

LYONS CREEK MIDDLE SCHOOL



2023-2024 INCOMING 6TH GRADE REGISTRATION PACKET

IN THIS PACKET:

- PROOF OF RESIDENCY INFORMATION
- STUDENT REGISTRATION FORM*
- AFFIDAVIT OF SHARED HOUSING (IF APPLICABLE)
- ELECTIVE COURSE CARD REQUEST*
- BEFORE & AFTER SCHOOL CHILDCARE FLYER

PLEASE NOTE: DO NOT PRINT THIS ENTIRE PACKET. ONLY COMPLETE & PRINT REQUIRED* FORMS.

SCHOOL WEBSITE:

WWW.BROWARDSCHOOLS.COM/LYONSCREEK

Lyons Creek Middle School
 Vernicca Wynter, Principal
 4333 Sol Press Boulevard
 Coconut Creek, Florida 33073
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 Fax: 754-322-3785
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NEW STUDENT REGISTRATION PACKET

Thank you for choosing Lyons Creek Middle School. In this packet, you will find the necessary documents to register your child. Please complete the forms completely prior to your registration session or appointment and ensure you bring the required documents outlined below. Note, the Affidavit of Shared Residence Form is only required if applicable. Both the registering parent and owner/renter of the residence complete a notarized Affidavit of Shared Residence Form. If you have any questions about registration, please e-mail: nadine.pagnotta@browardschools.com.

If you OWN or RENT your residence, submit one document from both Columns A and B:

All documents must be current, valid, and include the residential address used for enrollment.	
<u>Column A</u>	<u>Column B</u>
<ul style="list-style-type: none"> ▪ Property tax bill ▪ Homestead exemption card ▪ Deed ▪ Mortgage statement ▪ Home purchase contract ▪ Notarized lease agreement 	<ul style="list-style-type: none"> ▪ Utility bill (i.e., electric, water, waste) ▪ Telephone or cellular phone bill ▪ Verification of Tenancy letter from the homeowners or condominium association ▪ Declaration of Domicile Form from the County Records Department ▪ Florida driver's license ▪ Florida identification card ▪ Automobile registration ▪ Automobile insurance ▪ Credit card statement ▪ Two consecutive bank account statements ▪ U.S. Postal Service confirmation of address change request

UPDATED 4/05/2023

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)		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"/> Non-Hispanic or Non-Latino <input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Native American/Native Alaskan <input type="checkbox"/> Native Hawaiian/Pacific Islander	
<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Independent Student <input type="checkbox"/> Other: _____					
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:	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 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

BROWARD COUNTY PUBLIC SCHOOLS (BCPS)
AFFIDAVIT of SHARED HOUSING

INSTRUCTIONS: The purpose of this form is to request that the following school-age child(ren), who are residing with their parent/guardian at the residential address below, be permitted to enroll in the boundaried school as long as the stated address is the bona fide legal address of the student(s) and parent/legal guardian.

Please, complete this form, sign under oath before a notary, and return it to the front office of your child(ren)'s school.

SECTION I: To be completed by the parent/guardian in a shared housing situation.

Name of Boundaried School: _____

Name of Parent/Guardian: _____

Name of Student: _____ Date of Birth: ____/____/____ Grade: _____

Name of Student: _____ Date of Birth: ____/____/____ Grade: _____

Name of Student: _____ Date of Birth: ____/____/____ Grade: _____

Residential Address: _____ City: _____ Zip: _____

It is understood that:

- Absent an approved alternative method of assignment or reassignment, all students in BCPS shall be assigned annually to the school within the attendance boundaries which have been established by the School Board.
- Two proofs of residence from Column B shall be provided by the parent/guardian
- One proof of residence from both Columns A and B shall be provided by the homeowner/lessor
- If a change in the bona fide legal residence occurs, it is the responsibility of the parent/legal guardian and homeowner/lessor to notify the school within 10 business days.
- **The information provided by the undersigned is accurate.**
 - **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.**
- **Providing false information is a fraud and will result in withdrawal of the student(s) from the boundaried school.**
- This document shall be renewed every quarter at schools whose enrollment is at or exceeding 102% of permanent capacity, or annually at all other schools.
- Families who are unable to provide proof of residence due to extenuating circumstances shall complete this form on an annual basis.

Signature of Parent/Guardian

Print Name of Parent/Guardian

Telephone Number

County of Broward
State of Florida

I hereby certify that on this ____ day of _____, 20____, the above subscribers personally appeared before me and made oath that the foregoing facts are true to the best of their knowledge, information and belief, under penalty of perjury. Each subscriber is known to me or provided the following identification _____.

My Commission Expires: _____

Notary Signature: _____

Section II: To be completed by the person who owns or leases the shared residence.

As the homeowner or lessor of the residence listed on this form, I acknowledge that the above-named individual(s) and their school-age child(ren) are residing at this address and not for the purpose of attending the above-named boundaried school in Broward County. I agree to provide one supporting document from Column A and one from Column B from Section III below.

Signature of Homeowner/Lessor

Print Name of Homeowner/Lessor

Telephone Number

County of Broward
State of Florida

I hereby certify that on this ____ day of _____, 20____, the above subscribers personally appeared before me and made oath that the foregoing facts are true to the best of their knowledge, information and belief, under penalty of perjury. Each subscriber is known to me or provided the following identification _____.

My Commission Expires: _____

Notary Signature: _____

Section III: To be completed by school staff.

Please identify the proofs of residence documentation provided by the:

Homeowner/Lessor		Parent/Guardian	
Column A (Check One)	Column B (Check One)	Column B (Check Two)	
<input type="checkbox"/> Property Tax Bill	<input type="checkbox"/> Utility Bill	<input type="checkbox"/>	Utility Bill
<input type="checkbox"/> Homestead Exemption Card	<input type="checkbox"/> Telephone or Cellular Phone Bill	<input type="checkbox"/>	Telephone or Cellular Phone Bill
<input type="checkbox"/> Deed	<input type="checkbox"/> Homeowners or Condominium Association Letter	<input type="checkbox"/>	Homeowners or Condominium Association Letter
<input type="checkbox"/> Mortgage Statement	<input type="checkbox"/> Declaration of Domicile Form	<input type="checkbox"/>	Declaration of Domicile Form
<input type="checkbox"/> Home Purchase Contract	<input type="checkbox"/> Florida Drivers License	<input type="checkbox"/>	Florida Drivers License
<input type="checkbox"/> Notarized Lease	<input type="checkbox"/> Florida Identification Card	<input type="checkbox"/>	Florida Identification Card
	<input type="checkbox"/> Automobile Registration	<input type="checkbox"/>	Automobile Registration
	<input type="checkbox"/> Automobile Insurance	<input type="checkbox"/>	Automobile Insurance
	<input type="checkbox"/> Credit Card Statement	<input type="checkbox"/>	Credit Card Statement
	<input type="checkbox"/> Bank Account Statements	<input type="checkbox"/>	Bank Account Statements
	<input type="checkbox"/> US Postal Service Change of Address Request	<input type="checkbox"/>	US Postal Service Change of Address Request

If proof of residence was not completed during registration, the family was provided with:

<input type="checkbox"/>	30-Calendar Day Grace Period	Due Date: ____/____/20____
<input type="checkbox"/>	Referral to the Homeless Education Program	
<input type="checkbox"/>	Referral for document completion support (e.g., Student Services Department, ESOL)	
<input type="checkbox"/>	Referral to the Demographics Department for investigation	
<input type="checkbox"/>	Other: _____	

Lyons Creek Middle School

6th Grade Course Request Form

2023/2024

To review Academic Pathways/Course Descriptions, please visit:
<https://bit.ly/LCMSElectives>

STUDENT NAME: _____ FSI# _____

INCOMING SCHOOL: _____

STUDENT PLACEMENT: Students with level 1 and 2 on State Assessment will be placed into traditional core courses. A level 3 - 5 on the State Assessment may be considered for advanced core courses. **Only students meeting gifted eligibility will be placed in gifted courses.**

ELECTIVES: Listed below are the courses that may be offered at LCMS for sixth grade. All sixth graders will take Math, Language Arts, Science and Social Studies. Elective descriptions are located on bit.ly/LCMSElectives and are subject to change.

Students need to choose 4 electives. Mark them in order of your preference: 1st, 2nd, 3rd and 4th. Every effort will be made to schedule students into the elective(s) of their choice. However, due to space limitations, your student may be placed in a course that they may not have selected. **READING SUPERSEDES ANY ELECTIVE CHOICE.**

We understand that our request for a specific elective is not a guarantee.

- | | |
|--|--|
| <input type="checkbox"/> C.T.A.C.E Business Industry Certification | <input type="checkbox"/> Beginning Band (1 st year) |
| <input type="checkbox"/> Robotics | <input type="checkbox"/> Art |
| <input type="checkbox"/> Global Scholars | <input type="checkbox"/> Theater |
| <input type="checkbox"/> Robotics | <input type="checkbox"/> Physical Education |
| <input type="checkbox"/> S.T.E.M & S.E.L. | |

Parent/Guardian Name (PRINT): _____ Date: _____

Parent/Guardian Signature: _____



LYONS CREEK

Middle School

Cultivating a positive community of life-long learning and self-discovery

Principal, Vernicca B. Wynter

B.A.S.C.C.

Before & After School Childcare
6-8 Grade

INTENSIVE HOMEWORK HELP

6-8 GRADE ALL SUBJECTS



EOC COURSES



Algebra1 & Geometry

CERTIFIED TEACHERS



SPORTS
FREE SNACK DAILY

ADDITIONAL PROGRAMS

ARTS & CRAFTS

S.T.E.M.

GAMEROOM

SNACK CREATIONS

HOURS

BEFORECARE: 7:30-9:30 AM

AFTERCARE: 4:00-6:00 PM

FIELD TRIPS

EARLY RELEASE DAYS

ENGAGE-PLAY-LEARN

**ONLINE
REGISTRATION
ONLY
STARTS
7/31/23**

REGISTRATION PRICE

Family Registration Fee: \$30

Beforecare: \$105 per pay period

Aftercare: \$107 + \$10 (activity fee) per pay period

5% Discount for Siblings and SBBC employees

***Please ask about our partial scholarship for families in need.

A program supervisor can provide you with additional information

PROGRAM SUPERVISOR: MS. WRIGHT — EMAIL: SHENA.WRIGHT@BROWARDSCHOOLS.COM

WEBSITE: [HTTPS://LYONSCREEK.WEBLY.COM](https://LYONSCREEK.WEBLY.COM)

