In-County Transfers ONLY (including Charter School transfers)

Dear future Dragon:

Welcome to Warren Hope Dawson Elementary! To complete your registration and begin classes on August 10, 2020 you must first provide the following registration documents. Please submit all required documentation to our registrar, Faith Turner. You can fax them to (813) 559-8492 or email them as an attachment to faith.turner@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](#) (editable PDF)
  - [Residency Form](#) (editable PDF)

Once all documentation is received, you will be contacted by Mrs. Turner with a confirmation of receipt.

If you have any questions, please contact one of the people listed below.

- Registrar, Faith Turner: 813-442-7396 ext. 229 (leave a message)

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

Sincerely,

Derrick McLaughlin, Principal
Ashley Wiese, Assistant Principal
Out-of-county Transfers (including private school)  
AND Kindergarten Registration Info

Dear future Dragon:

Welcome to Warren Hope Dawson Elementary! To complete your registration and begin classes on August 10, 2020 you must first provide the following registration documents. Please submit all required documentation to our registrar, Faith Turner. You can fax them to (813) 559-8492 or email them as an attachment to faith.turner@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 (editable PDF)
  - Residency Form (editable PDF)

- **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 (Report card)/Transfer Grades/IEP/504 (if applicable)**

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

Once all documentation is received, you will be contacted by Mrs. Turner with a confirmation of receipt.

If you have any questions, please contact one of the people listed below.

- Registrar, Faith Turner: 813-442-7396 ext. 229 (leave a message)

We are excited to be a part of your educational journey and look forward to meeting you!
## Authorizations for Student Release and Emergency Information Card

**Certification:**
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.

**Signature:** ______________________
**Date:** ______________________

### Registration Information

#### Student’s Social Security Number

<table>
<thead>
<tr>
<th>First-time Hillsborough County Student</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td><strong>Yes</strong></td>
</tr>
</tbody>
</table>

#### State/Federal Mandated Information

| **Yes** | No | Is either a 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. |
| **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 born, how many years has the student attended a school in the United States? **Yes** | No | Is the student of Hispanic or Latino ethnicity? | **Yes** | No | Is either a 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. |
| **Yes** | No | Has the student ever had any referrals to mental health services? |

**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. **Yes** | No | Is the student of Hispanic or Latino ethnicity? |
| **Yes** | No | Is either a 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. |
| **Yes** | No | Has the student ever had any referrals to mental health services? |

**Signature:** ______________________
**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
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 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></td>
<td>M</td>
</tr>
<tr>
<td>Natural Disaster - Earthquake</td>
<td></td>
<td>E</td>
</tr>
<tr>
<td>Natural Disaster - Flooding</td>
<td></td>
<td>F</td>
</tr>
<tr>
<td>Natural Disaster - Hurricane</td>
<td></td>
<td>H</td>
</tr>
<tr>
<td>Natural Disaster - Tropical Storm</td>
<td></td>
<td>S</td>
</tr>
<tr>
<td>Natural Disaster - Tornado</td>
<td></td>
<td>T</td>
</tr>
<tr>
<td>Natural Disaster - Wildfire or Fire</td>
<td></td>
<td>W</td>
</tr>
<tr>
<td>Natural Disaster - Other</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Other (lack affordable housing, unemployment, domestic violence, eviction)</td>
<td></td>
<td>O</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)