

**T.R. Robinson Sr. High School
New Student Enrollment Requirements**

You must have ALL of the required documentation or your student will not be allowed to enroll. Only a parent or court appointed legal guardian may enroll a student, and must be present at time of enrollment. Notarized statements will not be accepted.

FROM A HILLSBOROUGH COUNTY PUBLIC SCHOOL:

- 1) Completed withdrawal form in hand with current grades (it is the responsibility of the PARENT/LEGAL GUARDIAN to bring this form with the student at the time of registration.)
- 2) Parent's Driver's License (for Identification purpose only).
- 3) Two (2) Verifications of Residence in the name of the parent or legal guardian.
 - (a) Utility Bill (Must be a current bill (Ex. TECO – NO phone bill; internet) with the date and address showing)
 - (b) Mortgage/Lease Agreement
- 4) Any Exceptional Student Documents (SLD, EH, EMH, etc.) including current IEP.
- 5) If you owe a debt, you MUST go back to the school with the debt and clear it.
- 6) Please provide documentation if student has a 504 plan.

FROM FLORIDA PUBLIC SCHOOL (other than Hillsborough County) or PRIVATE SCHOOL:

- 1) Completed withdrawal form with current grades and transcript in a sealed envelope. (It is the responsibility of the PARENT/LEGAL GUARDIAN to contact the previous school for these grades if they do not bring them in at the time of registration).
- 2) Parent's Driver's License for identification purpose only.
- 3) Two (2) Verifications of Residence in the name of the parent or legal guardian.
 - (a) Utility Bill (Must be a current bill (Ex. TECO – NO phone bill; internet) with the date and address showing)
 - (b) Mortgage/Lease Agreement
- 4) Standardized Test Scores, EOC – Algebra I, Biology, Geometry, US History
- 5) Copy of the State of Florida Student Health Examination Form
- 6) Copy of the Florida Certification of Immunization
- 7) Discipline Record
- 8) Birth Certificate
- 9) Social Security Card
- 10) Any Exceptional Student Documents (SLD, EH, EMH, etc.) including a current IEP.
- 11) Please provide documentation if student has a 504 plan.

FROM AN OUT OF STATE SCHOOL:

- 1) Completed withdrawal form with current grades (with grade translation) and transcript in a sealed envelope. (It is the responsibility of the PARENT/LEGAL GUARDIAN to contact the previous school for these grades if they do not bring them in at the time of registration).
- 2) Parent's Driver's License for identification purpose only.
- 3) Two (2) Verifications of Residence in the name of the parent or legal guardian.
 - (a) Utility Bill (Must be a current bill (Ex. TECO – NO phone bill; internet) with the date and address showing)
 - (b) Mortgage/Lease Agreement
- 4) Standardized Test Scores, EOC – Algebra I, Biology, Geometry, US History
- 5) Copy of the State of Florida Student Health Examination Form
- 6) Copy of the Florida Certification of Immunization
- 7) Discipline Record
- 8) Birth Certificate
- 9) Social Security Card
- 10) Any Exceptional Student Documents (SLD, EH, EMH, etc.) including a current IEP.
- 11) Please provide documentation if student has a 504 plan.

ROBINSON HIGH SCHOOL REGISTRATION CHECK LIST

Student's Name: _____ Student #: _____

Documents Required for Registration (Initial when complete)

- _____ 1) School Locator
- _____ 2) Picture ID from Parent/Legal Guardian (Custody issue – see Administration)
- _____ 3) Withdrawal Form (if school is already in session)
- _____ 4) Copy of Transcript/Last Report Card (*9th gr must have final report card from 8th gr & Seniors must have Transcripts*) (any issues – see Administration)
- _____ 5) 2 Proofs of address in Parent/Legal Guardian's name (Must match name on SER) *Example. Recent Utility Bill – water, gas, electric (NO Phone Bills or Cable Bills), Copy of Lease Agreement or Mortgage Contract, Property Tax, Receipt showing Homestead Exemption. NOTE: If student and family are living with someone else, they must have an Address Affidavit. Utility Bill in Homeowner's Name and Administrative Approval*
- _____ 6) Birth Certificate
- _____ 7) Social Security card
- _____ 8) Florida Certification of Immunizations (any issues – see Nurse)
- _____ 9) State of Florida Student Health Examination form (any issue – see Nurse)
- _____ 10) Discipline Record (any discipline issue – see Administration)
- _____ 11) Any Exceptional Student Documents (SLD, EH, EMH, etc.) – Including current IEP. (see ESE Specialist)
- _____ 12) *For all current or former Hillsborough County Students – check "A, B, J, S & GPA/Cumulative Summary Screen*

REQUEST FOR RECORDS

T. R. ROBINSON HIGH SCHOOL

6311 South Lois Avenue
Tampa, FL 33616
Phone: (813) 272-3006 x 230
Fax: (813) 272-2632

Ms. Jeanne Brenner, Registrar
Robinson Sr. High School
6311 S. Lois Ave.
Tampa, Fl. 33616
Fax: 813-272-2632
Phone: 813-272-3006 x 230
Jeanne.Brenner@hcps.net

To: _____

Attn: Registrar or Student Services Dept.

Fax: _____

Date: _____

Phone: _____

Pages: _____

Student Name: _____ Grade: _____

Birthdate: _____

The student above has been enrolled at Robinson Sr. High School. Please fax then mail an official copy.

PLEASE DO NOT SEND THE COMPLETE CUMULATIVE FILE, ONLY THE INFORMATION REQUESTED.

EOC --- Algebra I, Biology, Geometry, US History (please send official assessment records
indicating if student met your state requirements)

Withdrawal grades

Transcript of **ALL** previous grades (Please include your grading scale)

Test scores

8th Grade FCAT

Attendance Record

Discipline record

Copy of birth certificate

Copy of social security card

Florida Department of Health Certification of Immunization (**Form 680**) (If previous school was in Florida)

State of Florida Student Health Examination Form (If previous school was in Florida)

Special education records, **current IEP**, 3 year re-evaluation, functional behavior assessment,

Psychological/diagnostic evaluation and social work report.

Please indicate if student was promoted from 8th grade to 9th grade.

Parent/Legal Guardian Signature: _____

Guidance Office Signature: _____

PLEASE PRINT FIRMLY

AUTHORIZATION FOR STUDENT RELEASE AND EMERGENCY INFORMATION CARD
Hillsborough County Public Schools

PLEASE PRINT FIRMLY

THIS BLOCK FOR SCHOOL USE ONLY

Form with fields for School Year, School Name, District Student Number, Entry Code, Teacher or Homeroom, Grade, State Student Number, Entry Date, Emergency Information, Mailing Address, Residential Address, Home Phone, Parent/Legal Guardian, Employer Name, Business Phone/Extension, Pager or Cell Number, Email, Relationship to Student, Person(s) to Contact, Hospital Preference, Current Health Problems, and Explanation of Health Problems.

REGISTRATION INFORMATION

Registration information form including fields for Student's Social Security Number, Birthplace, First-time Hillsborough County Student, Home Language Survey, State/Federal Mandated Information, and race selection.

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/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 _____

Side A



Student Residency Form

Complete Side A of this form if the Parent/Guardian can provide Proof of Residence.

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)
- Co-residing and no residency documents (parent has not experienced a loss of housing) (update B and D Screens)

If co-residing, the party with whom the family resides must sign below and provide two (2) proofs of residency. In this circumstance, this form is valid for one school year only and expires at the end of the school year.

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

	Signature	Date
--	-----------	------

Please check the documents being provided to the school for verification of residence (2 are required):

- | | | |
|---|--|--|
| <input type="checkbox"/> Homestead exemption | <input type="checkbox"/> Current electric bill | <input type="checkbox"/> Lease agreement |
| <input type="checkbox"/> Property tax receipt | <input type="checkbox"/> Contract for purchase of home | <input type="checkbox"/> 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.

	Signature of Parent/Guardian	Date
--	------------------------------	------

Side B

Student Residency Form

Complete Side B of this form to determine a student's eligibility under the federal McKinney-Vento Homeless Education Act. Eligible students are to be immediately enrolled even if they are missing the required documentation.

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: _____

Questions 1-3 must be completed to determine eligibility.

1. Describe the current residence of the student:

- Living in an emergency/transitional shelters (e.g. FEMA Trailers) or abandoned in a hospital (McKinney-Vento Code A)
- Sharing the housing of other persons due to loss of housing or economic hardship or other similar reason; doubled-up (McKinney-Vento Code B)
- Living in a car, parks; temporary trailer parks or campgrounds due to lack of alternative adequate accommodations, public spaces, abandoned buildings, substandard housing, bus or train stations, public or private place not designed for or ordinarily used as a regulars sleeping accommodation for human beings or similar settings (McKinney-Vento Code D)
- Living in a hotels or motels due to lack of alternative adequate accommodations (McKinney-Vento Code E)

2. Is the student an "Unaccompanied Homeless Youth" (not living in physical custody of a parent/legal guardian) and identified under McKinney-Vento (code UAC field)? Yes No

3. Reason for residency status:

Check One Reason	Cause	SCHOOL CODE (office use)
<input type="checkbox"/>	Man-Made Disaster (Major)	D
<input type="checkbox"/>	Earthquake	E
<input type="checkbox"/>	Flooding	F
<input type="checkbox"/>	Hurricane	H
<input type="checkbox"/>	Mortgage Foreclosure-Homeless family loses own home due to foreclosure	M
<input type="checkbox"/>	Other homeless causes	N
<input type="checkbox"/>	Pandemic (Major)	P
<input type="checkbox"/>	Tropical Storm	S
<input type="checkbox"/>	Tornado	T
<input type="checkbox"/>	Unknown	U
<input type="checkbox"/>	Wildfire	W

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 2431.01, 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 _____

Data processors -- This form (SB 60711) must be coded into the student database upon enrollment (on B, D, and E screens). The original document is maintained in a file located in the data processor's office. This form should not be placed in the student's cumulative folder.

ROBINSON HIGH SCHOOL

Parent/Legal Guardian Verification of Student's status

By my signature below, I am verifying that all information provided to the school at the time of my child's enrollment, is to the best of my knowledge, complete and truthful. **I understand that my child is being enrolled in this school on the condition that I provide truthful information. I further understand that my child may be withdrawn from enrollment if any of the information I have provided proves to be false.**

RESIDENCE

I verify that both the student and I live at the address given on the enrollment forms, which is an address in the Robinson High School attendance area, or I have been granted approval by the school board for Special Assignment or Choice to Robinson High School.

GUARDIANSHIP

By my signature below I verify that I am the parent or legal guardian of the child. (If legal guardian, LEGAL COURT DOCUMENTATION MUST BE ATTACHED. – Notarized statements giving guardianship WILL NOT be accepted.)

ESE/504 STATUS (Must check one)

- Yes, my child was receiving or staffed to receive ESE services at his/her most recent educational placement (EH, SLD, EMH, TMH, PI, SED, Speech, Gifted, other) Current IEP and Psychological Evaluation Report must be attached.
- No, my child was not receiving or staffed to receive ESE services at his/her most recent educational placement.
- Yes, my child has a 504 Plan
- No, my child does not have a 504 Plan

DISCIPLINE

Has the student been suspended through Student Affairs in the last 12 months? 1

- Yes Reason(s) for suspension: _____
- No Student has not been suspended through Student Affairs in the last 12 months.

Has the student ever been expelled, arrested resulting in a charge, or had juvenile justice actions

- Yes (attach a written explanation of the circumstances)
- No, the student has not been expelled, arrested resulting in a charge, or had juvenile Justice actions.

Student's Complete Legal Name

Date of Birth

Signature of Parent/Legal Guardian

Date

STATE MANDATED INFORMATION

Per Senate Bill 7026, please complete the information below.

Student Name: _____

Has the student ever had any referrals to mental health services? ___ Yes ___ No

Parent/Guardian Signature

Date



New Student Survey Robinson High School

Welcome to Robinson High School! We are glad to have another Knight joining our family here at Camelot. To help you become better acquainted with our campus and student body, please take a moment to fill out the following survey so we can match you up with the perfect Student 2 Student buddy for you.

Name _____
Age _____ Number of siblings _____ Hobbies _____

Previous school(s) attended. Please indicate city and state if not Tampa, Florida.

1. Do you speak a foreign language? YES _____ or NO _____
2. What grade are you entering? 9th 10th 11th 12th (please circle)
3. What sports are you involved in? Football _____ Volleyball (G) _____ Cross Country _____ Swimming _____ Golf _____ Basketball _____ Soccer _____ Wrestling _____ Cheerleading _____ Softball (G) _____ Baseball (B) _____ Track _____ Flag Football _____ Tennis _____ Other (Specify) _____
4. What extra-curricular activities are you interested in? Marching Band _____ Orchestra _____ Drama _____ NJROTC _____ Winterguard (Dance) _____ Journalism _____ Volunteering _____ Other (Specify) _____
5. Are you from a military family? Who? Mom _____ Dad _____ Sister _____ Brother _____ Aunt/Uncle _____ Cousin _____ Grandparents _____ Other (Specify) _____
6. Which of the following clubs do you think you might enjoy? Environmental _____ Karaoke Club _____ Feeding America _____ Film Studies _____ Nightmare (Pep) _____ Mu Alpha Theta _____ Flash Mob _____ Ping-Pong _____ Robotics _____ Harry Potter _____ Gamers _____ Marine Biology _____ Multi-Culture _____ Emperor's Book Club _____ JSA (Speech) _____ Other (Specify) _____