ENROLLMENT DOCUMENTATION NEEDED TO REGISTER A STUDENT

A) Transferring from another area Public School in Hillsborough County

Withdrawal Form

Registration Form

2 paper proofs of address - current electric bill and lease or mortgage Statement / deed / property tax

Parents ID

Student Residency Form

B) Transferring from another county school in Florida _____

Withdrawal Form

Registration Form

2 paper proofs of address - current electric bill and lease or mortgage Statement / deed / property tax

Parents ID

Report card / transcript

Birth Certificate or passport of student

Immunization record

School Physical completed within the past year reviewing all the body systems.

Student Residency Form

C) Transferring from Out of state / Country / Private School: _____

Withdrawal Form

Registration Form

2 paper proofs of address - current electric bill and lease or mortgage Statement / deed / property tax

Parents ID

Report card / transcript

Birth Certificate or passport of student

Immunization record - On Florida Form

School Physical completed within the past year reviewing all the body systems - **On Florida Form**

Student Residency Form



PLEASE PRINT FIRMLY AUTHORIZATION FOR STUDENT RELEA	SE AND EMERGE	NCY INFORMATION CAR	PLEASE PRINT FIRMLY
THIS BLOCK FOR SCHOOL USE ONLY SCHOOL YEAR SCHOOL NAME		DISTRICT STUDENT NUMBER	ENTRY
, and the second	I GRADE	STATE STUDENT NUMBER	CODE OF THE CODE
TEACHER OR HOMEROOM	GRADE	STATE STUDENT NUMBER	DATE
	e e e e e e e e e e e e e e e e e e e		CHILD OF MILITARY FAMILY?
EMERGENCY INFORMATION: This card must be completed by the parent or legal guardian.	. (4100) E)	L DATE OF DIDTU	YES NO
NAME OF STUDENT (LAST) (JR, 2D, 3D, 4T) (FIRST)	(MIDDLE)	DATE OF BIRTH MALE	Military Family Includes: 1) members on active duty or
		FEMAL	
MAILING ADDRESS – (STREET NUMBER & NAME, CITY, ZIP CODE)			medical discharge due to injury retirement
WAILING ADDRESS - (STREET NOWBER & WANTE, STIT, ZIF GODE)			death due to active duty injury
RESIDENTIAL ADDRESS – (IF DIFFERENT FROM MAILING ADDRESS) (STREET NO. & NAME, CITY, Z	ID) (IE BURAL LOCATION	PLACE DIRECTIONS ON REVERSE)	HOME PHONE
RESIDENTIAL ADDRESS - (IF DIFFERENT FROM MAILING ADDRESS) (STREET NO. & NAME, STY), 2	IF) (II- KUKAL LOOKTION,	PEACE DIRECTIONS ON NEVEROLY	Tronia Trotta
DATE TO A CHARDIAN AND FIDOT INITIAL	DADENTA FOAL CHA	ARDIAN (LAST, FIRST, INITIAL)	
PARENT/LEGAL GUARDIAN (LAST, FIRST, INITIAL)	PARENT/LEGAL GUP	ARDIAN (DAST, FIRST, INTIAL)	•
	EMPLOYER NAME		
EMPLOYER NAME	EMPLOTER MAINE		
BUSINESS PHONE/EXTENSION MOBILE NUMBER	BUSINESS PHONE/E	YTENSION MOS	BILE NUMBER
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EMAIL	EWAIL		
OTUED	RELATIONSHIP	D DADEAT	O – OTHER
RELATIONSHIP P – PARENT O – OTHER TO STUDENT: G – LEGAL GUARDIAN S – SURROGATE (CIRCLE ONE) A – GUARDIAN AD LITEM N – NO PARENT/GUARDIAN REQUIRED	TO STUDENT:	P – PARENT G – LEGAL GUARDIAN A – GUARDIAN AD LITEM	S – SURROGATE
(CIRCLE ONE) A – GUARDIAN AD LITEM N.– NO PARENT/GUARDIAN REQUIRED	(CIRCLE ONE)	A – GUARDIAN AD LITEM ITACT IF PARENT CANNOT BE REAC	N – NO PARENT/GUARDIAN REQUIRED HED DAYTIME PHONE
PERSON(S) TO CONTACT IF PARENT CANNOT BE REACHED DAYTIME PHONE NAME (STUDENT MAY BE RELEASED TO THIS PERSON)	NAME (STUDENT MA	AY BE RELEASED TO THIS PERSON)	HED I DATTIME FROME
TO THE COLOREST TO THE PARTY	,		
HOSPITAL PREFERENCE PHYSICIAN NAME & PHONE	VIIMBER '	DENTIST NAME & PHO	NE NUMBER
HOSPITAL FREFERENCE	TOMBLIT		
CURRENT HEALTH PROBLEMS EXPLANATION OF HEALTH PROBLEM(S) A	ND/OR MEDICATION/S) S	TUDENT IS TAKING	
ASTHMA DIABETES SEIZURES HEART CONDITION ALLERGIES	HDION MEDICINION(O) O	TODAIT ID IT AT A TO	
In the case of accident, serious illness, or emergency, the school may contact Emergency Management Se guardian. The school will make every effort to contact the parent/legal guardian. If the school is unable to co	vices (EMS), 911. If EMS n	nust transport your child, payment of fee	s 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 co	ntact the parent/legal guard	lian, every effort will be made to notify o	ther persons listed on the emergency card.
I have reviewed and understand the conditions of this document and I understand that if I desire to have my			
I have reviewed and understand the conditions of this document and I understand that it 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 of Pare	nt/l enal Guardian	Date
addresses and telephone humbers, to the principal of the scribol.	Oignature or Fare	nocegai Cadidian ,	
		the second secon	
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Signature of Parent/Legal Guardian

Date



Student Name:



Student Residency Form

Complete this form (A) if the parent/guardian can provide proof of residency with two (2) documents.

- · If the family has experienced a loss of housing, complete Form B.
- If the family is co-residing with another person or family and has zero (0) documents to prove residency, complete Form C.

Student Number:

Grade:

Date of Birth:

School Name:			
Student's Street Address / City / State / Zip Code:			
Please check one of the following:			
Own residence Rent residence			
Licensed foster care placement (Update D Screen/	SIS)		
Please check the two (2) documents from the list below p	rovided to the school for verification of residence:		
Current Florida Driver's License or State ID	Declaration of Domicile		
Utility Bill or Utility Deposit Receipt	Transitioning Active-Duty Military Orders		
Lease Agreement	Mortgage Statement		
Rent Receipt	Property Tax Receipt		
Homestead Exemption	Warranty Deed		
Migrant Address Verification Letter (Migrant eligi	ble students only) <i>No other documentation required</i> .		
Per HCPS Policy 2431, students are not guaranteed the altransfer schools. Contact the Assistant Principal for Adm The undersigned certifies that all information contain McKinney-Vento Eligibility Assessment has been pro-	ed in this form is accurate and that a copy of the vided by the school.		
true. A person who knowingly makes a false declaration declaration, a felony of the third degree (FS 95.525).			
Printed Name of Parent/Guardian Signature of P	arent/Guardian Date		

Distribution: Data Processor SB 60711A (Approved 05/19/2023)

Form C



Co-Residency Form

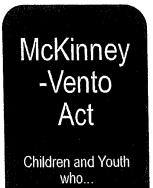
Complete this form (C) if the parent/guardian is co-residing with another family and has zero (0) residency documents.

- · If the family can provide proof of residency with two (2) documents, complete Form A.
- · If the family has experienced a loss of housing, complete Form B.

Student Name:	Date of Birth:	Student Number:	Grade:
School Name:			
Student's Street Address / City / State	/ Zip Code:		
Please check the following (if applicable	e):		
Co-residing <u>and</u> family has no r (Family has not experienced a l	_	B, D screens/SIS)	
If co-residing, the party with whom the factorial for the factorial for the factorial for the factorial for the factorial factorial for the factorial factor	school year only and ex	pires at the end of the reg	ular school year.
Name of Individual	Ci 4		
	Signature		Date
Per HCPS Policy 2431, students are no they transfer schools. Contact the Assi			
The undersigned certifies that all infor McKinney-Vento Eligibility Assessmen			hat a copy of the
Under penalties of perjury, I declare that true. A person who knowingly makes a f declaration, a felony of the third degree (alse declaration is guilty		
Printed Name of Parent/Guardian	Signature of Pare	nt/Guardian	Date



The McKinney-Vento Homeless Assistance Act At a Glance



- Lack a fixed, regular, and adequate nighttime residence, and as a result they are:
- Sharing the housing of other persons temporarily due to loss of housing, economic hardship, or similar reason (doubled-up).
- Living in an emergency shelter or transitional housing, or abandoned in hospitals.
- Living in a car, park, public spaces, abandoned building, a bus or train station, substandard housing, or a similar setting.
- Living in a hotel, motel, AirBnB, temporary trailer park, or camping ground due to the lack of alternative adequate accommodations.
- Unaccompanied Youth, not in the physical custody of a parent or legal guardian and, living in one (1) of the above circumstances.
- Migratory children living in one (1) of the above circumstances.

Student Rights

Students identified as McKinney-Vento eligible have the right to...

- Immediate school enrollment and attendance at either the school of origin (the school last attended before they lost their housing) or the neighborhood school (the school they are zoned for based upon their current temporary residence) even without required enrollment documentation. A thirty (30) day grace period its granted in which the School Social Worker assist parents with obtaining necessary enrollment documents.
- Remain at their school of origin for the duration of the school year even if they move outside of the school's attendance zone.
- Transportation to and from the school of origin for the duration of the current school year.
- Receive free breakfast and lunch immediately for the duration of the school year.
- Receive prompt resolutions about school placement/enrollment, to include special education, bilingual education, gifted, and remedial programs.



The H.E.L.P. office can...

- Assist with McKinney-Vento identification and school enrollment.
- Assist with the development of an academic plan and post-secondary planning.
- Provide academic support and tutoring services.
- Provide back pack, school supplies, and uniforms.
- · Coordinate transportation to and from "school of origin".
- Provide bus passes or gas cards as an alternative methods of transportation while
 waiting for an approval from the district's transportation office. This applies to
 transportation request submitted through the H.E.L.P. Office.
- Facilitate parent educational workshops.
- Provide referrals to community agencies.
- Collaborate and consult with all school staff about needs of all students who have been identified under the McKinney-Vento Homeless Assistance Act.



Homeless Education and Literacy Program (H.E.L.P.)

For more information contact: (813) 315 - HELP (4357)

Mail/FAX to: Ana Maria Montejo-Registrar Riverview High School

11311 Boyette Road Riverview, FL 33569 Phone: (813) 671-5011, ext. 238 Fax: (813) 672-5371

E-Mail: Anamaria. Montejo@hcps.net

FAX#	
Request for Records To:	
FAX#:	
From: Ana Montejo- Registrar Dear Registrar,	Date
The following student enrolled at I	Riverview high School on
Name:	
Birthdate:	
Please send the following:	
TranscriptAll Test scores (state) including, End of CourseBirth CertificateDiscipline history	Interpretation of your grading scale (EOC), SAT, ACTPhysical and immunizations
If the student was an 8 th grade student taking	a high school course, please indicate on transcript if
 High school credit was awarded If the course was an honors cours If honors points were awarded 	e ·
If student is in Special Education: Current IEPPsychological evaluation	504 plan
Withdrawal form with transfer grades if stude	nt left during a grading period.

Student Name	(Last, First, MI)		Sex	Grade	DOB
Home Address		Zip		Home Phor	10
APPLICATION FOR HEALTHY STUDENT PROGRAM MEMBERSHIP PEOPLE TO BE CONTACTED IN CASE OF EMERGENCY:					
Parent Name		Work Number		Home Phone #	Cell Phone #
Emergency Conta	ct from Emergency Card			Home Phone #	Cell Phone #
List any ALLERGI List any MEDICAT List any SURGERI	hysician entist Last Physical Exam ES to Medications or Food TONS that this student is p ES that this student has h ES THIS STUDENT HAVE A	resently taking	Ph		
condition) High Blood Press Epilepsy Heart Problems	distory: (Check all that apureht or underweight)	ply and indica Tuberculosis Sickle Cell Asthma		Diabet Cand	es cer
	STUDENT IN:	SURANCEIN	IFORMA	TION	
Is this student co	vered by HEALTH INSURA	NCE		YES	NO
Insurance ID Nun	nber				
1	vered by MEDICAID?				
(Better Health Plan				YES	NO
Medicaid Number					·
Amengroup Num					
	ENRO	LLMENT STAT	EMENT		
Student Program A our family doctor. Information Card v further understand	ne program offers a limited ra Application Form. We further In case of accident or seriou will be observed. We give p I that student information is to report Child Abuse, Deat	understand that s illness, the sc ermission to the confidential ex	on an as-i these serv hool policie District to cept in the	ices DO NOT REP es outlined on the o seek third party ose instances who	utlined on the Healthy LACE the services of School's Emergency reimbursement. We
Parent/Guardian	Signature			Date	