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.

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 <u>transcript in a sealed envelope</u>. (It is the responsibility of the <u>PARENT/LEGAL GUARDIAN</u> 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.

- 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 <u>PARENT/LEGAL GUARDIAN</u> 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 Regist	ration (Initial when complete)
1) School Locater	
2) Picture ID from Parent Administration)	/Legal Guardian (Custody Issue – see
3) Withdrawal Form (if scl	hool is already in session)
	t Report Card (9 th gr <u>must</u> have final report S Seniors <u>must</u> have Transcripts) (any issues on)
name on SER) Exan Bills), Copy of Lease Agreem Exemption, NOTE: If student	Parent/Legal Guardian's name (<u>Must</u> match nple. Recent Utility Bill – waler, gas, electric (NO Phone Bills or Cable nent or Morigage Contract, Property Tex, Receipt showing Homestead and family are living with someone else, they must have an Addressed or Name and Administrative Approval
6) Birth Certificate	
7) Social Security card	
8) Florida Certification of Ir	nmunizations (any issues – see Nurse)
9) State of Florida Student Nurse)	Health Examination form (any issue - see
10) Discipline Record (any d	liscipline issue - see Administration)
11) Any Exceptional Student Including current IEP.	Documents (SLD, EH, EMH, etc.) — (see ESE Specialist)
	er Hillsborough County Students – check Sumulative 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 Attn: Registrar or Student Services Dept. Date: _____ Fax: ______ Pages: _____ Phone: 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. __X_ EOC --- Algebra I, Biology, Geometry, US History (please send official assessment records Indicating if student met your state requirements) X_ Withdrawal grades Transcript of ALL previous grades (Please include your grading scale) Test scores X 8th Grade FCAT X_ Attendance Record X Discipline record X Copy of birth certificate X Copy of social security card X__ Florida Department of Health Certification of Immunization (Form 680) (If previous school was in Florida) X_ 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, X Psychological/diagnostic evaluation and social work report. X Please indicate if student was promoted from 8th grade to 9th grade. Parent/Legal Guardian Signature: Guidance Office Signature:

PLEASE PRINT FIRMLY

TEACHER OR HOMEROOM

SCHOOL YEAR

EMPLOYER NAME

EMAIL

BUSINESS PHONE/EXTENSION

AUTHORIZATION FOR STUDENT RELEASE AND EMERGENCY INFORMATION CARD PLEASE PRINT FIRMLY Hillsborough County Public Schools THIS BLOCK FOR SCHOOL USE ONLY
SCHOOL YEAR SCHOOL NAME DISTRICT STUDENT NUMBER FNTRY CODE STATE STUDENT NUMBER GRADE DATE Child of Military Family? Yes or EMERGENCY INFORMATION: This card must be completed by the parent or legal guardlan NAME OF STUDENT (LAST) (JR, 2D, 3D, 4T) (FIRST) Milliary Family Includes:

1) members on active duty or
2) members for 1 year following:
• medical discharge due to injury DATE OF BIRTH MM DD YY (MIDDLE) MALE FEMALE retirement MAILING ADDRESS - (STREET NUMBER & NAME, CITY, ZIP CODE) death due to active duty injury 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 PAGER OR CELL NUMBER BUSINESS PHONE/EXTENSION PAGER OR CELL NUMBER

EMAIL

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A GUARDIAN AD LITEM N - NO PARENT/GUARDIAN REQUIRED	CONCE ONE CONTACT IS PARENT CANNOT BE BEACHED'	DAYTIME
PERCONO TO CONTACT IS PARENT CANNOT BE REACHED* DAYTIME	NAME (STUDENT MAY BE RELEASED TO THIS PERSON)	PHONE
NAME (STUDENT MAY BE RELEASED TO THIS PERSON) PHONE	TANKE (O) OBERT MINE	
	The second state of the se	
PHYSICIAN'S NAME	DENTIST'S NAME & PHONE NUMBER	
HOSPITAL REFERENCE & PHONE NUMBER	& PHONE NOWBER	
		,
CURRENT HEALTH PROBLEMS EXPLANATION OF HEALTH PROBLEMS AND N	MEDICATIONS STUDENT IS TAKING	
COMMENT THE PARTY TO THE PARTY		
AUTHOR		
OTHER If the school is unable	to contact the parent/legal quardian or person(s) designated above, the	school will contact the physician or wi
HEART CONDITIONALLERIGIES OTHER * In case of accident or serious illness, the school will contact the parent/legal guardian. If the school is unable * In case of accident or serious illness, the school will contact the parent/legal guardian. Payment of fees will be assum	ned by the parent/legal quardian.	
make the necessary arrangements for immediate transportation and transportation	100 by 11- p-11-11-12	
that if I desire to have my		
	XSignature of Parent/Legal Guardian	Date
addresses and telephone numbers, to the principal of the school.	Signature of Fateriologic Council	
•		
	the second secon	
PECISTRATION	INFORMATION	,
KEGIOIIIII.		
	*** Notice ***	
Student's Social Security Number	HCPS collects Social Security Numbers for the purposes of creating	g a unique numerical identification
Student's Books,		
Dirthniage	Enrollment will not be denied to a student because the student of st	udent's parent of guardian does not
Birthplace City State Country	provide a Social Security Number.	
- to the state of	BR county, state or country within the past year?	
Yes No Did the student relocate hiero to introduce County	Country	
If yes, City State County	Country Country [Include the dates attended and complete address information by	elow)
(Last School attended by the Student) Public Private Home Education	(mondo mo dato arranga a	
School Name Dates Attended	State Zip Code County	Country
Street Address City	State Zip Code County	
Street Address If the student ever attended a Hillsborough County Public School, name of school		
II the student ever attended a limborous		
Home Language Survey		,
No. Is a language other than English used in the home?		
Cat learning other than English?	•	•
- C - All angels a 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	
Primary language spoken in the home by the Parent/Legal Guardian		
Timut Jungange of the control of the		
		•
		•
State/Federal Mandated Information	udge/justice?	٠
State/Federal Mandated Information Yes No Is either head of household a law enforcement officer, firefighter, or just the parent in the military, employed as a federal civilian, or resident of the parent in the military, employed as a federal civilian, or resident of the parent in the military employed as a federal civilian, or resident of the parent in the military employed as a federal civilian.	udge/justice? ling in a housing project?	•
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State/Federal Mandated Information Yes No Is either head of household a law enforcement officer, firefighter, or june Yes No Is either parent in the military, employed as a federal civilian, or residence Yes No Did your family ever travel to look for work on a farm or do paid farm Yes No Is the chydral a single parent with either custody or joint custody of a	udge/justice? ling in a housing project? n labor? minor child?	
State/Federal Mandated Information Yes No Is either head of household a law enforcement officer, firefighter, or journels of the property of the state of the property of the p	oudge/justice? ling in a housing project? n labor? minor child? nad juvenile justice actions?	
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State/Federal Mandated Information Yes No Is either head of household a law enforcement officer, firefighter, or junction Yes No Is either parent in the military, employed as a federal civilian, or residence of the parent in the military, employed as a federal civilian, or residence of the parent of the par	audge/justice? ling in a housing project? n labor? minor child? and juvenile justice actions? ear (YYYY) Asian Black/African American	·
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osciosed to the Agency for meaning one Administration to facilitate vertication of Medicald engineering, and on, as applicable, to seek reimoursement from Medicald for services provided at school. I understand that I may withdraw my consent at any time, school. I understand that I may withdraw my consent at any time,

Date

and that my state/private benefits are not affected.

Signature of Parent/Legal Guardian

Side A



Student Residency Form

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

Student Name:	School:	
Student Name:		
•	Date of Birth: _	
Student Address:	4	
1. What is the current student resi	ience?	,
☐ Family owned house	•	,
Homesteaded ☐ Yes ☐ N	o	•
☐ Family rented apartment/ho	ouse	
☐ Licensed foster care placer ☐ Co-residing <u>and</u> no resider	nent (update D Screen) ncy documents (parent has not experienced a	loss of housing) (update B and D
residency. In this circumstance,	om the family resides must sign below and this form is valid for one school year only	und oxphoo at the that I am
If co-residing, the party with wh residency. In this circumstance,	om the family resides must sign below and this form is valid for one school year only the family referenced above is residing wit	und oxphoo at the that I am
If co-residing, the party with wh residency. In this circumstance, school year. Acknowledgement: I certify that	the family referenced above is residing wit	und oxphoo at the that I am
If co-residing, the party with wheresidency. In this circumstance, school year. Acknowledgement: I certify that Print the name of party with whom stores.	the family referenced above is residing wit	th me at the above address. Date
If co-residing, the party with wh residency. In this circumstance, school year. Acknowledgement: I certify that Print the name of party with whom students be the comments be	the family referenced above is residing wit	th me at the above address. Date
If co-residing, the party with wheresidency. In this circumstance, school year. Acknowledgement: I certify that Print the name of party with whom stores.	the family referenced above is residing wit	Date Date Date Lease agreement

Side B

student's cumulative folder.

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.

Γhis form defines a stι	dent enrollment category and verifies residence for enrollment in a Hills	sporough County Public School
	School:	
· Student Number: _	Date of Birth:	, ,
Student Address:		
	pe completed to determine eligibility.	
	- Etha ofudant	
The Literature on or	rent residence of the student: mergency/transitional shelters (e.g. FEMA Trailers) or abandoned in a h	ospital (McKinney-Vento Code A
☐ Sharing the ho	ousing of other persons due to loss of housing or economic hardship	p or other similar reason,
spaces, aband or ordinarily u	, parks, temporary trailer parks or campgrounds due to lack of alternative adecidenced buildings, substandard housing, bus or train stations, public or passed as a regulars sleeping accommodation for human beings or similar	private place not designed for settings (McKinney-Vento
(McKinney-Ve)	els or motels due to lack of alternative adequate accommodations nto Code E)	
and identified un	"Unaccompanied Homeless Youth" (not living in physical custody der McKinney-Vento (code UAC field)?	of a parent/legal guardian) Yes □ No □
3. Reason for reside	ency status:	SCHOOL CODE (office use)
Check One Reason	Man-Made Disaster (Major)	D
	Earthquake	E
	Flooding	H
	Hurricane Mortgage Foreclosure-Homeless family loses own home due to foreclosure	l N
	Other homeless causes	P
	Pandemic (Major)	S
	Tropical Storm	T
	Tornado	U
	Unknown Wildfire	W
school year only a the ability to particip information.	certifies that all information contained in this form is accurate. The nd expires at the end of the school year. Per the HCPS policy 2431.01, streate in the athletic program if they transfer schools. Contact the Assistant Principles of the perjury, I declare that I have read the foregoing document and that the reson who knowingly makes a false declaration is guilty of the crime of person who knowingly makes a false declaration is guilty of the crime of person who knowingly makes as false declaration.	oal for Administration for more facts stated in it are true
(FS 92.525). A perdeclaration, a felo	ny of the third degree.	
- I PM	ont/Guardian Signature of Parent/Guardian	Date
Print Name of Par Data processors – The original docun	This form (SB 60711) must be coded into the student database upon enroll nent is maintained in a file located in the data processor's office. This form	lment (on B, D, and E screens). n should not be placed in the

Distribution: Data Processor, Administrator, School Social Worker, and District Homeless Liaison via fax (813) 384-3979. SB 60711 (Rev. 5/14/2020)

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, <u>or</u> I have been granted approval by the school board for Special Assignment or Choice to Robinson High School.

GUARDIANSHIP

ESE/504 STATUS (Must check one)

Signature of Parent/Legal Guardian

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.)

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? Reason(s) for suspension: Yes Student has not been suspended through Student Affairs in the last 12 months. No Has the student ever been expelled, arrested resulting in a charge, or had juvenile justice actions (attach a written explanation of the circumstances) Yes No, the student has not been expelled, arrested resulting in a charge, or had juvenile . Justice actions. Date of Birth Student's Complete Legal Name

Date

STATE MANDATED INFORMATION

Per Senate Bill 7026, please complete the information below.

Student Name:	4
Has the student ever had any referrals to mental health services?	?YesNo
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.

Nar	ne
Age	Number of siblings Hobbies
Prei	vious 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? 9 th 10 th 11 th 12 th (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 BandOrchestra 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 Knightmare (Pep) Mu Alpha Theta Flash Mob Ping-Pong Robotics Harry Potter Gamers Marine Biology Multi-Culture Fing-port's Peak Club ISA (Speech) Other (Specify)