

HERNANDO COUNTY SCHOOL DISTRICT STUDENT REGISTRATION CHECKLIST

**** *FOR SCHOOL USE ONLY* ****

PLEASE VERIFY THE COMPLETION AND RECEIPT OF THE FOLLOWING DOCUMENTATION. INITIAL EACH ITEM. SIGN AND DATE AT THE BOTTOM OF THE FORM.

1. _____ **Proof of Residence** (Check address on the **HCSB** website, **BEFORE** handing out a registration packet). Can accept the following: Rent Receipt, Home Contract, and Utility Bill (Electric or Water) with parent/guardian name, Notarized statement from person they reside with, along with a bill in that person's name.
2. _____ **Transfer from within Hernando County Schools** - only give them the **Student Registration/Emergency Form (SO-SS-031)**, **Permission to Participate Form SO-GAdm-046**, **Student Housing Questionnaire Form (SO-SS-095)**.
3. _____ **Student Registration/Emergency Contact Form (SO-SS-031)** - Make sure **ALL** areas have been completed.
4. _____ **Home Language Survey (SO-SS-054)**. (Must have **DATE & PARENT SIGNATURE**, and **DATE FIRST ENTERED U.S. SCHOOL**). Give the parent their copy. If a parent checks Yes on items 1, 2 or 3, you **must** ask them if the student **PRIMARILY SPEAKS ANOTHER LANGUAGE OTHER THAN ENGLISH**. If **NO**, have parent change Yes to NO and have parent initial changes.
5. _____ **Release of Student Records Form (SO-SS-107)** (Must include **complete** name and address of previous school.) Parent signature is acceptable but **not required**. Fax/EMAIL the form to the previous school. Stamp, date, and initial the form after it is sent.
6. _____ **Student Social Security Card (not required)** - if you see the original or a clear copy of the card, verify that the parent has written it correctly on the registration form and place your initials next to it on the registration form to indicate that the number entered by the parent **is correct**. Email the SSN to Michele DiLuzio via the Missing SSN Excel Form, which is in your TEAMS groups.
7. _____ **Birth Certificate, Baptism Certificate or Passport (Mandatory for students in ALL Grades)**. Hospital certificates are **NOT ACCEPTABLE**.
8. _____ **Physical** - Completed by a licensed physician performed within 1 year before school enrollment into KG. Transfers from within the state do not need to be re-examined. Transfers from out of state may be accepted if performed within 1 year of entry.
9. _____ **Immunization Record - MUST be on Florida Form 680**. Have clinic staff check immunizations if in doubt.
10. _____ **ASK PARENT FOR LEGAL PAPERWORK, IEP, REPORT CARD, STANDARDIZED TEST SCORES**. Give IEP to **Staffing Specialist**. Do **NOT** leave IEP in the cumulative folder.
11. _____ **Disclosure Form (SO-SS-043)** - Make sure **ALL** areas are completed.

- 12._____ **Student Housing Questionnaire Form (SO-SS-095)** – Must be completed for **every** student. If anything, **other than** Rent/Own My Own Home is checked, scan & email the **completed** form to Cindy Knowles.
- 13._____ **Permission to Participate (SO-GAdm-046)** – Make sure it is signed by parent.
- 14._____ **Health Services Consent** – Make sure all areas are completed, dated, and signed by parent. **Give completed form to the Clinic. Mark the student as Verified in the Student Online Information update area in Skyward.**
- 15._____ **Library Access Consent** - Make sure all areas are completed, dated, and signed by parent. **File the paper copy in the cum file.**
- 16._____ **Skyward Family Access Portal Instructional Flyer** - new starting 24-25. Give this to your parents.
- 17._____ **Parent Square Instructional Flyer** - new starting 24-25. Give this to the parent.

Signature of person handling registration

Date