



2019 – 2020 Dillard Center for the Arts Audition Registration Packet

Today you will register your child for Dillard Center for the Arts. Please complete all fields to the best of your ability. Please be sure that all documents are signed by both the registering parent and student where applicable. Please visit <https://www.browardschools.com/codeofconduct> to read and review the student code of conduct book. You will be asked to sign a document indicating that you have reviewed the rules included in the document.

The individual listed as the registering parent on the registration form must be present to register the incoming student. If the registering parent is not present, the student will not be allowed to audition and we cannot accept the registration packet.

Sometime after the auditions are complete the district's demographic office may send you notification that you have been awarded a seat and suggest that you return to the school and register your child. Keep in mind, you are doing that today, and you will not have to submit any additional paperwork specific to registering for Dillard High School.

We will notify you of the results of today's audition on or before March 23 at 4:00 PM.

Mr. Charles will complete your academic/visual performance schedule later in the spring. Schedules will be ready for review during teacher pre-planning in August.

You will also receive your bus card with your route number and pick up/drop off times one week prior to the opening of school.

Checklist

- All forms signed by registering parent & student where applicable
- Code of Conduct book read online, acknowledgement form signed by parent and student
- Two proofs of address included

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| | | | | |
|------------|-------------|-------|--------------|-----------------------|
| Student #: | Home School | Date: | Grade Level: | Entry Code: <i>E1</i> |
|------------|-------------|-------|--------------|-----------------------|



(Enter the HS you are zoned for)

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 | Affirmed Name |
| | | | | | |
| Student's Primary Home Address | | | Apt # | City | Zip Code |
| | | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Home Phone # | | Student's Cell 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 | Date of Birth | Birthplace (City/State/Country) | |
| | | | | | |
| 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"/> Asian <input type="checkbox"/> Native American/Native Alaskan <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black/African-American | |
| Registering Parent's Last Name (Legal) | | 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) | | 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? | | |

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:

- | | | |
|------------------------------|-----------------------------|---|
| <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 | Transitional/emergency shelter? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hotel/motel, trailer park, or camping ground due to lack of alternative adequate accommodations? |

Does the student live or is either parent employed:

- | | | |
|------------------------------|-----------------------------|---|
| <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 | On Indian Lands? |
| <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 Enrolled in Broward County Public School? | <input type="checkbox"/> Yes <input type="checkbox"/> No Retained (repeated the same grade)? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Enrolled in a Charter School in Broward County? | <input type="checkbox"/> Yes <input type="checkbox"/> No In Exceptional Student Education (ESE)? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Enrolled in a Home Education program? | <input type="checkbox"/> Yes <input type="checkbox"/> No On a 504 plan? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Expelled from school? | <input type="checkbox"/> Yes <input type="checkbox"/> No In an ESOL program? |
| <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 Involved in the Juvenile Justice System? | <input type="checkbox"/> Yes <input type="checkbox"/> No In Foster Care? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Referred for mental health services? | <input type="checkbox"/> Yes <input type="checkbox"/> No 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 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 |
|-------------------------------|------------------------------|------|
| | | |

Student Emergency Contact Card

This form shall be updated every year

| | |
|-----------------------------|--|
| <i>For Office Use Only:</i> | <input type="checkbox"/> Medical |
| School #: 0371 | <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: <input type="checkbox"/> Food/environmental: <input type="checkbox"/> Insect stings/bites: <input type="checkbox"/> Medicines/Drugs: | | Allergies require: <input type="checkbox"/> EpiPen <input type="checkbox"/> Benadryl <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: _____ | |
| 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"/> Attend ON-site after-care program | | <input type="checkbox"/> Attend OFF-site after-care program | |
| 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 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 | | | | |

DILLARD HIGH SCHOOL

2501 NW 11th St.
Ft. Lauderdale, FL 33311
Fax# 754.322.0886

P&VA

Date: _____

To: _____
(Home School)

(Address if not BCPS)

From: Registrar's Office
Dillard High School
2501 NW 11th St.
Ft. Lauderdale, FL 33311

Please send a transcript, health records, test scores, psychological report and withdrawal grades as soon as possible for the following:

Name : _____

Entry Date:

Date of Birth: _____ Grade: _____

Please send a duplicate or the original copy of the State Assessment Test for the above captioned student(s). Thank You,

Registrar

Request for Release or Transfer of School Records

Permission is hereby granted for release of the school records of:

Name of Student: _____ Date of Birth: _____ Male ____ Female ____ Name Of

Registering Parent/Guardian _____

Signature of Registering Parent/Guardian _____

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Dillard Center for the Arts

CONTRACT FOR STUDENT AND PARENTS

This contract is between student _____ and Dillard Center for the Arts

DCA provides an educational setting dedicated to the development of artistic and academic skills. Please read the expectations outlined below carefully with your parents before you both sign on the designated lines.

In order to be successful and to maintain active enrollment in the school, I understand that I must adhere to the following standards:

1. Be committed to the 4-year program in the arts offered at DCA.
 - The curriculum of DCA requires a minimum of 10 credits in arts courses over the 4-year program as described in the DCA Academic Progression Plan.
 - Each department at DCA conducts an interim evaluation (Jury) of their students every semester. The purpose of this Jury is to assess the achievement of each student to assure that adequate annual progress is being made. Failure to complete the semester jury constitutes automatic recommendation of reassignment from the DCA program.
2. Maintain an overall academic average of 2.5 or better.
3. Maintain a "3.0" average or better in all arts area courses.
4. Attend school daily, arrive promptly and remain during scheduled school hours.
5. Adhere to the Broward County School's Student Code of Conduct.
6. Complete all required assignments, including homework, on time.
7. Respect all school facilities, equipment, supplies as well as personal property.
8. Earn promotion by successfully completing the required course work at the appropriate grade level.
9. Establish a time and a place at home for study and practice.
10. Participate in school meetings, rehearsals, recitals, performances and/or exhibitions outside of regular school hours as required.
11. If my address, home telephone number, or work telephone number changes, I will notify the DCA office and Guidance within seven (7) days.
12. I understand that my child may be photographed or videotaped during class time, rehearsal time, or during performances to promote the DCA program and/or to document the school's history. *A separate Media Release Form may be signed if you do not wish to allow the student to be photographed.*
13. DCA students must not only perform to the best of their ability but also are expected to excel both academically and socially. Anyone failing a class or receiving Internal or External Suspension will be in danger of being removed from the magnet program.

I understand that DCA is comprised of students who are selected through the audition process and have volunteered to attend this magnet program. I also understand there will be high expectations for individual effort and student behavior. I am committed to these standards and will attend DCA for my high school years. I understand that failure to adhere to this contract may result in my being removed from performance opportunities and in some circumstances being withdrawn to my home school.

Student Signature _____ **Date** _____

Parent Signature _____ **Date** _____

Media Release Form 2018/2019 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



Acknowledgment - Parent Copy

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

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Student Name (PRINT)

Student Signature

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

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