



Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_

**BridgePrep Academy- Hillsborough County  
Enrollment/Registration CHECKLIST**

***TO BE COMPLETED BY BPA OFFICE STAFF***

**\*\*\*\*\*ENROLLMENT PACKET DOCS TO BE RETURNED\*\*\*\*\***

- \_\_\_\_\_ AUTH FOR STUDENT RELEASE & EMERGENCY INFORMATION CARD (IN PACKET)
- \_\_\_\_\_ STUDENT RESIDENCY FORM (IN PACKET)
- \_\_\_\_\_ CONTACT FORM/EMERGENCY CONTACT RELEASE FORM (IN PACKET)
- \_\_\_\_\_ PARENT CONTRACT (IN PACKET)
- \_\_\_\_\_ MEDIA RELEASE (IN PACKET)

**\*\*\*\*\*REQUIRED DOCUMENTATION\*\*\*\*\***

- \_\_\_\_\_ BIRTH CERTIFICATE (CERTIFIED BY STAFF AS TRUE & ORIGINAL)
- \_\_\_\_\_ DRIVER'S LICENSE (PARENT ID)
- \_\_\_\_\_ PROOF OF RESIDENCY (LEASE, MORTGAGE AGREEMENT, BANK STATEMENT, VEHICLE REGISTRATION)
- \_\_\_\_\_ PHYSICAL FORM (3040) (ORIGINAL DOCTOR SIGNATURE REQUIRED)
- \_\_\_\_\_ IMMUNIZATION FORMS (680) (ORIGINAL DOCTOR SIGNATURE REQUIRED)
- \_\_\_\_\_ WITHDRAWAL/TRANSFER FORM, if student is from a Public or Charter School
- \_\_\_\_\_ PRIOR SCHOOL RECORDS, IF APPLICABLE

(REPORT CARDS, PROGRESS REPORTS, IEP, ETC.)

**File has been reviewed and approved for enrollment by:**

\_\_\_\_\_  
Registrar

\_\_\_\_\_  
Principal

**Enrolled in the District System:** \_\_\_\_\_

Date & Signature

**Marked ACTIVE in BPA Student Registration System:** \_\_\_\_\_

Date & Signature

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.							
NAME OF STUDENT (LAST) _____		(JR, 2D, 3D, 4T) _____		(FIRST) _____		(MIDDLE) _____	
DATE OF BIRTH MM DD YY _____				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		CHILD OF MILITARY FAMILY? <input type="checkbox"/> YES <input type="checkbox"/> NO 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	
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)	
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 _____ HEART CONDITION _____ ALLERGIES _____ OTHER _____		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 _____						Date _____	
Signature of Parent/Legal Guardian							

**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

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 \_\_\_\_\_

PLEASE PRINT FIRMLY

**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	ENTRY CODE
TEACHER OR HOMEROOM	GRADE	STATE STUDENT NUMBER	ENTRY DATE

**EMERGENCY INFORMATION:** This card must be completed by the parent or legal guardian.

NAME OF STUDENT (LAST)	(JR, 2D, 3D, 4T)	(FIRST)	(MIDDLE)	DATE OF BIRTH	MM	DD	YYYY	MALE	FEMALE	Child of Military Family? <input type="checkbox"/> Yes <input type="checkbox"/> No
MAILING ADDRESS (STREET NUMBER & NAME, CITY, ZIP CODE)										
RESIDENCE ADDRESS (IF DIFFERENT FROM MAILING ADDRESS) (STREET NO. & NAME, CITY) (IF RURAL LOCATION, PLACE DIRECTIONS ON REVERSE.)										
HOME PHONE										

PARENT/LEGAL GUARDIAN (LAST, FIRST, INIT.)	PARENT/LEGAL GUARDIAN (LAST, FIRST, INIT.)
EMPLOYER NAME	EMPLOYER NAME
BUSINESS PHONE/EXT.	BUSINESS PHONE/EXT.
PAGER OR CELL NUMBER	PAGER OR CELL 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*			PERSON(S) TO CONTACT IF PARENT CANNOT BE REACHED*		
NAME (STUDENT MAY BE RELEASED TO THIS PERSON)			NAME (STUDENT MAY BE RELEASED TO THIS PERSON)		
DAYTIME PHONE			DAYTIME PHONE		

HOSPITAL PREFERENCE	PHYSICIAN'S NAME & PHONE NUMBER	DENTIST'S NAME & PHONE NUMBER
EXPLANATION OF HEALTH PROBLEMS AND MEDICATIONS STUDENT IS TAKING:		

\* In case of accident or serious illness, the school will contact the parent/legal guardian. If the school is unable to contact the parent/legal guardian or person(s) designated above, the school will contact the physician or will make the necessary arrangements for immediate transportation and treatment. Payment of fees will be assumed by the parent/legal guardian.

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.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

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...

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.

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

\*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

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
<input type="checkbox"/>	Mortgage Foreclosure-Homeless family loses own home due to foreclosure	M
<input type="checkbox"/>	Natural Disaster - Earthquake	E
<input type="checkbox"/>	Natural Disaster - Flooding	F
<input type="checkbox"/>	Natural Disaster - Hurricane	H
<input type="checkbox"/>	Natural Disaster - Tropical Storm	S
<input type="checkbox"/>	Natural Disaster - Tornado	T
<input type="checkbox"/>	Natural Disaster - Wildfire or Fire	W
<input type="checkbox"/>	Natural Disaster - Other	N
<input type="checkbox"/>	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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print the name of party with whom student resides

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Print Name of Parent/Guardian

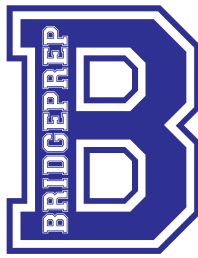
\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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.



Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_

## CONTACT INFORMATION

Please be advised that it is the parent/guardian's responsibility to advise the school of any change in address or telephone information. The school must also be notified in changes of who is authorized to pick up your child. If you do not advise the school of these changes, the school will not be able to contact you in case of an emergency or in case of any other situation which requires parent contact.

Thank you.

Parent Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

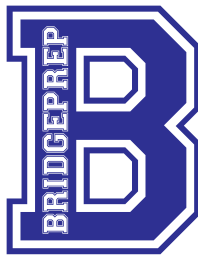
## AUTHORIZATION TO RELEASE EMERGENCY CONTACT INFORMATION TO THE ON CAMPUS AFTER SCHOOL CARE PROGRAM

There may arise a situation in which you will not be able to pick up your child within the fifteen minutes after the scheduled dismissal time. Once the time has elapsed, your child will be placed in the On Campus After School Care Program. If this were to happen, the On Campus After School Care Program will need your emergency contact information to be able to release your child. Therefore, we are asking for your permission to release your child's emergency contact information to the On Campus After School Care Program.

I, \_\_\_\_\_ authorize BridgePrep Academy to release to the On Campus After School Care Program, a copy of my child's \_\_\_\_\_

Emergency Student Data Form.

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



Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_

## PARENT CONTRACT

I/We understand that as parent(s) of a BridgePrep Academy student, to read, agree and abide by all the rules and regulations stated in the Parent/Student Handbook and Student Code of Conduct. I/We agree to sign and submit the Parent/Student Agreement of Compliance each school year.

Thank you.

Parent Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

## MEDIA RELEASE

Throughout the school year, we will have many events in which the event and students will be photographed and videotaped. These images and videos may be posted on the school website and/or our social media pages.

Please choose an option below either permitting or not permitting for these images/videos of your child to be posted on these mediums.

I **give permission** for my child to appear on the school website and/or social media.

I **do not give permission** for my child to appear on the school website and/or social media.

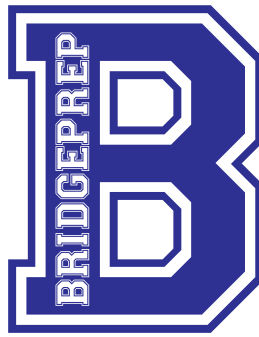
Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Date: \_\_\_\_\_

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



Dear Parents:

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that affords parents and students over 18 years of age (“eligible Students”) certain rights with respect to students’ educational records.

They are:

1. The right to restrict the release of directory information which includes, name, address, telephone number (if listed), participation in officially recognized activities and sports, degrees and awards received, and the most recent previous educational agency or institution attended. If you do not want this information released, please complete the Directory Opt-Out Form and return it to the school within 30 days after the first day of classes.
2. The right to restrict the release of a student’s name, address and telephone number listing to military recruiters and institutions of higher education as required by federal law. This request applies to our students in the senior high schools. SDHC is required to advise you of this requirement and afford you the opportunity to notify the school. If you do not want this information released, please complete the Directory Information Opt-Out Form and return it to the school within 30 days after the first day of classes.
3. The right to inspect and review the student’s educational records upon request. Parents or eligible students should submit a written request to the school principal that identifies the record(s) they wish to inspect. The principal will make arrangements for access and notify the parent of eligible student of the time and place where the records may be inspected. Copies of the records may be requested and obtained.
4. The right to request the amendment of the student’s educational record that the parents or eligible students believe is inaccurate, misleading, or inappropriate. Parents or eligible students may ask to amend a record that they believe is inaccurate, misleading or inappropriate. A written request to the principal should clearly identify the part of the record they want changed and specify why it is inaccurate or misleading. If the principal decides not to amend the records as requested, the parents or eligible students will be notified of the decision and advised of their right to a hearing regarding the request for amendment. Additional information regarding the hearing process procedures will be provided to the parents or eligible students with notification of the right to a hearing.
5. The right to consent to disclosures of personally identifies information contained in the student’s educational records, except to the extent that FERPA authorizes disclosure without consent. One exception which permits disclosure without consent is disclosure to school officials with legitimate educational interests. A school official is a person employed by the school district as an administrator, supervisor, instructor or support staff member (including health or medical staff and law enforcement unit personnel.) A school official has a legitimate educational interest in the official needs to review an educational record in order to fulfill his or her professional responsibility.
6. The right to file a complaint with the US Department of Education concerning alleged failures by SDHC to comply with the requirement of FERPA. The name and address of the office that administers FERPA is:

**Family Policy Compliance Office US**  
**Department of Education 400 Maryland Avenue, SW**  
**Washington, DC 20202-4605**

If you have any questions or concerns, please feel free to contact our office.

Sincerely,  
BridgePrep Academy