

## **REGISTRATION REQUIREMENT CHECKLIST**

**All documents must be signed, and all required documents must be submitted by the parent/guardian before the student will be registered.**

<https://www.hillsboroughschools.org/eastbay>

**\*\*\*Court Documents/Notarized Typed Letter required for all Non-Biological Parents/Guardians\*\***

**If living with someone or if you were enrolled at East Bay the prior year as living with someone, the person that you're living with must be present. NO EXCEPTIONS!!**

### **If last enrolled school was a public school within Hillsborough County:**

- Two **Current** Documents for Verification of Residence (Florida driver's license or identification, Utility bill <electric, water, gas>, lease agreement, mortgage statement, rent receipt, property tax, homestead exemption, warranty deed)

**\*\*\*** If the family is in shared-housing not related to economic hardship, two (2) of the above documents and SER Form C (Co-residing Form C) are required.

- Driver's License (All Head of Households)
- Last Report Card
- Withdrawal Form

### **If last enrolled school was a private school, out of county, out of state, or out of the country:**

- Two **Current** Documents for Verification of Residence (Florida driver's license or identification, Utility bill <electric, water, gas>, lease agreement, mortgage statement, rent receipt, property tax, homestead exemption, warranty deed)
- Driver's License (All Head of Households)
- Last Report Card
- Withdrawal Form
- Birth Certificate
- Complete Shot Records (Must be transferred to a Florida Immunization form-see a FL doctor or clinic)
- Florida Physical (Must be given by a Florida Physician)
- IEP/504 Plan, if applicable



PLEASE PRINT FIRMLY

**AUTHORIZATION FOR STUDENT RELEASE AND EMERGENCY INFORMATION CARD**

PLEASE PRINT FIRMLY

**THIS BLOCK FOR SCHOOL USE ONLY**

SCHOOL YEAR	SCHOOL NAME		DISTRICT STUDENT NUMBER		ENTRY CODE		
TEACHER OR HOMEROOM		GRADE	STATE STUDENT NUMBER		ENTRY DATE		
<b>EMERGENCY INFORMATION:</b> This card must be completed by the parent or legal guardian.					<b>CHILD OF MILITARY FAMILY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>  Military Family Includes: 1) members on active duty or 2) members for 1 year following: • medical discharge due to injury • retirement • death due to active duty injury		
NAME OF STUDENT (LAST)		(JR, 2D, 3D, 4T)	(FIRST)	(MIDDLE)		DATE OF BIRTH MM DD YY	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
MAILING ADDRESS – (STREET NUMBER & NAME, CITY, ZIP CODE)							
RESIDENTIAL ADDRESS – (IF DIFFERENT FROM MAILING ADDRESS) (STREET NO. & NAME, CITY, ZIP) (IF RURAL LOCATION, PLACE DIRECTIONS ON REVERSE)					HOME PHONE		
PARENT/LEGAL GUARDIAN (LAST, FIRST, INITIAL)			PARENT/LEGAL GUARDIAN (LAST, FIRST, INITIAL)				
EMPLOYER NAME			EMPLOYER NAME				
BUSINESS PHONE/EXTENSION		MOBILE NUMBER	BUSINESS PHONE/EXTENSION		MOBILE NUMBER		
EMAIL			EMAIL				
RELATIONSHIP TO STUDENT: (CIRCLE ONE) P – PARENT G – LEGAL GUARDIAN A – GUARDIAN AD LITEM O – OTHER S – SURROGATE N – NO PARENT/GUARDIAN REQUIRED			RELATIONSHIP TO STUDENT: (CIRCLE ONE) P – PARENT G – LEGAL GUARDIAN A – GUARDIAN AD LITEM O – OTHER S – SURROGATE N – NO PARENT/GUARDIAN REQUIRED				
PERSON(S) TO CONTACT IF PARENT CANNOT BE REACHED NAME (STUDENT MAY BE RELEASED TO THIS PERSON)		DAYTIME PHONE	PERSON(S) TO CONTACT IF PARENT CANNOT BE REACHED NAME (STUDENT MAY BE RELEASED TO THIS PERSON)		DAYTIME PHONE		
HOSPITAL PREFERENCE		PHYSICIAN NAME & PHONE NUMBER		DENTIST NAME & PHONE NUMBER			
CURRENT HEALTH PROBLEMS ASTHMA <input type="checkbox"/> DIABETES <input type="checkbox"/> SEIZURES <input type="checkbox"/> HEART CONDITION <input type="checkbox"/> ALLERGIES <input type="checkbox"/> OTHER <input type="checkbox"/>		EXPLANATION OF HEALTH PROBLEM(S) AND/OR MEDICATION(S) STUDENT IS TAKING					
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.							
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, with addresses and telephone numbers, to the principal of the school.							
X _____ Signature of Parent/Legal Guardian				_____ Date			

**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 \_\_\_\_\_

(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

**\*\*\* 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.

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



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ENTRY DATE						ENTRY DATE	
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NAME OF STUDENT (LAST)		(JR, 2D, 3D, 4T)		(FIRST)		(MIDDLE)	
DATE OF BIRTH		MM DD YY		____ MALE ____ FEMALE		Military Family Includes: 1) members on active duty or 2) members for 1 year following: • medical discharge due to injury • retirement • death due to active duty injury	
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EMPLOYER NAME				EMPLOYER NAME			
BUSINESS PHONE/EXTENSION		MOBILE NUMBER		BUSINESS PHONE/EXTENSION		MOBILE NUMBER	
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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					
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# 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>	

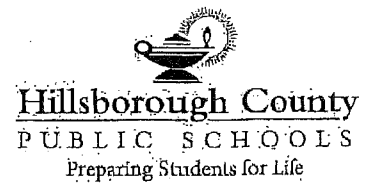
Per HCPS Policy 2431, students are not guaranteed the ability to participate in the athletic program if they transfer schools. Contact the Assistant Principal for Administration for more information.

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
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**2024-2025 Hillsborough County Public Schools  
Student Likeness Release Form**



School: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Student Name (Last, First): \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Dear Parent/Guardian:

Throughout the school year, certain Hillsborough County Public School partners and media members may be involved with special events or activities at your child's school.

Hillsborough County Public Schools also may wish to interview, photograph, or videotape your child for promotional and educational reasons to utilize in publications and special district events. Before your child can participate in any of the above events or activities, you must give your permission by signing and returning this likeness release form to your child's school.

**Please select only one option below:**

☐

**I give my permission** for my child to be interviewed, photographed, or videotaped by the school/district, school/district partners or sponsors, and/or members of the general news media and expressly authorize and grant my consent to such parties the right to use my child's physical likeness, other identifying characteristics, information, and/or recordings of his/her voice in any media, including but not limited to, broadcast, cable, print, and/or digital, and for any purpose including but not limited to entertainment, news, education, advertising, marketing and promotion without compensation thereof.

☐

**I do not give permission** for my child to be interviewed, photographed, or videotaped by the school/district, school/district partners or sponsors, and/or members of the general news media; nor for his/her name to be published in school/district publications, on the internet, or in news Publications or broadcasts.

☐

**I give my permission ONLY** for my child to be photographed for and his/her name be published in the 2023-2024 school yearbook.

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Hillsborough County**  
**PUBLIC SCHOOL**  
*Excellence in Education*

All Students of East Bay High School:

Hillsborough County School has been very specific and rigid with regards to three areas of concern in our school. The first concern is drug abuse, either involving possession of or sale of drugs. The second concern is in regards to the activation of false fire alarms. The third concern is possession of a weapon or weapons at school.

Students involved in possession of use of illegal drugs on our schools grounds, or buses, or at any school function, will be suspended, referred to the Hillsborough County Sheriff's office for prosecution, and may be referred to the Hillsborough County School Board for change of placement by the Principal. Students involved in the sale of drugs will be suspended, referred to the Hillsborough County Sheriff's Office, and recommended for an expulsion to the Hillsborough County School Board by the Principal.

Concerning the activation of a false alarm, the Hillsborough County School Board's policy states that the Principal shall bring any student guilty of such an act before the Board and be considered for a change of placement. Student will also be suspended from school and referred to Hillsborough County Sheriff's Office.

Students in possession of a weapon or weapons will be suspended, referred to the Hillsborough County Sheriff's Office, and recommended for expulsion to the Hillsborough County School Board by the Principal.

A suspension means that a student may not attend school nor any school related activity for the period of time not to exceed ten days. An expulsion is much more serious and is exercised by the Hillsborough County School Board. When a student is expelled he/she may not attend any Hillsborough County Public School, or school activity (regular, adult, night, or vocational programs) for a period of time from one semester up to two years. The severity of the offense and the past discipline record of a student recommended for expulsion is considered by the Board in an expulsion hearing. To be clearly stated, a suspension is administered by the school in which a student attends, and an expulsion is adjudicated by the school Board.

For further information on policies and procedures of Hillsborough County Schools, please read carefully along with your parents, the student Handbook in its entirety.

I have read and understand the above information.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date



Hillsborough County  
PUBLIC SCHOOLS  
Preparing Students for Life

HEALTH HISTORY INFORMATION – School Health

Student: \_\_\_\_\_ Student #: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Parent/Guardian:

Your child's school physical and/or Emergency Card indicate that he/she has the following condition(s)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please provide me with the following information so that I may have a better understanding of your child's needs while at school.

1. Is your child under the care of a physician for the above condition(s) \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Has your child had a problem with this condition in the last year? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
3. Should your child's activities at school be restricted in any way? *(Please note that some restrictions may require a physician's letter of explanation)* \_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain: \_\_\_\_\_  
\_\_\_\_\_

4. Does your child take medication(s) regularly? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Reason for medication: \_\_\_\_\_

5. What action do you want the school to take when your child is sent to the school clinic for the health problem?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Number:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_

6. Please list any other information that might be helpful in caring for your child.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you wish to speak with me, please call your child's school and leave a phone number where I can reach you during school hours.

Sincerely, \_\_\_\_\_

Please turn into your teacher

## ACCELERATION ENROLLMENT CHECK

Have you taken an AP exam? Yes/No

If yes, what exam and score earned:

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Have you taken a certification exam? Yes/No

If yes, what exam and where was it taken:

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Have you taken dual enrollment? Yes/No

If yes, what course(s) did you take and where taken:

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