home
  - Current TECO Bill (Cannot be water/cable or other bill)
  - Signed approved Homestead Exemption Paperwork

*(If you are living with a relative, etc., the person who will provide the verification documentation listed above must come with you in person to our office with their photo ID and their proof of residency. Both addresses must match.)*

If your TECO service is new or recently transferred, TECO will provide a Verification of Service upon request. Just call customer service at 813-223-0800 and request them to email it to you.

Also note that pdf versions of property tax receipts are available online at Doug Belden Tax Collector

*Attention Kg – 5th grade students already enrolled in Hillsborough County Public Schools: Transfers within Hillsborough County only require ID, enrollment form, & residency requirements.*

If you have any questions, please contact me at: bonnie.steele@sdhc.k12.fl.us

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

Sincerely,

Bonnie Steele
Data Processor
Cimino Elementary
Cimino Elementary School
Documentation Required for Registration

PARENT/GUARDIAN PLEASE COMPLETE THIS SECTION

Student’s Name _____________________________ Date __________________
Where was your child previously enrolled?
Has your child ever been enrolled in any type of Special Education Program or class?
   NO     YES
If YES, what program __Gifted __SLD __EMH __Speech __Other?
Has your child ever been retained? __No ___Yes If YES, what grade? ___

KINDERGARTEN

___ Student Enrollment (make sure it is signed and any health alerts noted)
___ Proof of Residency Form (must provide two items from list below)
___ Birth Certificate (must be 5 years of age on or before September 1, 2020)
___ Social Security Card
___ Physical Exam (within the last 12 months from the day student starts school)
___ Immunization Record (Form DH680) OR Religious exemption (HRS Form 681) from the Hillsborough Co. Health Dept.

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<thead>
<tr>
<th>Vaccination</th>
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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tbody>
<tr>
<td>Varicella – 2 doses (chicken pox)</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>DPT – 5 doses (final after 4th birthday)</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Polio - 4 doses (final after 4th birthday)</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>MMR - 2 doses</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Hepatitis B – 3 doses</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

TRANSFERS WITHIN HILLSBOROUGH COUNTY

___ Student Enrollment Card (make sure it is signed and any health alerts noted)
___ Proof of Residency (must provide two items from list below.)
___ Latest Report Card (if available) and Withdrawal Papers
___ Indicate if student is in any special classes

OUT OF COUNTY / OUT OF STATE / PRIVATE SCHOOL

___ Student Enrollment Card (make sure it is signed and any health alerts noted)
___ Proof of Residency (must provide two items from list below.)
___ Physical Exam (within the last 12 months from the day student starts school)
___ Immunization Record
___ Birth Certificate
___ Social Security Card
___ Withdrawal papers & Report Card to indicate grade level
___ Indicate if student is in any special classes

PLEASE GIVE ADDRESS OF SCHOOL

------------------------------------------------------------------
------------------------------------------------------------------
------------------------------------------------------------------

Fax# ____________________________________________________________

Documentation for Proof of Residence – Must provide 2 items from list

Current Teco Bill         Signed Lease Agreement (signed by renter/owner)
Completed Homestead Exemption  Current Property Tax Statement
General Warranty Deed         Signed Copy of Contract for Purchase of Home (buyer/seller)
**REGISTRATION INFORMATION**

Student’s 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 _______ Country _______

(Last School attended by the Student) Public _______ Private _______ Home Education (Include the dates attended and complete address information below)

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?

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, 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 _______

**EXPLANATION OF HEALTH PROBLEM(S) AND/OR MEDICATION(S) STUDENT IS TAKING**

***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.

**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

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)

PERSON(S) TO CONTACT IF PARENT CANNOT BE REACHED

DAYTIME PHONE

PHYSICIAN NAME & PHONE NUMBER

GUARDIAN AD LITEM

PARENT

LEGAL GUARDIAN

SURROGATE

RELATIONSHIP P - PARENT O - OTHER

TO STUDENT: G - LEGAL GUARDIAN S - SURROGATE

FIRSTNAME A - GUARDIAN AD LITEM N - NO PARENT/GUARDIAN REQUIRED

RELATIONSHIP P - PARENT O - OTHER

TO STUDENT: G - LEGAL GUARDIAN S - SURROGATE

FIRSTNAME A - GUARDIAN AD LITEM N - NO PARENT/GUARDIAN REQUIRED

IN THE CASE OF ACCIDENT, SERIOUS ILLNESS, OR EMERGENCY, THE SCHOOL MAY CONTACT EMERGENCY MANAGEMENT SERVICES (EMS), 911. IF EMS IS REQUESTED, 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.

In the case of accident, serious illness, or emergency, the school may contact Emergency Management Services (EMS), 911. If EMS must transport your child, please make me aware of any known medical conditions or allergies. 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 _______

**AUTHORIZATION FOR STUDENT RELEASE AND EMERGENCY INFORMATION CARD**

Distribution: Original – Student Cumulative Folder, Copy – Data Processor

SB 45501 (Rev. 08/22/2018)
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

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
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 regular 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:

<table>
<thead>
<tr>
<th>Check One Reason</th>
<th>Cause</th>
<th>SCHOOL CODE (office use)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Man-Made Disaster (Major)</td>
<td>D</td>
<td></td>
</tr>
<tr>
<td>Earthquake</td>
<td>E</td>
<td></td>
</tr>
<tr>
<td>Flooding</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>Hurricane</td>
<td>H</td>
<td></td>
</tr>
<tr>
<td>Mortgage Foreclosure-Homeless family loses own home due to foreclosure</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>Other homeless causes</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Pandemic (Major)</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>Tropical Storm</td>
<td>S</td>
<td></td>
</tr>
<tr>
<td>Tornado</td>
<td>T</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>U</td>
<td></td>
</tr>
<tr>
<td>Wildfire</td>
<td>W</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. 5/14/2020)
Cimino Elementary
New Student Profile Input Form
2020 – 2021

Student Name: ____________________________________________ Grade: __________

Parent/Guardian Name: __________________________________ Phone: (  )___________

PLEASE COMPLETE THE INFO BELOW

Your input will be used by Cimino’s Placement Committee as we consider the best homeroom placement for your child. To ensure that all students have equal opportunities to experience any and/or all of the instructional professionals at Cimino, we ask that you not request a particular teacher. Writing a teacher’s name on this form will render it invalid.

Please indicate with a check mark only the descriptors that would be important considerations:

_____ My child works best when the classroom is very quiet and structured.
_____ My child works best when the classroom environment frequently allows for movement and choices.
____ My child works best when he/she is highly challenged academically.
_____ My child needs extra time and additional supports to master standards.

What academic or social areas do you consider to be a strength for your child?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

What academic or social areas would you like to see your child develop next year?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Is there anything else the placement committee needs to consider when placing your child?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
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)

<table>
<thead>
<tr>
<th>Name of Child (Last, First, Middle)</th>
<th>Birth Date</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (Street)</td>
<td>School</td>
<td>Grade</td>
</tr>
<tr>
<td>City and ZIP Code</td>
<td>Home Telephone Number</td>
<td>Parent/Guardian (Last, First, Middle)</td>
</tr>
</tbody>
</table>

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 problems with vision, hearing, or speech (glasses, contacts, ear tubes, hearing aids)?
7. Yes ☐ No ☐ Any hospitalization, operation, or major illness (specify problem)?
8. Yes ☐ No ☐ Any significant injury or accident (specify problem)?
9. 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 ☐ Ophthalmologist ☐
   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.
Request for Records

To: Name of Previous School

Address: 

City, State, Zip: 

Phone Number: 

Fax Number:

X Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

The student listed below has enrolled in the School District of Hillsborough County. Please forward the permanent academic records, health records, confidential records, and other available guidance materials, psychological evaluations and social histories to the school indicated by the above return address.

<table>
<thead>
<tr>
<th>Student Name: Last</th>
<th>First</th>
<th>Middle</th>
<th>Date of Birth</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

Parent Signature – Indicates permission to fax or email records

Bonnie Steele, Data Processor / School Official Signature