



Welcome to Cougar Country
Glades Middle School
Registration Checklist

Dear Parents,

We are excited to have you become a part of the Glades Cougar Family and want to make sure that your child's transition is as smooth as possible. There are some important documents that are required to complete the registration process to middle school. Please see checklist below to assist you with completing these requirements. If you have any questions you can contact Mrs. Neely, Registrar, at (754) 323-4654.

€ Registration Documents

- (2) Proofs of Residence - see A & B Column

€ Student Registration Form

€ Student Emergency Contact Card

€ Completed Course Selection Sheet (front & back)

€ Follow us on Twitter @Glades_MS

Looking forward to a Pride, Passion, and Purpose filled school year as we Soar to New Heights together!

Sincerely,

The Glades Family



Welcome to Cougar Country
Glades Middle School
2019 - 2020

Our Website: www.browardschools.com/glades
Twitter: @Glades_MS
District Website: www.browardschools.com
Lunch Website: www.myschoolbucks.com
Free/Reduced Lunch Website: www.applyforlunch.com

First Day of School: **Wednesday, August 14, 2019**

School Hours: 9:30 am – 4:00 pm
(limited supervision at 8:15 am –full supervision starts at 9:00 am)

Before/After Care: GMS Horizons Academy
(754) 323-4670
basccgladesms@browardschools.com

Attendance Line: 754-323-4602
Main Office: 754-323-4600
Registrar: 754-323-4654
Transportation: 754-321-4100
Parent Conferences: 754-323-4600

	6th Grade	7th Grade	8th Grade
Assistant Principal:	Ms. Fatout	Mr. Henderson	Ms. Elsinger
Guidance:	Ms. Avant	Ms. Abreu	Ms. Sanders

CHECKLIST FOR ENROLLMENT OF STUDENTS K-12
(School Board Policy 5.1 amended 1/15/13)

NOTE:

Schools have the right to verify any information provided by the student and/or the student's parent(s). Students whose parents are found, after appropriate investigation, to have submitted fraudulent information in an attempt to register and enroll in, or remain in a school to which the student is not assigned shall be immediately withdrawn by the school and must be registered and enrolled in the appropriate bounded school by the parent.

PROOF OF RESIDENCE (Domicile)

One current piece of evidence from the following sources in the name of the parent/guardian registering the child:

For registration and subsequent enrollment, the parent, must complete the Broward County Public Schools' student **Registration Form** and submit one piece of evidence from sources listed in Column A and one additional piece of evidence from Column B (Both sources of information must match).

Column A	Column B
a. Current telephone or electric bill in the name of the person registering the child	g. Automobile insurance
b. Mortgage statement	h. Current Florida Driver's License / Florida Identification card
c. Notarized lease agreement with name, address and phone number of lessor	i. Cellular telephone bill
d. Mortgage commitment	j. Credit card statement
e. Home purchase contract including specified closing date, with copy of deed to be provided within 60 days of closing date	k. Bank account statement
f. Homestead exemption card	United States Postal Service confirmation of address change request
	l. Declaration of Domicile form from the County Records Department

FAMILIES IN TRANSITION

Parents who answer "yes" to the Student Residency Questionnaire (SRQ) on the student enrollment form must complete a Homeless Education Program (HEP) registration. This form shall be faxed to the Homeless Education Liaison by school staff. If the family qualifies for services, the student shall be enrolled under the McKinney-Vento Act and will be eligible for immediate services, such as free meals. Eligibility for services will be effective from July 1 through June 30 of any school year. Students registered under the McKinney-Vento Act shall re-enroll each school year.

PROVISIONAL DOMICILE

The Broward County Public Schools' Provisional Domicile form will be used when families who do not qualify for services under the McKinney-Vento Homeless Act are unable to provide address verification.

1. Families who are experiencing a transition unrelated to economic hardship can register under provisional domicile. Documentation can include a transfer notice from an employer or a relocation letter. A provisional domicile form shall be signed by the parent and certified by a notary. Provisional domicile will provide a 30-day grace period during which a family can use a provisional address while their permanent residence is established. During this provisional period, the student shall attend the school zoned to his/her temporary address, not to the address where the family intends to live. Parents must renew the provisionality status every 30 days.

2. Families who are unable to provide evidence of address due to extenuating circumstances, including, but not limited to undocumented immigration status, shall complete a provisional domicile form on an annual basis. Under no circumstances shall staff request a passport, a visa, or any other documentation to verify the immigration status of any student.

EVIDENCE REQUIRED FOR REGISTRATION:

Official birth certificate, if available. If such certificate is not available, the following forms of evidence are acceptable:

- a. A duly attested transcript of a religious document showing date of birth accompanied by an affidavit sworn to by the parent.
- b. An insurance policy on the child's life, which has been in force for at least two years.
- c. A passport or certificate of arrival in the U.S. showing the age of the child.
- d. An affidavit sworn to by the parent, accompanied by a certificate from the county health officer, that he/she believes the child to be of required school age.

EVIDENCE OF MEDICAL EXAMINATION:

Students, grades PreK-12, entering Florida Schools for the first time must present evidence of a medical examination performed within the twelve months prior to their initial enrollment (F.S. 1003.22). For purposes of this rule (6) only, enrollment shall be defined as the day the student is brought to school to fill out necessary forms (i.e. registration) for the purpose of becoming a Broward County Public School student. It is not necessarily the first day of class.

EVIDENCE OF IMMUNIZATION

Florida law requires that, prior to a child's attendance in a public school in prekindergarten through 12th grade, parents shall provide a Florida Certificate of Immunization form (DH 680). The Florida Department of Health shall determine the required immunizations. Required immunizations are outlined annually in a state publication titled "Immunization Guidelines: Florida Schools, Child Care Facilities and Family Day Care Homes."

The original DH 680 form is a permanent school record and should be filed in the student's cumulative health record. Students may attend school without a Florida Certificate of Immunization if they have a religious exemption (form DH 681), a temporary exemption (form DH 680 Part B) or a medical exemption (form DH680, Part C). Principals will issue a 30-day temporary exemption for all students except those who transfer from one Broward County public school to another Broward County Public school.

EVIDENCE OF CUSTODY/GUARDIANSHIP

If the student is residing with someone other than the parent or legal guardian, the following provisions shall apply:

1. If the parent lives within the tri-county area (Dade, Broward, or Palm Beach), the parent must provide documentation of custody by an appropriate state agency such as the Department of Children and Families or the court. Applications for temporary custody of minor children by extended family can be obtained at the family unit office in the Broward County courthouse.
2. If a parent lives within the tri-county area and the student lives in a residence licensed by the Department of Children and Families, the student may be registered and enrolled in the school that serves that licensed residence.
3. If the parent lives outside the tri-county area (Dade, Broward, or Palm Beach), the school will accept a notarized statement from the parent identifying the person assuming responsibility for the supervision of the child.

EMERGENCY INFORMATION

Registration emergency card (NOTE: Only parents/guardians signing registration form can change registration/emergency information).

SCHOOL RECORDS (If any)

Latest report card and/or transcript needed for appropriate grade placement.

Office Use Only

Student Name: _____	Student #: _____	School/Teacher: _____	Date: _____	Grade Level: _____	Entry Code: _____
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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)		Suffix	First Name (Legal)		Middle Name	Affirmed Name	
Student's Primary Home Address		Apt #	City		State	Zip Code	Gender
							<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Phone #		Student's Cell Phone #			Student's E-mail Address		
SSN		Date Student First Entered School in USA		Date of Birth		Birthplace (City/State/Country)	
*Not required for enrollment or graduation. F.S. §1008.386 requires SBBC to request the SSN for its information management system.							
Student Lives With		Ethnicity			Race (Check all that apply)		
<input type="checkbox"/> One Parent <input type="checkbox"/> Both Parents (same address) <input type="checkbox"/> Both Parents (different address)		<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Independent Student <input type="checkbox"/> Other: _____			<input type="checkbox"/> Non-Hispanic or Non-Latino <input type="checkbox"/> Hispanic or Latino		
					<input type="checkbox"/> White <input type="checkbox"/> Black/African-American <input type="checkbox"/> Asian <input type="checkbox"/> Native American/Native Alaskan <input type="checkbox"/> Native Hawaiian/Pacific Islander		
Registering Parent's Last Name (Legal)		Suffix	First Name (Legal)		Driver License #	Relationship to Student	
Registering Parent's Work Phone #		Registering Parent's Cell Phone #			Registering Parent's E-mail Address		
Non-Registering Parent's Last Name (Legal)		Suffix	First Name (Legal)		Driver License #	Relationship to Student	
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	Zip Code	
Home Language Survey (If the answer is "Yes" to any of these questions, the student must be tested for English proficiency.)							
<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? _____		

Office Use Only				
Student Name: _____	Student #: _____	School/Teacher: _____	Date: _____	Grade Level: ____ Entry Code: ____

The student's primary residence is: (Check only one)	
<input type="checkbox"/> owned by the parent/guardian.	<input type="checkbox"/> shared with someone by choice (<u>not</u> due to financial hardship) with a valid Affidavit of Shared Residency.
<input type="checkbox"/> rented with a valid lease agreement. Expiration Date: _____	<input type="checkbox"/> shared with someone due to loss of housing, economic hardship or similar reason. (McKinney-Vento eligible)

Is the student's primary residence a:	Does the student live <u>or</u> is either parent employed:
<input type="checkbox"/> Yes <input type="checkbox"/> No Public space, vehicle of any kind, bus or train station, abandoned building, substandard housing, or similar setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No In low rent housing (such as Section 8 subsidized housing)?
<input type="checkbox"/> Yes <input type="checkbox"/> No Transitional/emergency shelter?	<input type="checkbox"/> Yes <input type="checkbox"/> No On Indian Lands?
<input type="checkbox"/> Yes <input type="checkbox"/> No Hotel/motel, trailer park, or camping ground due to lack of alternative adequate accommodations?	<input type="checkbox"/> Yes <input type="checkbox"/> No On federal property, a federally owned military installation, or NASA owned property?

Is either parent:	
<input type="checkbox"/> Yes <input type="checkbox"/> No An active duty member of the uniformed services, including the National Guard and Reserve? If yes, which division? _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No A veteran, medically discharged, or killed while on active duty from the uniformed services? If yes, which division? _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No Employed in agriculture or fishing industries anytime in the past three years?	

Has the student previously been:			
<input type="checkbox"/> Yes <input type="checkbox"/> No On a 504 plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No Retained (repeated the same grade)?		
<input type="checkbox"/> Yes <input type="checkbox"/> No In an ESOL program?	<input type="checkbox"/> Yes <input type="checkbox"/> No In a home education program?		
<input type="checkbox"/> Yes <input type="checkbox"/> No In Exceptional Student Education (ESE)?	<input type="checkbox"/> Yes <input type="checkbox"/> No Convicted of a felony?		
<input type="checkbox"/> Yes <input type="checkbox"/> No In a magnet program?	<input type="checkbox"/> Yes <input type="checkbox"/> No Expelled from school?		

Previous School Name	City/State/Country	Years Attended	Grade	Type
				<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Home Education

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 boundaried 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

Office Use Only				
<input type="checkbox"/> Immunization Form 680	<input type="checkbox"/> Health Exam	Medical Exemption: <input type="checkbox"/> Religious <input type="checkbox"/> Medical <input type="checkbox"/> Temporary (date): _____		<input type="checkbox"/> Back to School Forms Provided
<input type="checkbox"/> Proofs of Residency	<input type="checkbox"/> Shared Housing Form	<input type="checkbox"/> HEART Form(s)	<input type="checkbox"/> 504 <input type="checkbox"/> ESOL <input type="checkbox"/> ESE (Disability): ____	School Records: <input type="checkbox"/> Requested <input type="checkbox"/> Received
<input type="checkbox"/> Acting Parent Form	<input type="checkbox"/> Temporary Custody	<input type="checkbox"/> Reassignment (Code): _____	<input type="checkbox"/> Proof of Birth Date (Specify document): _____	

Broward County Public Schools

Student Emergency Contact Card

This form shall be updated every year.

For office use only:

School # _____ Medical
 Student # _____ Court Order
 Date enrolled _____ Special Needs
 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 their child up from school. No parent shall delete or in any way alter the names provided by the other parent on the Emergency Contact Card.

Student: _____ Grade: _____

Student Identification Number: _____

Student: _____

Student

Registering Parent

Other Parent

Authorized Release/Contact

Non-registering Parent Authorized Release/Contact

Last	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	Date of Birth / /
Student lives with: _____ Check any that apply to student residence: <input type="checkbox"/> Medical <input type="checkbox"/> Special Needs <input type="checkbox"/> Court Order <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"/> Yes <input type="checkbox"/> No (If yes, contact school.)	

Last	First	Email		
Home Address	City	State	Zip	Home Phone
Employer	Work Phone		Cell Phone	

Last	First	Email		
Home Address	City	State	Zip	Home Phone
Employer	Work Phone		Cell Phone	

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: Is this person 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	Home Phone	Work or Cell 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 _____

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	Home Phone	Work or Cell 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 _____

Broward County Public Schools Student Emergency Contact Card

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.

Student Name

Last	First	Middle
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 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

Medication	Dosage	Hour(s) Given

Health Insurance Information

Please check appropriate box: Family Health Insurance Florida Healthy Kids Florida Kid Care None
 Medicaid # _____ No Health Insurance Other _____

IF NONE, do we have your permission to forward the parent's name and phone number to Florida Kidcare Insurance for health insurance screening to see if you may be eligible for health insurance coverage? If Yes, please sign: _____

Vision and Hearing

Does your child wear contacts/glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child wear hearing aid(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Health Care Providers

	Name	Phone Number
Physician		
Dentist		
Health Plan/Group Name		

Medical Conditions

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	

Movement Limitations _____

Recent illness/hospitalization/surgery (describe) _____

Other _____

Severe allergies? If checked, please specify:

<input type="checkbox"/> Food/environmental	Allergies require:
<input type="checkbox"/> Insect stings/bees	<input type="checkbox"/> EpiPen
<input type="checkbox"/> Medicines/Drugs	<input type="checkbox"/> Benadryl
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Release of Medical Information

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.

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 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.

Emergency Treatment

Dismissal Information

REGULAR DISMISSAL PROCEDURES On a typical school day, how will your child leave school? <input type="checkbox"/> Ride in car <input type="checkbox"/> Ride School Bus <input type="checkbox"/> Walk/bike home <input type="checkbox"/> Attend on-site after-care program <input type="checkbox"/> Ride public transportation <input type="checkbox"/> Attend off-site after-care program	EMERGENCY DISMISSAL PROCEDURES In the event of a severe storm or other unscheduled emergency dismissal 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 friend as indicated on authorized contact list <input type="checkbox"/> Ride home with parent only
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Siblings and Home Language

Please list any siblings at our school	Please list any other languages spoken at home:												
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Last Name</th> <th style="width: 33%;">First Name</th> <th style="width: 33%;">Grade Level</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Last Name	First Name	Grade Level										_____ _____
Last Name	First Name	Grade Level											

Survey Questions

Please assist us in better 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"/> Email	<input type="checkbox"/> Text <input type="checkbox"/> Phone



Glades Middle School

Unified Dress Code

Information

The Unified Dress Code is as follows:

- **Polo Style Shirts**
 - 2-3 button with a collar.
 - Shirts do NOT need to be tucked in.
 - Shirts do NOT require a logo.
 - Colors are hunter green, white, black, and navy blue.

- **Pants**
 - Must be regular casual fit.
 - Must be secured around the waist with a belt.
 - Must extend anywhere from the knee to the ankle.
 - Jeans, shorts, and capris are permitted in any color.
 - Shorts must be beyond the fingertips extended downward per the Code of Conduct Book.

- **Shoes/Sneakers must be closed.**

- **School issued I.D. must be worn on the outside of the shirt, around the neck at all times.**

Waivers to Unified Dress will only be granted for a bona fide religious belief.

Waiver forms are available in the Administration Office.



**GMS HORIZONS ACADEMY
(BEFORE & AFTER CARE)**

BEFORE & AFTER SCHOOL CHILD CARE
SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
2019 - 2020

Payments can be made before the last day to pay! Pay online at <https://estore.browardschools.com>
Call the Business Support Center for online payment concerns at 754-321-0600

Last Day To Make Payment	PAY PERIOD NUMBER	PAY PERIOD COVERS FOLLOWING DATES	# OF CHILD CARE DAYS
Tuesday, August 13, 2019	1	08/14/2019 - 09/09/2019	18
Monday, September 09, 2019	2	09/10/2019 - 10/04/2019	18
Friday, October 04, 2019	3	10/07/2019 - 11/01/2019	18
Friday, November 01, 2019	4	11/04/2019 - 12/03/2019	18
Tuesday, December 03, 2019	5	12/04/2019 - 01/13/2020	18
Monday, January 13, 2020	6	01/14/2020 - 02/07/2020	18
Friday, February 07, 2020	7	02/10/2020 - 03/05/2020	18
Thursday, March 05, 2020	8	03/06/2020 - 04/09/2020	18
Thursday, April 09, 2020	9	04/13/2020 - 05/06/2020	18
Wednesday, May 06, 2020	10	05/07/2020 - 06/02/2020	18

REGISTRATION FEE: \$30.00 per child

***Registrations are in person and by appointment only.**

***1st payment is in person and through the school's e-store. Credit or debit card is needed at the time of registration.**

BEFORE CARE: \$95.00

AFTER CARE: \$108 (\$98 + \$10 Activity Fee)

If you have any questions or need to schedule an appointment call Gladys Vega, Program Supervisor, at 754-323-4620.

Registrations will begin July 1st and continue until August 13th. Please call for an appointment.

COUGAR PROWL 2019

NEW COUGAR ORIENTATION

Thursday, August 1st 8:30 am - 12:00 pm

All New 6-8 Grade

**Students
&
Parents
are invited!**

Attend Sessions:

- Middle School Jitters
- Tour of the School
- Middle School Preparedness

GLADES  **MIDDLE**
S C H O O L

visit us online @ glades.browardschools.com

 Twitter @Glades_MS

