

Enrollment/Registration Form – To be Completed Upon Acceptance

Full Name of Student _____

My child is currently in a Hillsborough Public or Charter School Yes No

The following documents are required to complete your child's registration for all applicants:

1. Completed PHS Registration Form (below)
2. Completed Student Residency Form (below)
3. Driver's license or parent/guardian

Click here to attach

4. Verification of parent/legal guardian address by two of the following*:

**If you are not able to provide proof of residency, check this box and we will send you a different Student Residency Form after you submit the registration.*

- Property tax receipt
- Current electric bill
- Warranty deed
- Homestead exemption
- Contract for purchase of home
- Lease agreement

If you are living with a relative, etc. the person who will provide the verification documentation listed above must present their photo ID and their proof of residency. Both addresses must match.

Click here to attach

The following documents are required if your child is not currently in a Hillsborough Public or Charter School:

1. Copy of most recent report card or transcript

Click here to attach

2. Social Security Card – to verify SSN (not required, but recommended)

Click here to attach

3. Authenticate birth date verified by one of the following:

- Birth Certificate
- Baptismal certificate showing date of birth, place of baptism, accompanied by parents' sworn affidavit
- Insurance policy on the child in force for at least two years
- Bible record of child's birth accompanied by parents' affidavit
- Passport or certificate of arrival in the United State showing age of child
- School record at least four years prior, showing date of birth
- Parents' sworn affidavit accompanied by a certificate of examination from a health officer of physician verifying the child's age (physical)

Click here to attach

4. Immunization record (DH 680) – The record must show that the student has met the minimal state requirements of:

- 4-5 doses DTaP (diphtheria-tetanus-pertussis)
- 1 dose Tdap (tetanus, diphtheria, pertussis)
- 4-5 doses Polio (IPV or OPV)* – If the 4th dose or last dose, of polio vaccine were administered prior to the 4th birthday, an additional dose of polio vaccine is required. The final dose of the polio series should be administered on or after the 4th birthday regardless of the number of previous doses. OPV doses given in other countries in or after 2016 will be counted as invalid in the FLSHOTS. Chile will need to be re-vaccinated with 4-5 doses of IPV.
- 2 doses MMR (measles-mumps-rubella)
- 3 doses Hepatitis B
- 2 doses Varicella (VZV)** or has had the disease as documented by a healthcare provider. Varicella vaccine is not required if varicella disease (chickenpox) is documented by a health care provider.

Click here to attach

5. School Entry Health Exam form DH 3040 pages 1 & 2

Click here to attach

My child has an EP, IEP or 504 Yes No If yes, please attached copy. **Click here to attach**

AUTHORIZATION FOR STUDENT RELEASE AND EMERGENCY INFORMATION CARD

School Year 2023-2024	School Name Dr. Kiran C. Patel High School	District Student Number	Entry Code
Teacher or Homeroom		Grade	State Student Number
Name of Student (Last) (First) (Middle)		Date of Birth (MM/DD/YY)	Child of Military Family? Yes No
Mailing Address (Street Number & Name)			Sex
City, State, Zip Code			Home Phone
Residential Address, if different (Street Number & Name)		City, State, Zip Code	
Parent/Legal Guardian (Last, First, Initial)		Parent/Legal Guardian (Last, First, Initial)	
Primary Phone Number	Secondary Phone Number	Primary Phone Number	Secondary Phone Number
Email:		Email:	
Relationship to Student:		Relationship to Student:	
Contact if parent cannot be reached	Daytime Phone	Contact if parent cannot be reached	Daytime Phone
Hospital Preference	Physician Name & Phone Number	Dentist Name & Phone Number	
Current Health Problems Asthma Diabetes Seizures Heart Condition Allergies Other	Explanation of Health Problem(s) and/or Medication(s) Student is Taking		
<p>In the case of accident, serious illness, or emergency, the school may contact Emergency Management Services (EMS), 911. If EMS must transport your child, payment of fees will be assumed by the parent/legal guardian. 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.</p> <p>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 to the principal of the school.</p>			
			Signature of Parent/Legal Guardian

REGISTRATION INFORMATION

Student's Social Security Number _____

Birthplace _____

****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.

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

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 even 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 (MM/DD/YY) _____

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
- Native Hawaiian or other Pacific Islander
- Asian
- White
- Black/African American

Students with Individual Education Plan (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

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 (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 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:

Check One Reason	Cause	SCHOOL CODE (office use)
	Man-Made Disaster (Major)	D
	Earthquake	E
	Flooding	F
	Hurricane	H
	Mortgage Foreclosure-Homeless family loses own home due to foreclosure	M
	Other homeless causes	N
	Pandemic (Major)	P
	Tropical Storm	S
	Tornado	T
	Unknown	U
	Wildfire	W

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.