Hello Parents/Guardians,

Welcome to Fishhawk Creek Elementary! Enclosed you will find our registration packet. It is important that all necessary paperwork be completed in order for your child to begin classes. Please submit what you have so we can place it in your child’s file. For the 2020-2021 school year, we will ask that you submit the medical forms on Florida medical forms. While we understand you may not have transfer papers from the prior school, if you have your child’s last report card, please submit that along with this paperwork.

Once completed you may email either our data processor to set up a time to drop off or you may send all of the documents back to us electronically via email or fax. Our contact phone number, email and fax number is at the bottom of this page. If you have any questions, email is going to be the best way to receive an immediate response.

For those who are sharing a home with someone, please complete side B of the residency form and have the homeowner sign it as well. You will need to provide with this paperwork the homeowner’s two forms of residency.

***Our registration hours are on Wednesdays between 8am-12pm.***

Stay Safe and Be Well!

Steve Sims

Steve Sims

Data Processor Contact Information:
Mechelle Delage Lazar
mechelle.delage@sdhc.k12.fl.us
813-651-2150 x232 ph
813-651-2154 fax
### Registration Information

**Student’s Social Security Number**

**Birthplace**

**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**
- **City**
- **State**
- **Zip Code**
- **Country**

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, 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**

---

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

SB 45501 (Rev. 08/22/2018)
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

________________________________________________________

________________________________________________________

________________________________________________________
RELEASE OF RECORDS

Date: __________

To: ________________________________________________________________

Student Name: ____________________________ D.O.B. _________

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

____ Florida Student Number
____ Immunization Records & Copy of Physical
____ Birth Certificate
____ Copy of Home Language Survey
____ Withdrawal Form with Transfer Grades
____ Attendance Information
____ Discipline Report
____ Transcript of Grades and Grading System
____ Standardized Test Scores
____ Intellectual / Psychological Evaluations
____ 504 Plan
____ Social History
____ Special Education Records, to include most recent IEP and initial eligibility documentation
____ 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
Authorized Personnel Email: mechelle.delage@sdhc.k12.fl.us
Authorized Personnel Contact Phone Number: 813-651-2150 x 232

Parent signature indicates approval for email or fax of records ___________________________  Parent Signature
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: Fishhawk Creek Elementary

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 60711 (Rev. 5/16/2019)
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: Fishhawk Creek Elementary
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>
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<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. 5/19/2019)
Fishhawk Creek Elementary School

Mandatory Uniform Policy

2020-2021

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. 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 Embroidery.
Dear student and family of student:

Welcome to Fishhawk Creek Elementary! 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 data processor, Mechelle Delage Lazar. You can fax them to (813)651-2154 or email them as an attachment to mechelle.delage@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 and on the Florida Form DH680

- **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 our Data Processor Data Processor, Mechelle Delage Lazar: 813-651-2150 x 232. We are excited to be a part of your educational journey and look forward to meeting you!

Sincerely,

Steve Sims
Physical

Proof of physical examination by an approved licensed health care provider or the Hillsborough County Health Department, within 12 months prior to entry in Florida Schools (first day of school); Contact School Health Services for help.

Immunizations

<table>
<thead>
<tr>
<th></th>
<th>K</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
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<th>8</th>
<th>9</th>
<th>10</th>
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<tbody>
<tr>
<td>Varicella - 2 doses</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>X</td>
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<td>X</td>
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<tr>
<td>Varicella - 1 dose</td>
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<tr>
<td>DPT - 5 doses</td>
<td>X</td>
<td>X</td>
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<td>X</td>
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<tr>
<td>Polio - (New for KG)</td>
<td>X</td>
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<tr>
<td>Polio - 4 doses</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>MMR - 2 doses</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Hepatitis B - 3</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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</tr>
<tr>
<td>Td or Tdap - 1</td>
<td>X</td>
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</tr>
<tr>
<td>Tdap - 1 dose</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>X</td>
</tr>
</tbody>
</table>

- KG - If the 4th dose of polio vaccine is administered prior to the 4th birthday, a 5th dose of polio vaccine is required for entry into kindergarten. The final dose of the polio series should be administered on or after the 4th birthday regardless of the number of previous doses.

Pre-Kindergarten

- Varicella (chicken pox) vaccine or date of disease (year) as verified by parent or physician
- 3 doses Hepatitis B
- 4 doses Hib
- Up to date for age for Tdap, Polio, and MMR

Kindergarten

- 5 doses DPT (diphtheria, pertussis, tetanus)
- 3-5 doses *Polio
- 2 doses MMR (measles, mumps, rubella)
- 3 doses Hepatitis B
- 2 doses Varicella (chicken pox) or have had the disease

1st, 2nd, 3rd, 4th and 5th Grade Students

- 5 doses DPT (diphtheria, pertussis, tetanus)
- 4 doses Polio vaccine
- 2 doses MMR (measles, mumps, rubella)
- 3 doses Hepatitis B
- 2 doses Varicella (chicken pox) or have had the disease

A religious exemption on HRS form 681 is available at the Florida Department of Health only - Hillsborough, Sulphur Springs Health Center 8605 N. Mitchell Ave., Tampa 813-307-8077.
<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students' First Day of School</td>
<td>Monday, Aug 10, 2020</td>
</tr>
<tr>
<td>Labor Day Holiday/Non-Student Day</td>
<td>Monday, Sep 7, 2020</td>
</tr>
<tr>
<td>End of 1st Grading Period</td>
<td>Friday, Oct 9, 2020</td>
</tr>
<tr>
<td>* Veterans Day/Non-Student Day</td>
<td>Wednesday, Nov 11, 2020</td>
</tr>
<tr>
<td>* Fall Break/Non-Student Days</td>
<td>Monday, Nov 23, 2020 - Friday, Nov 27, 2020</td>
</tr>
<tr>
<td>Students Return to School</td>
<td>Monday, Nov 30, 2020</td>
</tr>
<tr>
<td>End of 2nd Grading Period (End of 1st Semester)</td>
<td>Friday, Dec 18, 2020</td>
</tr>
<tr>
<td>Winter Break/Non-Student Days</td>
<td>Monday, Dec 21, 2020 - Friday, Jan 1, 2021</td>
</tr>
<tr>
<td>Non-Student Day</td>
<td>Monday, Jan 4, 2021</td>
</tr>
<tr>
<td>Students Return to School</td>
<td>Tuesday, Jan 5, 2021</td>
</tr>
<tr>
<td>Martin Luther King, Jr. Holiday/Non-Student Day</td>
<td>Monday, Jan 18, 2021</td>
</tr>
<tr>
<td>Non-Student Day</td>
<td>Friday, Feb 12, 2021</td>
</tr>
<tr>
<td>Presidents' Day/Non-Student Day</td>
<td>Monday, Feb 15, 2021</td>
</tr>
<tr>
<td>Non-Student Day</td>
<td>Monday, Mar 8, 2021</td>
</tr>
<tr>
<td>End of 3rd Grading Period</td>
<td>Friday, Mar 12, 2021</td>
</tr>
<tr>
<td>Spring Break/Non-Student Days</td>
<td>Monday, Mar 15, 2021 - Friday, Mar 19, 2021</td>
</tr>
<tr>
<td>Non-Student Day</td>
<td>Monday, Mar 22, 2021</td>
</tr>
<tr>
<td>Non-Student Day</td>
<td>Friday, Apr 2, 2021</td>
</tr>
<tr>
<td>Non-Student Day</td>
<td>Monday, Apr 19, 2021</td>
</tr>
<tr>
<td>End of 4th Grading Period</td>
<td>Friday, May 28, 2021</td>
</tr>
<tr>
<td>Students' Last Day of School</td>
<td>Friday, May 28, 2021</td>
</tr>
</tbody>
</table>

Please note:
* Hurricane Day(s) if needed - November 11, 23, 24, & 25, 2020
This calendar is subject to change due to future actions of the Florida Legislature or Hillsborough County School Board

**Student Early Release Days**
Early Release Days for 2020-2021 have not yet been determined.
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 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.

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.

DH3040-CHP-07/2013