



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 checked="" 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 B

McKinney-Vento Enrollment Student Residency Form

According to the federal McKinney-Vento Homeless Assistance Act, eligible students have the right to be **immediately enrolled** in **ONLY** the **school of origin** or the **attendance boundary** school, even without required enrollment documents. Eligibility should be determined using the McKinney-Vento Eligibility Assessment **before** giving this Form B to the parent/guardian/host caretaker. This form identifies a student's enrollment category and serves as residence verification for enrollment in a Hillsborough County Public School.

Complete this **Form B** if the student lacks a **fixed, regular, and adequate nighttime residence** (McKinney-Vento definition).

- If the family can provide proof of residency with two (2) residency documents, complete Form A.
- If the family is co-residing by choice, they did not experience a loss of housing, and they have zero (0) residency documents, complete Form C.

| | | | |
|---|----------------|-----------------|----------|
| Student Name: | Date of Birth: | Student Number: | Grade: |
| School Name: | | | |
| Student's Street Address / City / State / Zip Code: | | | |
| Parent/Guardian/Host Caretaker Name: | | | Contact: |

1. Check the box that fits the student's current living situation, based on where the student slept the night before enrollment. **(Code the HLS field on the E screen/SIS)**

- ☐ Living in an emergency shelter (shelter verification letter), transitional housing program, or FEMA housing. **(Code A)**
- ☐ Sharing the housing of other person due to a loss of housing, economic hardship, or similar reason. **(Code B)**
- ☐ Living in a car, temporary RV park or campground, bus station, abandoned buildings, substandard housing, or other public or private spaces not designed for human beings due to lack of alternative accommodations. **(Code D)**
- ☐ Living in hotels or motels due to a loss of housing or lack of alternative and adequate accommodations. **(Code E)**

2. Is the student an Unaccompanied Youth (not living in the physical custody of a parent or guardian) **and** meets the McKinney-Vento definition of homeless living in one of situations listed above? **(Code the UAC field on E screen/SIS)**

- ☐ No. This student is not an Unaccompanied Youth. **(Code N)**
- ☐ Yes. This student is an Unaccompanied Youth, meets the definition of homeless, **under** the age of 16. **(Code U)**
- ☐ Yes. This student is an Unaccompanied Youth, meets the definition of homeless, 16 years of age or older, and **will be certified** by the district Homeless Education Liaison. **(Code C)**

3. Cause of homelessness: What led to the student's current living situation? Check one of the following: **(Code the HLCS field on E screen/SIS)**

| | | |
|---|---|--|
| <input type="checkbox"/> Man-Made Disaster - Major (War, Explosions, House Fire) (Code D) | <input type="checkbox"/> Mortgage foreclosure (Code M) | <input type="checkbox"/> Tornado (Code T) |
| <input type="checkbox"/> Earthquake (Code E) | <input type="checkbox"/> Pandemic Major (Code P) | <input type="checkbox"/> Wildfire (Code W) |
| <input type="checkbox"/> Flooding (Code F) | <input type="checkbox"/> Tropical Storm (Code S) | <input type="checkbox"/> Hurricane (Code H) |
| <input type="checkbox"/> Other homeless causes: divorce, domestic violence, eviction, economic hardship (loss of wages, unemployment, lack of affordable housing, mental illness, health issues, family conflict) (Code N) | | |

4. List **all** school age children enrolled in a Hillsborough County Public or Charter School (PreK-12) that were affected by this loss of housing.

| Name | Student Number | DOB | School | Grade |
|------|----------------|-----|--------|-------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

NOTE: This form is valid for one (1) school year only. Eligibility must be determined at the beginning of each school year to continue receiving McKinney-Vento services. Contact your child's school for assistance. Per HCPS Policy 2431, students are not guaranteed the right to participate in an athletic program if they transfer schools, even if they are identified as McKinney-Vento eligible. For more information, contact the Assistant Principal for Administration at your child's school.

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.

| | | |
|---------------------------------|------------------------------|------|
| 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) |
|--------------------------|--|

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 |