

Out of County – Application Period Nov. 3- Dec. 15, 2015
Application to Enter Hillsborough County for 2016-2017
Entering Grades K - 11

Mail this application and release form to the Office of Student Planning & Placement
901 E. Kennedy Boulevard, Tampa, FL 33602
If you have questions, contact (813) 272-4692.

Student's Name:		Student Number:	
Last	First	M.I.	
Gender: <input type="checkbox"/> F <input type="checkbox"/> M	Date of Birth: (month/day/year)		Student's Age:
Ethnicity: Are you Hispanic or Latino? Optional Yes <input type="checkbox"/> No <input type="checkbox"/>	Race: (check all that apply) Optional <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White		
Grade 2016-2017:	Current School:		
County of legal residence:		School Requesting:	
Mother/Legal Guardian Name:		Father/Legal Guardian Name:	
Daytime Phone:		Home/Cell Phone:	
Residential Address: <i>Remember to include apartment building or lot number.</i> Apt./Lot #		City, State, Zip	

Is parent/legal guardian an employee of Hillsborough County Public Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please include Lawson # _____ Site _____		
Mother/Legal Guardian Employment Information: (company name)	Employment address:	Employment phone:
Father/Legal Guardian Employment Information: (company name)	Employment address:	Employment phone:
Does your child have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what services are they receiving?

I understand that in order for this application to be processed, the application **AND** release form must be mailed together to the address listed above. Do not send an application without a release form. If the application arrives without the release, it will be returned. Please turn to page 2 to complete this application.

Parent/Legal Guardian signature



Date

