

Side A



Student Residency Form

Complete **Side A** of this form if the Parent/Guardian can provide Proof of Residence. If not, complete **Side B**.

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)
- Awaiting foster care placement
- Sharing a home with another family by choice (if sharing voluntarily, a new residency form must be completed annually.* (update B Screen)

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
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***If sharing or using the housing of other persons, the party with whom the family resides must sign below and provide two (2) proofs of residency.**

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
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Data Processors – This form, SB 60711 (Rev. 1/11/2017), must be coded into the student database upon enrollment on the B, D, and E screens.

Distribution: Data Processor: File if Side B was used, send a copy to the School Social Worker, fax to the HELP: Students in Transition Team at 813-384-3979.

Side B

Student Residency Form

Complete Side B of this form if the parent or guardian cannot provide Proof of Residence.

If the parent or guardian can provide proof of residence, complete Side A.

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: _____

1. What is the current student residence?

Unable to provide verification of residence due to one of the following circumstances:

- Living in emergency / transitional shelter, or abandoned in a hospital **(McKinney-Vento Code A)***
- Sharing the housing of other persons **temporarily** due to loss of housing or economic hardship; doubled up **(McKinney-Vento Code B)***
- Living in a car, park, campground, public space, abandoned building, or substandard housing, bus or train station or similar setting **(McKinney-Vento Code D)***
- Living in a hotel, motel, or trailer park on a temporary basis due to lack of alternative adequate accommodations **(McKinney-Vento Code E)***

2. The student is an “Unaccompanied Homeless Youth” (not living in physical custody of a parent/legal guardian) and is identified under McKinney-Vento code categories A, B, D, E above (code UAC field) Yes No

*Enrollment should be immediate for students in transition/homeless identified under coded categories A, B, D, or E above.

3. Families under the McKinney- Vento codes must choose one of the following reasons:

Select One Reason	Cause	SCHOOL CODE (office use)
	Mortgage Foreclosure-Homeless family loses own home due to foreclosure	M
	Natural Disaster - Earthquake	E
	Natural Disaster – Flooding	F
	Natural Disaster – Hurricane	H
	Natural Disaster – Tropical Storm	S
	Natural Disaster – Tornado	T
	Natural Disaster – Wildfire or Fire	W
	Natural Disaster – Other	N
	Other (Lack Affordable Housing, Unemployment, Domestic Violence, Eviction,	O

Your child/children may be eligible for additional educational services through Title I Part A, Title I Part C Migrant, or Title X Part C Federal McKinney-Vento Assistance Act. Consult with school staff for additional information.

4. 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, 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.

If sharing or using the housing of other persons, the party with whom the family resides must sign below and provide two (2) proofs of residency.

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
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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
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Administrator Signature: _____ Date: _____

Data Processors – This form (SB 60711) must be coded into the student database upon enrollment (on B, D, and E screens).

Distribution: Data Processor: File if Side B was used, send a copy to the School Social Worker, and fax to the HELP: Students in Transition Team at (813) 384-3979.