



If your child has previously attended another County in Florida, please provide Student ID# _____

Student Name: _____ Student ID #: _____ Grade _____
EMERGENCY CARD: _____ ESE/IEP/504: _____ ESOL/ELL: _____

REGISTRATION CHECKLIST

Address Verified _____ Date of Registration _____

STUDENT COMING FROM A NON -BROWARD COUNTY SCHOOL, PRIVATE SCHOOL OR OUT OF THE COUNTY (INCLUDING CHARTER SCHOOLS)

1. Two Proofs of Residence from Registering Parent (Both proofs must match address)
1. from Column A _____ 2. from Column B _____, and Copy of Driver's License _____
_____ Affidavit of Share Housing
Homeowner/Lessor: 1 proof from Colum A__ and 1 from Column B ____
Parent/Guardian 2 proofs from Column B: Proof 1 Column B ____ Proof 2 Column B ____

2. Official Birth Certificate or passport. (Copy USA passport only. DO NOT Copy foreign passport). Fill passport verification form.

3. Physical Exam within the last 12 months (Form HRS3040). Original Only.
30 Days to Provide (while school is in session only). **Document Due Date:** _____

4. Proof of Immunization (Form HRS 680)
30 Days to Provide (while school is in session only). **Document Due Date:** _____

5. Official Transcripts and/or Last Report Card

6. Withdrawal from previous School _____ (Name & City of School)

STUDENT FROM A BROWARD SCHOOL

1. Two Proofs of Residence from Registering Parent (Both proofs must match address)
1. from Column A _____ 2. from Column B _____, and Copy of Driver's License _____
_____ Affidavit of Share Housing

Homeowner/Lessor: 1 proof from Colum A__ and 1 from Column B ____
Parent/Guardian 2 proofs from Column B: Proof 1 Column B ____ Proof 2 Column B ____

2. Withdrawal from previous School _____ (Name & City of School)

NOTE TO REGISTERING PARENT/GUARDIAN: Please have all items ready at the time of registration.

School Office use only:

___ A03 (Student Info)	___ L16 Media & FERPA	___ Carpool F/B
___ A04 (Teacher)	___ A10 (courses)	___ Biker G/S
___ A05 (Contact Info)	___ Bus Y/N	___ Walker G/S
___ A06 (Medical Info)	___ Technology Y/N	___ Aftercare
		___ Other



GATOR RUN ELEMENTARY

1101 Glades Parkway Weston, Fl 33327 Phone: 754-323-5850 Fax: 754-323-5890

All documents must be current, valid, and include the residential address used for enrollment

COLUMN A	COLUMN B
<ul style="list-style-type: none">➤ Property Tax Bill.➤ Mortgage Statement.➤ Notarized Lease Agreement.➤ Home Purchase Contract.➤ Homestead Exemption Card.➤ Deed.	<ul style="list-style-type: none">➤ Florida Driver's License.➤ Utility Bill (i.e., electric, water, waste).➤ Cellular or Telephone Bill.➤ Homeowners Association Verification of Tenancy Letter.➤ Automobile Insurance or Registration.➤ Two Consecutive Bank Statements Credit Card Statement.➤ U.S. Postal Service confirmation of address change.➤ Declaration of Domicile Form from the County Records Department



*Gator Sun
Elementary*

Health Department Information

The goal of school health services is to ensure that students are healthy, in school, and ready to learn. Services are provided in accordance with a local School Health Services Plan jointly developed by the Florida Department of Health in Broward County, School Board of Broward County, and the Broward County Comprehensive School Health Advisory Committee.

Immunization: Please call at DOH and make an appointment. This may take 2. Take with you the student, the birth certificate, and original immunization record.

Florida Department of Health in Broward County
Contact

- Post_CHD06@flhealth.gov
- [954-467-4700](tel:954-467-4700)
DOH-Broward
- 780 S.W 24th ST Fort Lauderdale, FL 33315

PHYSICAL EXAM:

Florida Department of Health in Broward County

- Community Clinics call for days and locations.
- [954-467-4700](tel:954-467-4700)

The student's primary residence is: (Check only one)

owned by the parent/guardian. **shared** with someone by choice (not due to financial hardship) with a valid Affidavit of Shared Residency.

rented with a valid lease agreement. Expiration Date: _____ **shared** with someone due to loss of housing, economic hardship or similar reason. (McKinney-Vento eligible)

Is the student's primary residence a:

Yes No Public space, vehicle of any kind, bus or train station, abandoned building, substandard housing, or similar setting?

Yes No Transitional/emergency shelter?

Yes No Hotel/motel, trailer park, or camping ground due to lack of alternative adequate accommodations?

Does the student live or is either parent employed:

Yes No In low rent housing (such as Section 8 subsidized housing)?

Yes No On Indian Lands?

Yes No On federal property, a federally owned military installation, or NASA owned property?

Is either parent:

Yes No An active duty member of the uniformed services, including the National Guard and Reserve? If yes, which division? _____

Yes No A veteran, medically discharged, or killed while on active duty from the uniformed services? If yes, which division? _____

Yes No Employed in agriculture or fishing industries anytime in the past three years?

Has the student previously been:

Yes No Enrolled in Broward County Public School? Retained (repeated the same grade)?

Yes No Enrolled in a Charter School in Broward County? In Exceptional Student Education (ESE)?

Yes No Enrolled in a Home Education program? On a 504 plan?

Yes No Expelled from school? In an ESOL program?

Yes No Convicted of a felony? In a Magnet program?

Yes No Involved in the Juvenile Justice System? In Foster Care?

Yes No Referred for mental health services? In a Gifted program?

Previous School Name(s)	City/State/Country	Year(s) Attended	Grade(s)	Type
				<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Home Ed
				<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Home Ed

The above information is correct and complete to the best of my knowledge. In the event of a change of name, address, or phone, I will notify the school office in writing within ten (10) days. I understand that students whose parents are found, after appropriate investigation, to have submitted fraudulent information in an effort to enroll a student in a school to which the student is not assigned shall be immediately withdrawn by the school and the parent must enroll the student in the appropriate bountied school or follow the reassignment procedures. I have read and understand that I must submit appropriate proof of residency documentation, per School Board Policy 5.1. Florida Statutes §837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree. Florida Statutes §92.525 provides that whoever knowingly makes a false declaration under penalties of perjury is guilty of the crime of perjury by false written declaration, a felony of the third degree.

Print Registering Parent Name _____ **Registering Parent Signature** _____ **Date** _____

Student #:	School/Teacher:	Date:	Grade Level:	Entry Code:
BROWARD County Public Schools				
Student Registration Form				
Only the parent/guardian (F.S. §1000.21(5)) who registers the student (i.e., completes this form) may withdraw the student from his/her current school, unless there is documentation of extenuating circumstances indicating otherwise. If the information below changes, it is the parent's/guardian's responsibility to notify the school in writing within 10 school days. The personal information you provide on this form will be kept confidential (in a protected area) and only used and disclosed by school and District staff on a need-to-know basis.				
Student's Last Name (Legal)		First Name (Legal)		Middle Name
Student's Primary Home Address		Apt #	City	Zip Code
Home Phone #		Student's E-mail Address		
SSN <small>*Not required for enrollment or graduation. F.S. §1008.386 requires SBBC to request the SSN for its information management system.</small>		Date Student First Entered School in USA		Birthplace (City/State/Country)
Student Lives With		Ethnicity		
<input type="checkbox"/> One Parent <input type="checkbox"/> Both Parents (same address) <input type="checkbox"/> Both Parents (different address)		<input type="checkbox"/> Non-Hispanic or Non-Latino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black/African-American		
Registering Parent's Last Name (Legal)		First Name (Legal)		Driver License #
Registering Parent's Work Phone #		Registering Parent's Cell Phone #		Relationship to Student
Non-Registering Parent's Last Name (Legal)		First Name (Legal)		Driver License #
Non-Registering Parent's Work Phone #		Non-Registering Parent's Cell Phone #		Non-Registering Parent's E-mail Address
Non-Registering Parent's Home Address		Apt #	City	State
Home Language Survey (If the answer is "Yes" to any of these questions, the student must be tested for English proficiency.)		Zip Code		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is a language other than English used in the home?	If "yes", which language?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the student have a first language other than English?	If "yes", which language?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the student most frequently speak a language other than English?	If "yes", which language?		

Student Emergency Contact Card

This form shall be updated every year

<i>For Office Use Only:</i>	<input type="checkbox"/> Medical
School #:	<input type="checkbox"/> Court Order
Student #:	<input type="checkbox"/> Special Needs
Date Enrolled:	<input type="checkbox"/> Other

In the case of an emergency, it is imperative that the school be able to reach the student's parent (as defined below). Please fill in the information on both sides of this card carefully and accurately. Please use ink and print clearly. The names of both parents of a student (as defined in the Section 1000.21(5), Florida Statutes), the registering parent and the non-registering parent, of a student shall be listed on the emergency contact card as persons authorized to pick up the child from school except where a court order has revoked the parental rights and a certified copy of such court order has been provided to the school office. Both parents shall designate on the Emergency Contact Card those persons authorized to pick up their child from school. No parent shall delete or in any way alter the names provided by the other parent on the Emergency Contact Card.

Grade:	Student Information	Last Name:		First:	Middle:
		Teacher (elementary school only):		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade Level:
Home Address:		City, State, Zip:		Home Phone:	
Mailing Address (if different from above):		City, State, Zip:		Student Cell Phone:	
Date of Birth: / /		Student lives with:		Student Email:	
Check any that apply to student residence: <input type="checkbox"/> Medical <input type="checkbox"/> Court Order <input type="checkbox"/> Special needs <input type="checkbox"/> Other		Has student changed address since last registration? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is there a court order on file that prevents a parent from having contact with the student? <input type="checkbox"/> No <input type="checkbox"/> Yes, contact school	
Student Identification Number:	Registering Parent	Last Name:		First:	Cell Phone:
		Home Address (if different from student):		City, State, Zip:	Home Phone:
		Employer:		Work Phone:	Parent email:
	Other Parent	Last Name:		First:	Cell Phone:
Home Address (if different from student):		City, State, Zip:	Home Phone:		
Employer:		Work Phone:	Parent email:		
Student:	Authorized Release/Contact	Please list the names of persons to whom we may release your child or whom we may contact if we cannot reach you. NO STUDENT WILL BE RELEASED TO ANYONE OTHER THAN THE PERSONS LISTED BELOW. In selecting someone to whom you authorize the release of your child, consider whether this person is prepared to handle any special medical needs required by your child. I/We hereby authorize contact with, release of emergency related information, or release of the student to the following persons in the event of illness, evacuation, or other emergency that may occur while the student is in school.			
		Name:	Relationship:	Phone:	
I declare that the information on this card is true and correct. I will notify the school office immediately of any changes.					
Signature:		Date:		Relationship:	
Student:	Non-Registering Parent Authorized Release/Contact	This section may be completed only by the non-registering parent in order to designate additional persons who may pick up the student. The registering parent may not alter this section of this card. The non-registering parent may not alter any other portion of this card.			
		Name:	Relationship:	Phone:	
I declare that the information on this card is true and correct. I will notify the school office immediately of any changes.					
Signature:		Date:		Relationship:	

The personal information you provide on this form will be kept confidential (in a protected area) and only used and disclosed by school staff on a need-to-know basis.

Broward County Public Schools Student Emergency Contact Card

Student Last Name:			First:			Middle:												
Medication Information	Does your child take medication? <input type="checkbox"/> Yes <input type="checkbox"/> No						If your child requires medication at school, all medication sent to the school must be in the original prescription container with a current date and the child's name. Also, a "Medication/Treatment Authorization" form, must be completed and signed by the physician and the parent and must be on file at the school.											
	Medication:						Dosage:			Hour(s) Given:								
Health Insurance and Providers	Please check appropriate box: <input type="checkbox"/> Family Health Insurance <input type="checkbox"/> Florida Kid Care <input type="checkbox"/> Florida Healthy Kids <input type="checkbox"/> None									If NONE, do we have your permission to forward the parent's name and phone number to Florida Kid Care Insurance for health insurance screening to see if you may be eligible for health insurance coverage? If Yes, please sign here:								
	Physician:									Phone:								
	Dentist:									Phone:								
	Health Plan/Group name:									Phone:								
Medical Information	Medical Conditions						Please check all that apply:											
	<input type="checkbox"/> Asthma. If checked, uses inhaler?						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> On daily medication											
	<input type="checkbox"/> Seizures. If checked, on medication?						<input type="checkbox"/> Yes <input type="checkbox"/> No											
	<input type="checkbox"/> Diabetes. If checked, insulin dependent?						<input type="checkbox"/> Yes <input type="checkbox"/> No											
	<input type="checkbox"/> Movement limitations (specify):						<input type="checkbox"/> Recent illness/hospitalization/surgery (describe):											
	<input type="checkbox"/> Severe Allergies. If checked, specify Type:						Allergies require:											
<input type="checkbox"/> Food/environmental:						<input type="checkbox"/> EpiPen												
<input type="checkbox"/> Insect stings/bites:						<input type="checkbox"/> Benadryl												
<input type="checkbox"/> Medicines/Drugs:						<input type="checkbox"/> Other:												
Does your child wear glasses/contacts? <input type="checkbox"/> Yes <input type="checkbox"/> No						Does your child wear hearing aid(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No												
Release of Medical Information and Emergency Treatment	I hereby authorize for my child's medical information, parental contact information, and other health information (collected from health services provided at school, including information stored electronically) to be shared with emergency personnel and health department officials to address conditions of public health importance, including information to meet and to prepare for potential or confirmed health conditions. For students receiving health services from school or District staff and/or contracted partners, I also authorize the District to share my child's identifiable health information and related demographics with the Florida Department of Health to conduct monitorings to assure program compliance by the District and schools, and assess the delivery of services.																	
	Parent Signature: _____						Date: _____											
	Medical and other information will be disclosed without consent from the parent/eligible student in case of health emergencies, as permissible by the Family Educational Rights and Privacy Act (FERPA). The school will call for emergency medical care as deemed necessary. Emergency transportation to a health care facility, as determined by paramedics, will be authorized.																	
Dismissal Information	Regular Dismissals Procedures. On a typical day, how will your child leave school?																	
	<input type="checkbox"/> Ride in Car				<input type="checkbox"/> Ride School Bus				<input type="checkbox"/> Ride Public Transportation									
<input type="checkbox"/> Attend ON-site after-care program				<input type="checkbox"/> Attend OFF-site after-care program				<input type="checkbox"/> Walk or Bike ride home										
Emergency Dismissals Procedures. In the event of a severe storm or other unscheduled emergency your child is instructed to:																		
<input type="checkbox"/> Walk home				<input type="checkbox"/> Ride School Bus as usual				<input type="checkbox"/> Ride Public Transportation										
<input type="checkbox"/> Ride home with parent only				<input type="checkbox"/> Ride home with person indicated on authorized contact list				_____										
Siblings and Home Language	Last Name:				First Name:				Grade level:									
Please list any other languages spoken at home: _____																		
Survey Questions	Please assist us in understanding the needs of our school community by answering the following questions. Please check all that apply:																	
	Does your child have access to a computer in your home?						<input type="checkbox"/> Yes <input type="checkbox"/> No											
	Do you have home internet access?						<input type="checkbox"/> Yes <input type="checkbox"/> No											
	Does your child have access to the Internet on your home computer?						<input type="checkbox"/> Yes <input type="checkbox"/> No											
	Do you have internet access outside your home?						<input type="checkbox"/> Yes <input type="checkbox"/> No											
Please indicate the method of contact you prefer: <input type="checkbox"/> Phone call <input type="checkbox"/> Text <input type="checkbox"/> Email																		




HEALTH INFORMATION SURVEY

STUDENT NAME: _____

GRADE: _____

Please circle **ANY** and **ALL** of your child's health conditions, the check "NONE" at the end of the list and sign.

CODE	DESCRIPTION (Please Specify)	CODE	DESCRIPTION (Please Specify)
01A	Allergy, food	17D	Spec Health, Oropharyngeal Suction
01B	Allergy, environment	17E	Spec Health, Lifting, ambulatory assist
01C	Allergy, medication	17F	Spec Health, Spec feeding tech
01D	Allergy, anaphylaxis	17G	Spec Health, Tracheotomy care
01F	Allergy, urticarial (hives)	17H	Spec Health, Ventilator care
01G	Allergy, insect sting	17I	Spec Health, Wheelchair bound
02A	Eating Disorder, anorexia	18	Cancer, Leukemia
02B	Eating Disorder, bulimia	19	Gastrointestinal Disorder
02C	Eating Disorder, overweight	22	Chronic Respiratory Conditions
02D	Eating Disorder, malabsorption	24	Tourette Syndrome
03	Arthritis	25	Other Disabilities
04A	Current Asthma/Reactive Airway Disease use of an inhaler or asthma attack in the last 12 months	28	Non-verbal, Ventilator care
04B	History of Asthma/Reactive Airway Disease Absence of inhaler use or asthma attack in the past 12 months	29	Hearing Impaired
05	Cerebral Palsy	30	Vision Impaired
06A	Diabetes Type I (uses insulin)	32	Cystic Fibrosis
06B	Diabetes Type II (does not use insulin)	33	Immune Suppressed (e.g. chemo)
07	Epilepsy/Seizure Disorder	34	Kidney Disease
08	Heart Condition	35	Migraine Headaches
09	Bleeding Disorder/Hemophilia	36A	Psych Disorder, behavior
10	Immune Deficiency	36B	Psych Disorder, emotional
12	Muscular Dystrophy	36C	Psych Disorder, addictive
13	Scoliosis	36E	Psych Disorder, school phobia
15	Sickle Cell Disease	37	Autism
16	Spina Bifida	38	ADD/ADHD
17A	Spec Health, Gastrostomy feeding tube	39	Orthopedic Disorders
17B	Spec Health, Nebulizer treatment	40	Neurological Disorders
17C	Spec Health, Catheterization	911	Critical/Chronic Medical Alert


 _____ None of the Above



GATOR RUN ELEMENTARY

1101 Glades Parkway, Weston Fl, 33327
Phone: 754-323-5850 Fax: 754-323-5890

REQUEST FOR RECORDS

Date: _____

Name of last school attended: _____

Address of school: _____

Phone Number: _____ Fax: Number: _____

Last Broward School Attended: _____

PLEASE SEND AN OFFICIAL TRANSCRIPT FOR:

Student's Name: _____

Student ID #: _____ Date of Birth: _____

Grade: _____

Date Last Attended: _____

PLEASE INCLUDE:

- All credits earned k to 5th
- Explanation of Grading
- Test scores and Achievement Level
(*If not Florida School, please include States Passing Criteria)
- Health records (Immunization & Physical)
- Exceptional Student Records. (If applicable)
- ELL Records (If applicable)

Thank you for our prompt attention to this request.

Gator Run Elementary District #6 School# 3642

Diana Rivera
IMT/REGISTRAR
Phone: 754-3235855
diana.c.rivera@browardschools.com

Federal Law 99.21- No parent signature is required for educational records sent to another Educational Agency.



GATOR RUN ELEMENTARY

PREVIOUS SCHOOL SURVEY

Please SELECT ONE of the categories below for the last school of enrollment

STUDENT NAME (Please Print): _____

(1) PUBLIC SCHOOL Last Grade Attended: _____ Student ID: _____

Broward County Another County in Florida Another State Outside the US

Name of School: _____

Address: _____

City: _____ County: _____ Zip _____

Country: _____

School Phone Number: _____ Fax School Number: _____

(2) CHARTER SCHOOL Last Grade Attended: _____ Student ID: _____

Broward County Another County in Florida Another State Outside the US

Name of School: _____

Address: _____

City: _____ County: _____ Zip _____

Country: _____

School Phone Number: _____ Fax School Number: _____

Please mark one reason for returning to a public school and leaving a Charter School:

- Academic. ESE Services Transportation
 More Convenient Administrative Support After School Care
 Extracurricular Activities Safe/Secure Learning Environmental Other _____

(3) PRIVATE SCHOOLS Last Grade Attended: _____ Student ID: _____

Broward County Another County in Florida Another State Outside the US

Name of School: _____

Address: _____

City: _____ County: _____ Zip _____

Country: _____

School Phone Number: _____ Fax School Number: _____

(4) HOME EDUCATION PROGRAM Last Grade Attended: _____

(5) NO SCHOOL TO DATE Entering Grade _____

The School Board of Broward County, Florida
Bilingual/ESOL Department
INITIAL LANGUAGE CLASSIFICATION ASSESSMENT FORM
 For new students to BCPS without English Language Proficiency Level of 1-6

Student's Name: _____ Date: _____
 (Last) (First) (Middle)

Home Address: _____
 (Street Number) (City) (State) (Zip)

Name: _____ Phone (Home): _____ Phone (Work): _____
 (Parent/Guardian)

Date of Birth: _____ Sex: M F FSI #: _____ Grade: _____

Country of Birth: _____ Home Language: _____

Date of Entry into the U.S.A. _____ School: _____

Comments/Observations: _____

INTERVIEW ON FREQUENCY OF LANGUAGE USAGE	English	Home Language	Both
What language do people usually speak at the student's home?			
What language does the student speak at his/her home?			
What language does the student usually speak with his/her best friend when he/she is not at school?			

Test Administered: Pre-IPT (3-5-year-old Pre-K) IPT Test Score Level: _____
 IPT I (Grades K-5) National Percentile Rank Score: _____
 IPT II (Grades 6-12)
 K-TEA (Grades 3-12 if applicable)

Assessor's Signature: _____ District Language Classification: _____

LANGUAGE LEVEL CLASSIFICATIONS	
<p>A1 Beginning English Speaker English Speaker or minimal knowledge of English. Demonstrates very little understanding. Cannot communicate meaning orally. Unable to participate in regular classroom instruction.</p> <p>A2 Early Intermediate English Speaker Demonstrates limited understanding. Communicates orally in English with one or two word responses.</p> <p>B1 Intermediate English Speaker Communicates orally in English, mostly with simple phrases and/or sentence responses. Makes significant grammatical errors which interfere with understanding.</p> <p>B2 Early Advanced English Speaker Communicates in English about everyday situations with little difficulty but lacks the academic language terminology. Experiences some difficulty in following grade level subject matter assignments.</p> <p>ELL CODE: <input type="checkbox"/> A1/LY <input type="checkbox"/> A2/LY <input type="checkbox"/> B1/LY <input type="checkbox"/> B2/LY</p> <p>U Unable to be Classified Verbal skills are too limited in any language</p> <p>ELL CODE: <input type="checkbox"/> U/LY <input type="checkbox"/> U/ZZ</p> <p>* For students who have ACCESS for ELLs scores, use the English Language Proficiency Level (1-6) for placement.</p>	<p>C1 Advanced English Speaker Understands and speaks English fairly well. Makes occasional grammatical errors. May read and write English with variant degrees of proficiency.</p> <p>C2 Fluent English Speaker Understands and speaks English with near fluency. Reads and writes English at a comparable level with native English-speaking counterparts. May read and write the native language with variant degrees of proficiency.</p> <p>Reading/Writing Test Administered for students not eligible for D or E Language Classifications: <input type="checkbox"/> K-TEA Reading Score: _____ Writing (Language) Score: _____ Date: _____</p> <p>ELL CODE: <input type="checkbox"/> C1/LY <input type="checkbox"/> C2/ZZ</p> <p>D Dominant English Speaker Speaks English fluently. Reads and writes English at a comparable level with English-speaking counterparts.</p> <p>E Monolingual English Speaker ELL CODE: <input type="checkbox"/> D/ZZ <input type="checkbox"/> E/ZZ</p> <p>* For students who have ACCESS for ELLs scores, use the English Language Proficiency Level (1-6) for placement.</p>
<p>CODING FOR ELLS:</p> <p>LY Active English Language Learner (ELL) ZZ Does not qualify for ESOL services/Not Applicable LF Former ELL within 2 years monitoring period LZ Former ELL that has completed the 2 year monitoring period</p>	<p>PRE-K LY-T</p> <p>*Pre-K students entering K who are tested before the start of school (no earlier than May) and do not qualify for the ESOL Program are coded ZZ.</p> <p>ELL CODE: <input type="checkbox"/> C2/ZZ <input type="checkbox"/> D/ZZ <input type="checkbox"/> E/ZZ</p> <p>*If tested after the first day of school and they do not qualify for services, they are coded LF and must be monitored for two years. ELL CODE: <input type="checkbox"/> C2/LF</p> <p>Date: _____</p>



PARENT/GUARDIAN CONSENT FOR SCHOOL HEALTH SERVICES

- This consent will remain in effect until your child transfers to another school district, graduates or you indicate in writing that you wish to rescind this consent for school health services.
- When necessary, emergency health services such as first aid, cardiopulmonary resuscitation (CPR) or use of an automated external defibrillator (AED) will be performed until emergency medical services arrive on campus.
- Separate parent/guardian authorizations will be required for the school clinic staff or school staff to administer daily or as-needed prescribed or over-the-counter medications, conduct medical procedures or provide medical treatment.

THIS FORM MUST BE COMPLETED AND RETURNED TO THE SCHOOL CLINIC IF YOU CONSENT AND WISH FOR YOUR CHILD TO RECEIVE ANY OF THE SCHOOL HEALTH SERVICES LISTED BELOW.

Print all information using an ink pen

Student Information

				Male <input type="checkbox"/>
First Name	Middle Name	Last Name	Student Birth Date	Female <input type="checkbox"/>
Street Address	Apartment Number	City	State	Zip Code

Parent/Guardian Information

First Name	Middle Name	Last Name	Relationship to Student (parent or guardian)
Street Address	Apartment Number	City	State
Home Phone Number	Work Phone Number	Cell Phone Number	

Indicate which services you give consent and would like your child to receive at school with an "x" in the check boxes.

Care and treatment for illness and injury	<input type="checkbox"/>
Vision screening	<input type="checkbox"/>
Hearing screening	<input type="checkbox"/>
Scoliosis screening	<input type="checkbox"/>
Growth and development screening (body mass index)	<input type="checkbox"/>
Dental screening and dental sealants	<input type="checkbox"/>
COVID-19 testing	<input type="checkbox"/>

Parent/Guardian (PRINT)

Parent/Guardian (SIGNATURE)

Date



Tel #: (754) 321-1566

STUDENT HOUSING QUESTIONNAIRE (SHQ)



ATTENTION parents, caregivers and unaccompanied youth (not living with a parent or legal guardian):
 The purpose of this questionnaire is to help identify school-aged children and youth who are experiencing housing instability as defined by Subtitle VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.). According to this federal legislation, via the guidance of the HEART program, Broward County Public Schools is responsible for removing systemic barriers to the education of students experiencing homelessness by implementing the provisions of the law.

By completing this questionnaire, your school-aged child(ren) may qualify for HEART services and resources to help ensure educational stability.

1. With whom does the student(s) live?

- Parent
- Legal guardian
- An adult (18+) caring for student who is unable to live with parent or legal guardian at this time

Name (first and last): _____ Relationship: _____
 *IMPORTANT: Please contact the student's school to complete the required Caregiver Authorization Form.

I am an unaccompanied youth. I do not live with either of my parents or a legal guardian at this time.

2. Where do you currently live?

- I rent or own my home **STOP HERE AND SKIP TO #4.**
- In an emergency or transitional shelter (A)
- Temporarily with a family member or friend (doubled-up) due to loss of housing, financial hardship, or similar reason (B)
- In a vehicle, trailer park or campground, abandoned building, or other substandard housing (D)
- In a hotel or motel due to loss of housing, financial hardship, or similar reason (E)

3. What caused your temporary residence?

- Man-made Disaster (D) Earthquake (E) Flooding (F) Hurricane (H) Mortgage Foreclosure (M)
- Eviction; Domestic Violence; Unemployment; Medical/Mental Disability; Poverty; Lack of Affordable Housing (N)
- Pandemic (P) Tropical Storm (S) Tornado (T) Unknown (U) Wildfire or house fire (W)

Is either parent employed in agriculture or fishing industries anytime in the past three years? Yes No

* IMPORTANT: Please complete the requested information below for all school-aged children (PreK-12) enrolled in, or pending enrollment in a Broward County, FL public or charter school. If you have children enrolled in multiple schools, please return a completed questionnaire to each school.

Student's Full Name (first and last)	Student ID #	M/F	Date of Birth (mm/dd/yyyy)	Grade	School Currently Enrolled

4. By signing below, I am attesting that the information provided is accurate:

Print Full Name (person completing this form)	Signature	Date
Current Address	City	State
Telephone Number	E-mail Address	

Florida Statute 837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

Rev. 4.6.2021

Policy 5.8, Code of Student Conduct, lists the District's rules for students in Broward County Public Schools. The rules apply to all activities occurring on school grounds, on other sites being used for school activities, and on any vehicles authorized to transport students. Your signature below does not indicate that you agree or disagree with the rules, **but rather that you have reviewed the electronic copy of these rules** (<http://www.browardschools.com/codeofconduct>). Return this form to school within 3 days from the first day of school or from the date of enrollment. If you would prefer to complete all required forms electronically, please access the Back to School Toolkit (<https://www.browardschools.com/backtoschool-onlineforms>)

Parents need to be involved in the education of their children and have the responsibility to:

- Know that for school safety, schools are not required to provide supervision more than 30 minutes prior to the official starting time, nor are they required to provide supervision for more than 30 minutes after the official closing time (F.S. 1003.31 (2)).
- Know that for school safety, for students who ride a school bus, drivers are NOT permitted to let students off the bus except at the designated stop.
- Provide the school with the names of current emergency contact person(s) and/or telephone numbers on an annual basis and when there are changes.
- Notify the school of anything that may affect their child's ability to learn, to attend school regularly, or to take part in school activities.
- Be aware that medicine must be administered in accordance with SB Policy 6305, as may be amended, and that consequences for transmittal and/or sale or attempted sale of over-the-counter medications and possession and/or use of unauthorized medications can be found in SB Policy 5006. SB Policy 6305 outlines the rules regarding over-the-counter and prescription drugs and SB Policy 5006 outlines the consequences for violating those rules. You may view the complete health and suspension and/or expulsion policies, as well as all School Board policies, on the Web at: www.Broward.k12.fl.us/sbbcpolicies.
- Be aware that parents have rights with regard to the privacy and confidentiality of student records that are maintained by schools as defined in Section VIII of this booklet.
- Neither the School Board of Broward County nor its employees will be held liable for items that are prohibited and are lost, stolen, or confiscated; or for wireless communication devices or other personal technology that are lost, stolen, or confiscated.
- Be aware that confiscated items not claimed by the end of the school year will be donated to local charities.
- Recognize that they are responsible for their student's behavior on the way to and from school and at the bus stop. A safe and respectful learning environment is key to academic achievement; therefore any student's off campus actions that seriously affect a student's ability to learn or a staff member's ability to teach may be handled as a disciplinary infraction. For serious incidents that occur at bus stops and/or that are not on School Board property, parents should contact law enforcement directly. For bullying incidents (see bullying definition, Section II), school officials should be notified and will investigate and/or provide assistance and intervention, as the principal/designee deems appropriate, which may include the use of the School Resource Officer.
- Ensure their child demonstrates legal, ethical and responsible use of technology including networks, digital tools, the Internet, and software, as defined in Section IV of this booklet.
- Parents will continue to maintain responsibility for students who reach the age of majority, (18 years or older), for all educational and discipline purposes, with exceptions as provided by statute.

Note: Parental selection for each form within the Code of Student Conduct will be effective until a new form is submitted.

Student Name (PRINT)

Student Signature

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

Media Release Form 2019/2020 School Year (All Grades)

As a parent of a student in Broward County Public Schools, I understand that my child may be photographed, videotaped or interviewed by the news media or by the School District for informational and/or promotional purposes. I understand that pictures and interviews may be used on the District's website, in School District publications, external publications and electronic media as indicated below.

You Must Mark a Choice in Both Section A and Section B

(If no choice is marked in both sections, then the choice will default to Choice #1)

Section A - External Outlets/Media

Please Check Choice #1 or Choice #2

1. I **WILL** permit my child to be photographed, videotaped, and/or interviewed by the media when the news media has secured proper authorization from Broward County Public Schools.
2. I **WILL NOT** permit my student to be photographed, videotaped, and/or interviewed by the media.

Section B - Broward County Public Schools

Please Check Choice #1 or Choice #2

1. I **WILL** permit my child to be photographed, videotaped, and/or interviewed for school publications, such as school yearbooks, school newspapers, class pictures, school and/or District websites, social media, BECON TV, or for other communication tools by Broward County Public Schools or its approved vendors. I understand the District may be required to release this information if requested by the media or other members of the public (i.e., public records requests). *Note: Your home address, phone number, email address, child's name, teacher's name and room number may be released in order to facilitate school-based publications.*
2. I **WILL NOT** permit my child to be photographed, videotaped, and/or interviewed for school publications, such as school yearbooks, school newspapers, class pictures, school and/or District websites, social media, BECON TV, or for other communication tools by Broward County Public Schools or its approved vendors.

Student Name (PRINT)

Student Signature

Date

Parent/Guardian Name (PRINT)

Parent/Guardian Signature

Date