KINDERGARTEN AND NEW STUDENT REGISTRATION AT
HUNTER’S GREEN ELEMENTARY
FOR THE 2020-2021 SCHOOL YEAR IS NOW OPEN!

The official registration forms and checklist of required documents are available online.

Click on the links to open those forms.

Once you have gathered all the information, send the official forms along with the necessary documents to:

Terri.Talebi@sdhc.k12.fl.us

If you are unable to send documents electronically, call the school office to set up an appointment—813-973-7394 or send an email to the Data Processor at Terri.Talebi@sdhc.k12.fl.us

HUNTER’S GREEN ELEMENTARY
9202 HIGHLAND OAK DR., TAMPA, FL 33647
813-973-7394, EXT. 242
FAX: 813-631-4525
REGISTRATION CHECKLIST

A - New Kindergarten Student; (Must be 5 by Sept 1)
   ___ Completed SER (provided at school)
   ___ Student Residency Form, verification of parent/legal guardian address by two forms of the following;
       ___ Homestead exemption
       ___ Property tax receipt    ___ Current electric bill
       ___ Contract for purchase of home ___ Warranty deed
       ___ Lease agreement
   ___ Verify birth date from birth certificate (not a hospital record of birth)
   ___ Physical Examination completed within the twelve months prior to the first day of attendance.
   ___ Immunization Records showing proof of proper immunizations,
       OR A medical exemption signed by a physician
       OR A religious exemption on HRS form 681 available at the Florida Department of Health
   ___ Verify Social Security Number

B - Student coming from school within Hillsborough County;
   ___ Completed SER (provided at school)
   ___ Student Residency Form, verification of parent/legal guardian address by two forms of the following;
       ___ Homestead exemption
       ___ Property tax receipt    ___ Current electric bill
       ___ Contract for purchase of home ___ Warranty deed
       ___ Lease agreement

C - Student coming from a public or private school outside of Hillsborough County;
   ___ Completed SER (provided at school)
   ___ Report Card or Transcript from the last school
   ___ Student Residency form, verification of parent/legal guardian address by two forms of the following;
       ___ Homestead exemption
       ___ Property tax receipt    ___ Current electric bill
       ___ Contract for purchase of home ___ Warranty deed
       ___ Lease agreement
   ___ Verify birth date from birth certificate (not a hospital record of birth)
   ___ Physical Examination completed within the twelve months prior to the first day of attendance.
   ___ Immunization Records showing proof of proper immunizations,
       OR A medical exemption signed by a physician
       OR A religious exemption on HRS form 681 available at the Florida Department of Health
   ___ Verify Social Security Number

*Review documentation with parent/guardian at time of registration. It is very important SER is complete.

All registration documentation must be received for your student’s registration to be complete.
**AUTHORIZATION FOR STUDENT RELEASE AND EMERGENCY INFORMATION CARD**

**INPUT BLOCK FOR SCHOOL USE ONLY**

<table>
<thead>
<tr>
<th>SCHOOL YEAR</th>
<th>SCHOOL NAME</th>
<th>DISTRICT STUDENT NUMBER</th>
<th>ENTRY CODE</th>
<th></th>
<th>GRADE</th>
<th>STATE STUDENT NUMBER</th>
<th>ENTRY DATE</th>
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**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 | MALE | FEMALE | CHILD OF MILITARY FAMILY? | YES | NO | Military Family Includes: 1) members on active duty or 2) members for 1 year following:  
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<td>RESIDENTIAL ADDRESS – (IF DIFFERENT FROM MAILING ADDRESS) (STREET NO. &amp; NAME, CITY, ZIP) (IF RURAL LOCATION, PLACE DIRECTIONS ON REVERSE)</td>
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<td>PARENT/LEGAL GUARDIAN (LAST, FIRST, INITIAL)</td>
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**CURRENT HEALTH PROBLEMS**

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<th>STUDENT’S PREFERENCES</th>
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**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 County 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 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 __________________________

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

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:** ____________

**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:
   - □ Mortgage Foreclosure-Homeless family loses own home due to foreclosure
   - □ Natural Disaster - Earthquake
   - □ Natural Disaster - Flooding
   - □ Natural Disaster - Hurricane
   - □ Natural Disaster - Tropical Storm
   - □ Natural Disaster - Tornado
   - □ Natural Disaster - Wildfire or Fire
   - □ Natural Disaster - Other
   - □ Other (lack affordable housing, unemployment, domestic violence, eviction)

   **SCHOOL CODE (office use)**
   - M
   - E
   - F
   - H
   - S
   - T
   - W
   - N
   - O

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)
Formulario de Domicilio del Estudiante

Complete el Lado A de este formulario si el padre/madre/representante legal puede presentar comprobantes del domicilio.

Este formulario define el tipo de inscripción y verifica el domicilio del estudiante en el momento en que se matricula en una escuela pública del Condado de Hillsborough.

Nombre del estudiante: ___________________________________ Escuela: __________________________________
Número del estudiante: ___________________________________ Fecha de nacimiento: ________________________
Dirección del estudiante: ____________________________________________________________________________

1. ¿Cuál es el domicilio actual del estudiante?
   - Una casa que es propiedad de la familia
     Con exención contributiva (Homestead)  ❑ Sí  ❑ No
   - La familia alquila un apartamento/casa
   - Un hogar sustituto con licencia (update D Screen)
   - Compartiendo un hogar con otra familia y sin documentos de domicilio (el padre/madre no ha perdido su casa) (update B & D Screen)

Si la familia está compartiendo la vivienda con otra persona, la persona con quien la familia reside, deberá firmar a continuación y proporcionar dos (2) comprobantes de domicilio. En esta circunstancia, este formulario es válido por el año escolar solamente y caduca al final del año escolar.

Confirmación: Certifico que la familia aquí mencionada está residiendo conmigo en la dirección indicada arriba.

Nombre en letra de molde de la persona con quien el estudiante reside                    Firma                                   Fecha

Por favor, marque los documentos que está presentándole a la escuela para la verificación de su domicilio (Tendrá que presentar 2):
- Exención contributiva
- Factura reciente del servicio eléctrico
- Contrato de arrendamiento
- Recibo de impuestos sobre la propiedad
- Contrato de compra de la casa
- Garantía del título de propiedad

2. El que suscribe certifica que toda la información provista en este formulario es correcta. De acuerdo con la Norma 2431 de HCPS, si los estudiantes se transfieren a otra escuela, no se les garantizará la posibilidad de participar en el programa de deportes. Para obtener información adicional, comuníquese con el director asistente de administración escolar.

Bajo pena de perjurio, declaro que he leído el documento anterior y que las declaraciones aquí expuestas son verdaderas (FS 92.525). Una persona que, en pleno conocimiento, haga una declaración falsa, es culpable del delito de fraude por hacer una declaración falsa escrita, un delito grave de tercer grado.

Escriba el nombre del padre/madre/representante legal en letra de molde                    Firma del padre/madre/representante                  Fecha
Formulario de Domicilio del Estudiante

Complete el lado B de este formulario para determinar la elegibilidad del estudiante bajo la ley federal McKinney-Vento Homeless Education.

Los estudiantes elegibles serán matriculados inmediatamente, aunque les falte la documentación.

Este formulario define el tipo de inscripción y verifica el domicilio para matricular a un estudiante en una escuela pública del Condado de Hillsborough

Nombre del estudiante: _____________________________________________  Escuela: __________________________________

Número del estudiante: ______________________________________________  Fecha de nacimiento: ________________________

Dirección del estudiante: _______________________________________________________________________________________

Para poder determinar la elegibilidad, tendrá que responder a las preguntas del 1 al 3

1. Describa el domicilio actual del estudiante:
   - [□] Viviendo en un refugio de emergencia/temporal o abandonado en un hospital (McKinney-Vento Code A)
   - [□] Utilizando la vivienda de otras personas temporalmente debido a la pérdida de vivienda o a un problema financiero u otra razón similar; doble (McKinney-Vento Code B)
   - [□] Viviendo en un automóvil, parques, parques de casas móviles o rodantes temporales, o en campamentos debido a falta de alojamiento alternativo adecuado, espacios públicos, edificios abandonados, vivienda subestándar, en estaciones de autobuses o de ferrocarriles, lugares públicos o privados que no son adecuados para que una persona duerma o en un lugar similar (McKinney-Vento – code D)
   - [□] Viviendo en hoteles o moteles debido a la falta de alojamiento alternativo adecuado (McKinney-Vento- code E)

2. ¿Es el estudiante un “joven sin hogar que vive solo” (sin la custodia física del padre/madre o de un representante legal) y ha sido identificado aquí bajo los códigos de las categorías McKinney-Vento (code UAC field)?  ☐ Sí  ☐ No

3. Razón del estatus:

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<tr>
<th>Marque una razón</th>
<th>Causa</th>
<th>CÓDIGO DE LA ESCUELA (para uso exclusivo de la oficina)</th>
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<td>Desastre por mano de hombre (Mayor)</td>
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<td>Ejecución hipotecaria- La familia pierde su casa propia por ejecución hipotecaria</td>
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<td>Otras causas</td>
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El que suscribe, certifica que toda la información contenida en este formulario es verdadera. Este formulario es válido solamente por un año escolar y vence al final del mismo. De acuerdo con la Norma 2431.01 de HCPS, si los estudiantes se transfieren a otra escuela, no se les garantizará la posibilidad de participar en el programa deportivo. Para obtener información adicional, comuníquese con el director asistente de administración escolar.

Bajo pena de perjurio, declaro que he leído el documento anterior y que las declaraciones aquí mencionadas son verdaderas (FS 92.525). Una persona que, en pleno conocimiento, hace una declaración falsa, es culpable del delito de fraude por declaración escrita falsa, un delito grave de tercer grado.

Escriba el nombre del padre/madre/representante  Firma del padre/madre/representante  Fecha en letra de molde

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Distribution: Data Processor, Administrator, School Social Worker, and District Homeless Liaison via fax (813) 384-3979.

SB 60711 (Rev. 5/14/2020)