

ENROLLMENT OPTIONS FOR THE MARJORY STONEMAN DOUGLAS HIGH SCHOOL (MSDHS) COMMUNITY

Marjory Stoneman Douglas High School (MSDHS) is the first choice for high school for many of our students and parents within the supportive and connected communities of Parkland and Coral Springs. MSDHS has the ability to provide the most supportive environment with all of the innovative and traditional educational support systems retooled to meet the needs of the returning students.

While studies show that students, more often than not, are looking to reconnect with their peers and teachers at their own school after a tragedy, this tragedy requires a deeper level of support and understanding of each individual family when difficult choices may need to be made. Broward County Public Schools has created a process for those families that may be interested in another enrollment option.

STEP 1: Talk with the School Counseling Department at MSDHS

When your family is ready to discuss enrollment options, please reach out to the School Counseling Department at MSDHS to share your thinking. A team of specialists in enrollment options will be working with the School Counseling team to assist in finding your best fit. While the staff is ready to welcome you back, they are also ready to assist in any transition that a family may need.

STEP 2: Review the enclosed enrollment options

Through collecting all of the enrollment options in one place, each parent/guardian and their child can discuss with School Counseling staff the option that may meet the individual needs of each family. On the next page, there is a table that shares the options with clearly defined characteristics of the most commonly asked questions. This package is provided to assist in any transition alternative that a family may need. Consider each one carefully and reach out to the identified District staff for any follow up questions. Staff has tried to think through the many questions families may have. However, each family may have special considerations that may require more assistance.

STEP 3: Select the enrollment option that is best for your family

MSDHS is ready to welcome you back. If your family decides not to return to MSDHS, one of the enrollment options in this packet may be a good fit for your child's educational needs. Do not stop at the end of the options table; please continue to review and gather information by speaking with the appropriate contact for that option. MSDHS and the District support team are ready to help.

ENROLLMENT OPTIONS

Enrollment Option	Department	Contact Name	Phone Number
Remain at MSDHS	Guidance Department	Terrance Sullivan	754-322-2172
Broward Virtual	Broward Virtual School	Christopher McGuire	754-321-6050
Hospital/Homebound	Hospital/Homebound	Terry Spurlock	754-321-3453
Reassignments	Demographics & Student Assignments	Patrick Sipple	754-321-2480
McKay Scholarship	Exceptional Student Learning & Support	Tara Rodger	754-321-3445
Home Education	Home Education	Angela Lublin	754-321-1558

ENROLLMENT OPTIONS TABLE

For Current Seniors

Enrollment Options	Notes																
	Graduation "walk" with MSDHS	Attend Prom at MSDHS*	Grad Night at MSDHS	Varsity Athletics at MSDHS	Student Activities** at MSDHS	Mental Health Support at MSDHS for 2018/19	Bus for MSDHS in-boundary students	Athletics at New Option	ELL Services at New Option	ESE Services at New Option	Bright Futures Eligibility at New Option	Gifted Services at New Option	504 Plan	My Question 1	My Question 2	My Question 3	My Question 4
Remain at Stoneman Douglas High School	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes					
Broward Virtual (Online Courses)	Yes	No	Yes	No	Yes	N/A	N/A	Yes	Yes	Yes	Yes	Yes					
Hospital/ Homebound	Yes	Yes	Yes	Yes	Yes	N/A	N/A	Yes	Yes	Yes	Yes	Yes					
Reassignment to Taravella, Coral Glades, or Coral Springs	No	No	No	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes					
Reassignment to District identified school with space	No	No	No	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes					
McKay Scholarship	No	No	No	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes					

Home Education is 100% parent driven. By enrolling in home education, the student is withdrawn from Broward County Public Schools as the parent is assuming all educational responsibilities for educating their child. No instructional materials or curriculum is provided. Students enrolled in the Home Education Program do not receive a high school diploma or certificate of completion. On a case-by-case basis, students may be eligible to re-enroll at MSDHS prior to the end of the school year to receive a high school diploma.

*Students who do not attend MSDHS may attend prom with an invitation by a current senior attending MSDHS
 **Students who do not attend MSDHS may participate in student activities outside of school hours

**ENROLLMENT OPTIONS FOR THE
MARJORY STONEMAN DOUGLAS HIGH SCHOOL (MSDHS) COMMUNITY**

REMAIN AT MARJORY STONEMAN DOUGLAS HIGH SCHOOL

Description: All students who were enrolled at MSDHS on February 14, 2018 may remain at MSDHS through to the highest grade.

Considerations: MSDHS will continue to offer the highest quality courses, certified teachers, athletics and student activities as well as student services that can be offered at any high school, public, private or charter.

Special Considerations: Student activities will be the center of social and emotional support for the students. Graduation, Senior Prom, Grad Night, award banquets, pep rallies and sports events will continue to be an important and proud part of the MSDHS community.

Additional resources: There will be counselors on hand and additional support services available at the school.

Next Steps to Remain at MSDHS:

- 1) If your family moved out of the MSDHS attendance boundary after February 14, 2018, complete a School Year Completion reassignment application (included at the end of this information packet) and return it to the Demographics & Student Assignments Department via fax, email, US Postal mail or hand-delivery.



**ENROLLMENT OPTIONS FOR THE
MARJORY STONEMAN DOUGLAS HIGH SCHOOL (MSDHS) COMMUNITY**

Broward Virtual School (BVS)

Description: Broward Virtual School (BVS) offers full-time enrollment to students in grades K-12 through an online educational delivery system.

All students who were enrolled at MSDHS on February 14, 2018 may request this option.

Considerations: Students are provided the opportunity to engage in their courses from the location of their choosing. A comprehensive high school course sequence is available for students to earn a high school diploma entirely online. College and technical dual enrollment options are also available.

BVS administrative offices are located inside Coconut Creek High School, 1400 NW 44th Avenue, Coconut Creek, FL 33066.

All current courses may not be available through Broward Virtual School.

Special Considerations: Students who are currently on a varsity athletic team will be allowed to continue participating with their MSDHS team for their high school years. All MSDHS students may instead opt to walk-on to the newly reassigned school team.

Additional resources: For more information regarding Broward Virtual School, visit www.bved.net

How to apply to Broward Virtual

- 1) Talk with the School Counseling Department at MSDHS to discuss this option.
- 2) Visit www.bved.net or 754-321-6050 to request an enrollment application.

ENROLLMENT OPTIONS FOR THE MARJORY STONEMAN DOUGLAS HIGH SCHOOL (MSDHS) COMMUNITY

Hospital/Homebound

Description: The Hospital/Homebound Program provides educational services to students who miss 15 consecutive or non-consecutive days of school due to an acute or chronic medical or psychiatric condition. Hospital Homebound services are temporary services provided while a student recovers from an acute or chronic medical or psychiatric condition.

All students who were enrolled at MSDHS on February 14, 2018 may submit the required doctor's evaluation to determine if the student meets the state eligibility criteria for Hospital Homebound Services.

Considerations: While the student is participating as a student who is eligible for Hospital Homebound services, they are still considered a student of Marjory Stoneman Douglas High School. Students can receive Instruction at home, in a hospital through telecommunications or virtual school.

Student schedules will be based on the student's medical condition as well as the courses currently offered through Hospital Homebound Services. This does not include AP or Honors courses.

If a student was previously eligible to receive services for other Exceptional Student Education eligibilities including Gifted, the IEP or EP committee will determine what services should continue based on the medical condition of the student. Students who are eligible for a 504 plan will continue to receive the accommodations on the 504 plan while on Hospital Homebound.

Students receiving Hospital Homebound Services are required to meet all graduation requirements including state or district assessments, credits, volunteer hours, etc.

Additional resources:

Based on the IEP committee's decision and eligibility requirements, a student may be eligible to receive ESE counseling as part of their IEP or EP services.

How to apply for Hospital/Homebound:

- 1) Talk with the ESE Specialist or Guidance Counselor at MSDHS to discuss this option.
- 2) Complete a Hospital/Homebound application included at the end of this packet

**ENROLLMENT OPTIONS FOR THE
MARJORY STONEMAN DOUGLAS HIGH SCHOOL (MSDHS) COMMUNITY**

**REASSIGNMENTS TO J. P. TARAVELLA HIGH, CORAL GLADES
HIGH OR CORAL SPRINGS HIGH**

Description: Students may attend another Broward County Public High School. There are 3 identified neighboring schools for students who live in the MSDHS boundary. Transportation will not be provided for reassigned students.

All students who were enrolled at MSDHS on February 14, 2018 may request this option.

Considerations: Students who are currently on a varsity athletic team will no longer be allowed to participate with MSDHS once enrolled at the new reassigned school. Students may instead opt to walk-on to the newly reassigned school team.

Students who are participating in non-athletic student activities at MSDHS will no longer be allowed to continue participating with the MSDHS activity unless the activity occurs outside of school hours.

Special Considerations: Your child may stay at the school until the highest grade offered. Students will be able to return to MSDHS at any time.

How to apply for a reassignment

- 1) Talk with the School Counseling Department at MSDHS to discuss this option.
- 2) Complete a Marjory Stoneman Douglas High School community reassignment application (included at the end of this information packet)
- 3) Return it to the Demographics & Student Assignments Department via fax, email, US Postal mail or hand-delivery.
- 4) Once your child is attending the school, it is not required to reapply each year.
- 5) You will be notified of your placement request via email within 48 hours of receipt. Look for emails sent from schoolchoice@browardschools.com.

**ENROLLMENT OPTIONS FOR THE
MARJORY STONEMAN DOUGLAS HIGH SCHOOL (MSDHS) COMMUNITY**

**REASSIGNMENTS TO OTHER
BROWARD COUNTY PUBLIC SCHOOLS**

Description: Students may attend another Broward County Public High School with capacity available for reassignments. Transportation will not be provided for reassigned students.

All students who were enrolled at MSDHS on February 14, 2018 may request this option.

Considerations: Students who are currently on a varsity athletic team will no longer be allowed to participate with the MSDHS team. Students may instead opt to walk-on to the newly reassigned school team.

Students who are participating in non-athletic student activities at MSDHS will no longer be allowed to continue participating with the MSDHS activity unless the activity occurs outside of school hours.

Special Considerations: Your child may stay at the school until the highest grade offered. Students will be able to return to MSDHS at any time.

How to apply for a reassignment

- 1) Talk with the School Counseling Department at MSDHS to discuss this option.
- 2) Complete a Marjory Stoneman Douglas High School community reassignment application (included at the end of this information packet)
- 3) Return it to the Demographics & Student Assignments Department via fax, email, US Postal mail or hand-delivery.
- 4) Once your child is attending the school, it is not required to reapply each year.
- 5) You will be notified of your placement request via email within 48 hours of receipt. Look for emails sent from schoolchoice@browardschools.com.

ENROLLMENT OPTIONS FOR THE
MARJORY STONEMAN DOUGLAS HIGH SCHOOL (MSDHS) COMMUNITY

**JOHN M. MCKAY SCHOLARSHIP
(FOR STUDENTS WITH DISABILITIES)**

Description: Student may be able to attend a different public school in Broward County, attend a public school in a neighboring district, or receive a scholarship to attend a participating private school.

All students who were enrolled at MSDHS on February 14, 2018 may request this option.

Considerations: Students who are currently on a varsity athletic team will no longer be allowed to participate with the MSDHS team. Students may instead opt to walk-on to the newly reassigned school team.

Students who are participating in non-athletic student activities at MSDHS will no longer be allowed to continue participating with the MSDHS activity unless the activity occurs outside of school hours.

Special Considerations: Your child may stay at the school until the highest grade offered. Students will be able to return to MSDHS at any time.

How to apply for a McKay Scholarship:

- 1) Talk with the School Counseling Department at MSDHS to discuss this option.
- 2) Visit <https://www.browardschools.com/Page/32567> for application instructions



MARJORY STONEMAN DOUGLAS HIGH SCHOOL
SCHOOL COMPLETION APPLICATION

Demographics & Student Assignments Department
600 SE 3rd Avenue, Fort Lauderdale, FL 33301
Phone: (754) 321-2480

Completion
2018/19
School Year

IMPORTANT INFORMATION - PLEASE READ BEFORE COMPLETING THIS APPLICATION

This application is only for students who were enrolled at Marjory Stoneman Douglas High School on February 14, 2018 and are requesting to remain at the school after the family has moved out of the attendance boundary of Marjory Stoneman Douglas High School. Students will be allowed to remain until the highest grade. Incomplete applications will NOT be processed. Transportation is NOT provided for students granted a School Completion Reassignment.

Student Identification Number, Student's Date of Birth (Month, Day, Year), Gender (Male, Female), Current Grade (K-12)

Student's Last Name, Student's First Name

Race/Ethnic Category (check all that apply): American Indian or Alaskan Native, Black or African-American, White, Native Hawaiian or Other Pacific Islander, Asian. Is the Student Hispanic or Latino? Yes/No

Student's Address (No P.O. Box), Bldg/Apt#, City, State, Zip Code

Email Address (supply an email address for application status update)

By signing this document I confirm that I am the parent/legal guardian on file at the student's current school. I certify that all information contained herein is true and accurate and I understand that providing false information may result in the denial or rescindment of any School Choice placement. I understand that providing supporting documentation does not guarantee a School Choice request will be granted. All applications will be reviewed in accordance to school Board Policy 5004.1. I agree to support and follow the Unified Dress Program, individual school discipline plan, Policy 5004.1, and the Student Code of Conduct.

Parent/Legal Guardian Last Name, Parent/Legal Guardian First Name

Mobile or Home Phone, Parent/Legal Guardian Signature, Date

Fax, email, mail or hand deliver to:

Demographics & Student Assignments Department
600 SE 3rd Avenue, Fort Lauderdale, FL 33301

Email: schoolchoice@browardschools.com
Fax: (754) 321-2489

Completion
2018/19
School Year

Last Modified: 8/12/2018 5:50 PM

Completion
2018/19
School Year

Hospital/Homebound Parent/Student Agreement

This form is to be completed by the parent/guardian and student, if age appropriate, who are participating in the hospital/homebound program. The purpose is to document that the family is aware of the purpose of hospital/homebound services, the conditions required for provision of services in the home, and the attendance and grading policies that are in effect.

Parent Initial's	Student ID #	Student First Name	Middle	Last	Agreement Date

<p>The School District of Broward County provides hospital/homebound (H/H) instruction to students who are unable to attend school regularly when eligibility requirements of state law are met and the student's Individual Education plan (IEP) team determines that instruction in the home is the least restrictive environment. H/H services are determined by the IEP team and are minimal as compared to a comprehensive classroom.</p>					
<p>Per the Florida Department of Education's Bureau of Exceptional Education and Student Services (BEESS) <i>Policy and Procedures Manual: Hospital/Homebound Program and Services</i> (2008), H/H services should be viewed as a temporary intervention and are not intended to replace the classroom experience. The intention of H/H services is to keep the student as current as possible in their required courses, with the priority being the student's health care needs. Students confined to the home or hospital often do not perform as well academically as in the regular classroom setting. The IEP team and service providers make every effort to provide appropriate services, in consideration of the student's condition, to keep the student as current as possible in their required courses. Continuity of the academic program is achieved by the parents/guardians, home school staff, and H/H staff working together to meet the needs of the student who is unable to attend school regularly due to illness.</p>					
Before H/H services are initiated, the Parent/Guardian must agree to the following conditions:					
_____	<ul style="list-style-type: none"> The parent/guardian shall provide a quiet, clean, well-ventilated setting where the teacher and student will work. During instructional time, there will be no smoking and pets will be secured for the teacher's safety. The parent/guardian will establish a schedule for student study between teacher visits which takes into account the student's medical conditions and the requirements of the student's coursework. A responsible adult must be present whenever a teacher is providing in-home instruction. The adult present will sign the teacher's time attendance at the end of each visit. Students may NOT sign the attendance sheet. All visitors, pets, siblings, and children will be kept out of the room during instructional time. The student will be prepared to start work when the teacher arrives. Although the law requires annual medical reports, more frequent medical evaluations may be requested by the H/H program to inform decisions about re-entry into a school setting and/or H/H services. Your child will be available and prepared for instruction during normal hours of your child's school day and you will not schedule therapy or re-occurring medical appointments to conflict with instructional time. If the teacher is absent, or teleclasses are cancelled, the parent and student will be notified. The parent/guardian will notify the teacher, as soon as possible, if a contagious illness is present in the home, or if the student is too ill to participate. H/H services follow the approved school district calendar. Services are to be provided during the work week. Your child's current school is responsible for providing assignments and grades to the student until the student is officially eligible to receive hospital/homebound services. If your child is made eligible, the home school is responsible for providing all textbooks/workbooks/materials to the hospital/homebound provider. If your child is made eligible he/she is required to follow the Broward County Code of Student Conduct. 				
_____	<p>Attendance Policy:</p> <ul style="list-style-type: none"> Due to the minimal contact hours of the H/H program, attendance and participation in the classes/in-home services is critical. Credits toward promotion may not be awarded when minimal contact hours are not met. Excused absences must be reported by the parent/guardian to the H/H attendance line prior to class. The absence line phone number will be given to you by your child's teacher. Calls received after the absence will be documented, but the absence will be considered unexcused. Absences will only be excused for medical appointments documented by a doctor's note. Common illnesses, such as colds, mild headaches, etc. are not severe or chronic enough to warrant absence from instruction. More than 5 unexcused absences for scheduled services due to family cancellations will initiate a meeting regarding attendance. 				

Parent Initial's	Student ID #	Student First Name	Middle	Last	Agreement Date
_____	<p>Teleclass Policy:</p> <ul style="list-style-type: none"> • The student must be provided an open, uninterrupted telephone line during teleclass instruction. The environment must be quiet and conducive to participation in active learning. • Student using a cell phone must ensure that the phone is fully charged before class. • The teacher has the right to disconnect any student or parent who is interfering with the instructional process due to background noise, inappropriate language, etc. • Student must call in on time, within 1 minute prior to the class start time. Students who call in after class begins cause interruption and missed instruction. Student who hang up prior to being dismissed by the teacher miss critical information. Late entry and early departure will be documented as tardy to/from class. • Students must participate in teleclass. Teachers will provide multiple opportunities and methods for participation. Without being face to face, verbal or online participation is critical to inform the teacher that learning is occurring. If the student's illness prevents him/her from participating in teleclass, a meeting should be requested to consider other instructional opportunities. 				
_____	<p>Employment & Extracurricular Activities:</p> <ul style="list-style-type: none"> • Working for compensation and participation in extra-curricular activities is not permitted during the time a student is enrolled in the H/H program unless recommended by the treating physician and the IEP team. 				
_____	<p>Hospital/Homebound Services may be Dismissed/Discontinued for the Following Reasons:</p> <ul style="list-style-type: none"> • The treating physician/psychiatrist recommends return to school. • Required updated medical information has not been received. • A responsible adult cannot be present during instruction/teacher visits. • The dismissal date on the original medical report has been reached. • The parent/adult student fails to comply with the H/H agreement. 				

I agree to the terms and conditions of the Hospital/Homebound Parent/Student Agreement. I understand that my child will be dismissed from the Hospital/Homebound program if this agreement is violated.

Signature of Parent/Legal Guardian

Date

Print Name of Parent/Legal Guardian

I certify that the Hospital/Homebound Parent/Student Agreement was reviewed with the parent.

Signature Hospital/Homebound Case Manager Designee

Date

Print Name Hospital/Homebound Case Manager Designee

Hospital/Homebound Medical Report: Physical/Psychiatric Condition

State Board of Education Rule 6A-6.03020, F.A.C., requires an annual medical statement/report from a licensed physician in order for the student to be considered for the Hospital/Homebound program. A licensed physician is one who is qualified to assess the student's physical or psychiatric condition, as defined in Chapters 458 and 459, F.S. In order for the District to receive this information, a release of information is required.

SECTION I: RELEASE OF INFORMATION - TO BE COMPLETED BY THE PARENT/LEGAL GUARDIAN

Student ID #	Student First Name	Middle	Last	Birth Date	Date of Request
Grade	Current School				
Student Address			City	State	Zip Code
Parent/Legal Guardian Name		E-mail Address	Work Phone #	Home Phone #	Cell Phone #

I hereby authorize the student's physician(s) to release all information concerning diagnoses, treatment plan, medical implications for instruction and re-entry to the School District of Broward County and the District's medical consultant(s). This communication may be written or verbal. This release will remain in effect until the student has been dismissed from the Hospital/Homebound Program. **Must be signed by parent/legal guardian or student at the age of majority.**

Signature of Parent/Legal Guardian or Student at Age of Majority

Print Name of Parent/Legal Guardian or Student at Age of Majority

Date

SECTION II: PHYSICIAN/PSYCHIATRIST CONTACT INFORMATION - ALL SECTIONS TO BE FILLED OUT COMPLETELY

Physician/Psychiatrist Name	Physician Area of Practice	Phone #	Fax #
Physician/Psychiatrist Address		City	State Zip Code
Physician/Psychiatrist E-mail Address			

SECTION III: MEDICAL STATEMENT - COMPLETED BY THE PHYSICIAN/PSYCHIATRIST

Completion of this form is a required part of the eligibility process and does not guarantee placement in the Hospital/Homebound program. *Failure to complete this form in its entirety and return it in a timely manner may result in a delay of eligibility determination.*

Please note that Hospital/Homebound services do not duplicate the comprehensive classroom experience. Instruction is minimal and normal progression that would be expected through classroom instruction in the school setting cannot be guaranteed.

All of the information below must be addressed in this report (*continues on page 2*):

Onset Date:	Date Last Seen By Physician/Psychiatrist:	Expected School Return Date (<i>specific date mandatory</i>):
<p>Medical Condition: Describe the condition(s) which confines the student to home or hospital. Attach additional documentation if necessary. (Per SBER 6A-6.03020 F.A.C., a homebound or hospitalized student is a student who has a diagnosed medical or psychiatric condition which is acute in nature, or a chronic illness, or a repeated intermittent illness due to a persisting medical problem and which confines the student to home or hospital, and restricts activities for an extended period of time.</p>		
<p>Medical Implications for Instruction: Include skill deficits, side effects, behavior changes, difficulties, etc.</p>		

Request for Hospital/Homebound Services continued

Student ID #	Student First Name	Middle Name	Last Name
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Treatment Plan: Include prescribed medication(s), therapies/treatments

Recommendations for School Re-Entry: Include participation in school-related activities, physical education, etc.

Estimated Duration of the Condition or Prognosis: Specify the number of days, weeks, or months the student is expected to require services through the Hospital/Homebound program. This medical report cannot exceed 12 months and must be updated annually.

SECTION IV: MEDICAL STATEMENT - COMPLETED BY THE PHYSICIAN/PSYCHIATRIST

All questions **MUST** be answered and initialed by the physician/psychiatrist

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initials: _____	Is the student expected to be absent from school for at least 15 days? (May be non-consecutive)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initials: _____	Is the student confined to the home or hospital?* (Please see the confinement levels for the purposes of instruction below)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initials: _____	Will the student be able to participate in and benefit from any instructional program?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initials: _____	Is the student under medical care for an illness of injury that is acute, catastrophic or chronic in nature?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initials: _____	Can the student receive instructional services without endangering the health and safety of the instructor or other students with whom the instructor may come in contact?

***Confinement Levels:** Per SBER 6A-6.03020 F.A.C., the physician/psychiatrist must certify that the student is unable to attend school. Based on your examination, which level of confinement do you recommend for consideration?

<input type="checkbox"/> Intermittent	This student is currently able to attend school; however, it is expected that he/she will experience intermittent days of hospitalization or home confinement.
<input type="checkbox"/> Part-Time	This student is currently confined to the hospital or home, part-time and able to attend school on a part-time basis.
<input type="checkbox"/> Full-Time	This student is currently confined to the hospital or home, full-time and unable to attend school or participate in social activities outside of the home.

Medical Provider Signature: Signature must be an original. Reproductions such as a stamp will not be accepted.

Signature of Physician/Psychiatrist

Print Name of Physician/Psychiatrist

Date

Please return this form and your parent agreement to your child's home school ESE specialist



IMPORTANT INFORMATION - PLEASE READ BEFORE COMPLETING THIS APPLICATION

Please complete the information below (one application per student) if you are requesting for your child to attend a different Broward County Public School.

Student Identification Number #	Student Date of Birth	Gender	Application Grade (K - 12)
<input type="text"/>	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/>
Student Last Name	Student First Name		
<input type="text"/>	<input type="text"/>		

SIBLING INFORMATION (Remember to also complete a separate application for each sibling.)	
Sibling Identification Number #	
<input type="text"/>	
Sibling Last Name	Sibling First Name
<input type="text"/>	<input type="text"/>
Sibling Identification Number #	
<input type="text"/>	
Sibling Last Name	Sibling First Name
<input type="text"/>	<input type="text"/>

By signing this document I confirm that I am the parent/legal guardian on file at the student's current school. I certify that all information contained herein is true and accurate and I understand that providing false information may result in the denial or rescindment of any reassignment. I agree to support and follow the Unified Dress Program, individual school discipline plan, Policy 5004.1, and the Student Code of Conduct.

Parent/Legal Guardian Last Name	Parent/Legal Guardian First Name
<input type="text"/>	<input type="text"/>
Primary Email address to receive status notifications via email	
<input type="text"/>	@ <input type="text"/>
Primary Phone	Secondary Phone
<input type="text"/>	<input type="text"/>

Parent/Legal Guardian Signature: _____ Date: _____

Continue to the next page to request a reassignment school.



Student Identification Number #

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Student's Last Name

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Student's First Name

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ELEMENTARY SCHOOLS

Atlantic West
Banyan
Bennett
Bethune, Mary M.
Boulevard Heights
Broadview
Broward Estates
Chapel Trail
Coconut Creek
Coconut Palm
Colbert
Coral Springs PK-8
Country Hills
Country Isles
Crestheaven
Croissant Park
Cypress
Daina
Deerfield Park
Dolphin Bay
Drew, Charles
Endeavour P.L.C.
Fairway
Florana

Forest Hills
Foster, Stephen
Harbordale
Hollywood Central
Hollywood Park
Horizon
Hunt, James S.
Lake Forest
Larkdale
Lauderhill Paul Turner
Liberty
Lloyd Estates
Maplewood
Margate
Markham, C. Robert
McNab
Miramar
Mirror Lake
MLK Montessori
Morrow
Nob Hill
Norcrest
N. Andrews Gardens
North Fork

North Lauderdale PK-8
North Side
Oakland Park
Oakridge
Orange Brook
Oriole
Palm Cove
Palmview
Panther Run
Park Lakes
Park Springs
Parkside
Pasadena Lakes
Pembroke Pines
Pines Lakes
Pinewood
Plantation
Plantation Park
Pompano Beach
Quiet Waters
Ramblewood
Riverland
Riverside
Rock Island

Royal Palm
Sanders Park
Sandpiper
Sawgrass
Sea Castle
Sheridan Hills
Sheridan Park
Silver Lakes
Silver Palms
Silver Shores
Stirling
Sunset Lakes
Sunshine
Tamarac
Tedder
Marshall, Thurgood
Tradewinds
Village
Walker
Watkins
West Hollywood
Westchester
Westwood Heights
Wilton Manors
Winston Park

MIDDLE SCHOOLS

Attucks
Bair
Coral Springs MS
Coral Springs PK-8
Crystal Lake
Dandy, William E.
Deerfield Beach
Dillard 6-12

Driftwood
Forest Glen
Glades
Lauderhill 6-12
Lauderdale Lakes
Margate
McNicol
Millennium

New Renaissance
North Lauderdale PK-8
Olsen
Parkway
Perrym Annable PK-8
Pines
Plantation
Ramblewood

Rickards, James S.
Sawgrass Springs
Siver Lakes
Sunrise
Westpine
Young, Walter C.

HIGH SCHOOLS

Coconut Creek
Coral Glades
Coral Springs
Dillard 6-12
Ely, Blanche

Everglades
Hallandale
Hollywood Hills
Lauderhill 6-12
McArthur

Miramar
Northeast
Piper
Plantation
South Broward

South Plantation
Stranahan
Taravella, J.P.
West Broward

Mail OR hand deliver to 600 SE 3rd Ave., Fort Lauderdale, FL 33301
 OR fax to 754-321-2489 OR email to schoolchoice@browardschoos.com



Notice of Intent of Home Education Program

Use of this form is optional.

It is provided for the parent's/guardian's convenience.

Please complete one for each student.

In compliance with section 1002.41 (1)(a), Florida Statutes this is written notice from the parent/guardian to establish and maintain a home education program for the following student. The parent/guardian is responsible for **maintaining his/her student's complete portfolio and learning log** as well as **submitting results of annual evaluations** in compliance with section 1002.41, Florida Statutes.

Please Print Legibly:

STUDENT NAME	DATE OF BIRTH	MALE/FEMALE	GRADE	I have withdrawn my child from the following school

Parent/Guardian Name _____ Telephone _____

Home Address _____ City _____ Zip Code _____

Email Address _____

I currently reside at the above Broward County address. I understand this is subject to verification. I have withdrawn the student from the current school and I am establishing a Home Education program. I understand:

A student with a prior pattern of public school non-attendance will be subject to monthly portfolio reviews.

An original **Annual Evaluation will be due on or before the anniversary date of enrollment into Home Education.**

The Home Education Office **does not issue a high school diploma, books, curriculum or materials.**

_____ Signature of Parent/Guardian _____ Date _____

If the office is unable to process the above request, the telephone number and/or email listed above will be used to contact you. You can send completed forms via mail, email or fax:

Address: The School Board of Broward County
Home Education Office
Lauderdale Manors Early Learning & Family Resource Center
1400 NW 14th Court
Fort Lauderdale, FL 33311
Website: www.browardhomeed.com
Email: Home.education@browardschools.com
Phone: (754) 321-1558
Fax: (754) 321-1694