

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



Hillsborough County
PUBLIC SCHOOLS
Preparing Students for Life

Form A

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 Name:	Date of Birth:	Student Number:	Grade:
School Name:			
Student's Street Address / City / State / Zip Code:			

Please check one of the following:

<input type="checkbox"/>	Own residence	<input type="checkbox"/>	Rent residence
<input type="checkbox"/>	Licensed foster care placement (Update D Screen/SIS)		

Please check the two (2) documents from the list below provided to the school for verification of residence:

<input type="checkbox"/>	Current Florida Driver's License or State ID	<input type="checkbox"/>	Declaration of Domicile
<input type="checkbox"/>	Utility Bill or Utility Deposit Receipt	<input type="checkbox"/>	Transitioning Active-Duty Military Orders
<input type="checkbox"/>	Lease Agreement	<input type="checkbox"/>	Mortgage Statement
<input type="checkbox"/>	Rent Receipt	<input type="checkbox"/>	Property Tax Receipt
<input type="checkbox"/>	Homestead Exemption	<input type="checkbox"/>	Warranty Deed
<input type="checkbox"/>	Migrant Address Verification Letter (Migrant eligible students only) <i>No other documentation required.</i>		

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.

The undersigned certifies that all information contained in this form is accurate and that a copy of the McKinney-Vento Eligibility Assessment has been provided by the school.

Under penalties of perjury, I declare that I have read the foregoing [document] and that the facts stated in it are true. 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 (FS 95.525).

Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date

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):

<input type="checkbox"/>	Co-residing <u>and</u> family has no residency documents. (Family has not experienced a loss of housing. Update B, D screens/SIS)
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If co-residing, the party with whom the family resides must sign below and provide proof of residency with two (2) documents. This form is valid for one school year only and expires at the end of the regular school year.

Acknowledgement: I certify that the family referenced above is residing with me at the above address.

Name of Individual	Signature	Date

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.

The undersigned certifies that all information contained in this form is accurate and that a copy of the McKinney-Vento Eligibility Assessment has been provided by the school.

Under penalties of perjury, I declare that I have read the foregoing [document] and that the facts stated in it are true. 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 (FS 95.525).

Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date

The McKinney-Vento Homeless Assistance Act At a Glance

McKinney -Vento Act

Children and Youth
who...

- **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 is 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.

H.E.L.P. Services

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

Date _____

Dear Registrar,

The following student enrolled at Riverview high School on _____

Name: _____ Grade: _____

Birthdate: _____

Please send the following:

- | | |
|---|---|
| <input type="checkbox"/> Transcript | <input type="checkbox"/> Interpretation of your grading scale |
| <input type="checkbox"/> All Test scores (state) including, End of Course (EOC), SAT, ACT | |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Physical and immunizations |
| <input type="checkbox"/> Discipline history | |

☐ If the student was an 8th grade student taking a high school course, please indicate on transcript if

1. High school credit was awarded
2. If the course was an honors course
3. If honors points were awarded

☐ If student is in Special Education:

☐ Current IEP ☐ Psychological evaluation ☐ 504 plan

☐ Withdrawal form with transfer grades if student left during a grading period.

Message: _____

Student Name _____ Sex _____ Grade _____ DOB _____
 (Last, First, MI)
 Home Address _____ Zip _____ Home Phone _____

APPLICATION FOR HEALTHY STUDENT PROGRAM MEMBERSHIP

PEOPLE TO BE CONTACTED IN CASE OF EMERGENCY:

Parent Name	Work Number	Home Phone #	Cell Phone #
Emergency Contact from Emergency Card		Home Phone #	Cell Phone #

STUDENT MEDICAL HISTORY

Name of Family Physician _____ Physician Phone _____
 Name of Family Dentist _____ Dentist Phone _____
 Date of Student's Last Physical Exam _____ Dental Exam _____
 List any ALLERGIES to Medications or Food _____
 List any MEDICATIONS that this student is presently taking _____
 List any SURGERIES that this student has had _____
 CURRENTLY, DOES THIS STUDENT HAVE ANY MEDICAL OR HEALTH PROBLEMS THAT WE
 SHOULD BE AWARE OF? _____

Family Medical History: (Check all that apply and indicate which family members had or have the condition)
 High Blood Pressure _____ Tuberculosis _____ Diabetes _____
 Epilepsy _____ Sickle Cell _____ Cancer _____
 Heart Problems _____ Asthma _____ Arthritis _____
 Weight (overweight or underweight) _____

STUDENT INSURANCE INFORMATION

Is this student covered by HEALTH INSURANCE	YES _____	NO _____
Insurance ID Number _____		
Is the student covered by MEDICAID? (Better Health Plan; Medipass; etc.)	YES _____	NO _____
Medicaid Number _____		
Amerigroup Number: _____		

ENROLLMENT STATEMENT

We agree to enroll _____ in the Healthy Student Program. We understand that the program offers a limited range of services on an as-needed basis as outlined on the Healthy Student Program Application Form. We further understand that these services DO NOT REPLACE the services of our family doctor. In case of accident or serious illness, the school policies outlined on the School's Emergency Information Card will be observed. We give permission to the District to seek third party reimbursement. We further understand that student information is confidential except in those instances when professionals are required by law to report Child Abuse, Death Threats, Suicide Risk, public health concerns, or for billing purposes.

Parent/Guardian Signature _____ Date _____