

**STUDENT NAME:**

---

**LAST NAME**

**FIRST NAME**

**M.I.**

**CURRENT GRADE LEVEL:** \_\_\_\_\_

**BCPS ID#:** \_\_\_\_\_

**PREVIOUS SCHOOL ATTENDED:** \_\_\_\_\_

**ELL STATUS:** \_\_\_\_\_

**ESE STATUS:** \_\_\_\_\_

**ESE MATRIX:** \_\_\_\_\_

# **CORAL GLADES HIGH SCHOOL**

## **2025-2026**



### **ENGLISH**

# **REGISTRATION/ ENROLLMENT PACKET**

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**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA**

**Coral Glades High School**

**2700 Sportsplex Drive**

**Coral Springs, FL 33065**

**Phone: 754-322-1250**

**2025-2026**

Dear Parents/Guardians:

To be sure your child is enrolled for Coral Glades High School, you **MUST** ensure that **ALL** the following is completed **IN FULL**:

- Any requested information from the packet.
- You must also read carefully what is required.
- Please type or write neat and clear and in **ink**.
- Please **sign and date** any documents requesting signatures and dates.
- There are some documents that are two sided, please complete both sides.
- Forms need to be **completed correctly and in full**.

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# Information for Student Registration

## Proof of Residence

Students are to attend the school to which they are boundaried, on the basis of the geographical boundary in which the parent(s) reside, unless other school board policies apply (Policy 5004.1). Parent refers to either both parents, any guardian of a student, any person in a parental relationship to a student, or any person exercising supervisory authority over a student in place of a parent (F.S. 1000.21(5)). Proof of residence is required in order to ensure that a student is enrolled in the assigned school; however, requiring proof of residence is not intended to delay a student’s enrollment in school. When school is in session and a parent cannot readily produce the required documentation, the school shall ensure the student is temporarily enrolled. The parent must submit all required documentation within thirty (30) calendar days.

Submit current proofs of residence from the table below, based upon your type of residence

- \* If you OWN or RENT your residence:
  - Submit one document from both Columns A and B

- \* If you SHARE the housing of another person who owns/rents the home:
  - Both the registering parent and owner/renter of the residence complete a notarized Affidavit of Shared Residence Form.
  - The owner/renter of the residence must submit one document from both Columns A and B; and,
  - The registering parent must submit two documents from Column B.

If you answer “yes” to certain residency questions on the Student Registration Form you may qualify for the HOMELESS Education Program (HEP) under the McKinney-Vento Act.

- The school will provide a referral to the district’s Homeless Education Liaison and, if qualified, the student will be eligible for immediate services.
- Students registered under the McKinney-Vento Act must re-enroll each school year.

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

## School Records (if any)

- Submit the most recent report card and/or transcript needed for appropriate grade level placement; or,
- Complete a Release of Information Form and your school will request the appropriate educational records from all previous educational programs.

## Evidence of Medical Examination

- Students enrolling in a Florida public school for the first time must submit evidence of a medical examination performed within the twelve months prior to the initial enrollment.

## **Proof of Immunizations**

Submit a Florida Certificate of Immunization Form (Form DH 680).

- The Florida Department of Health annually publishes the required immunizations in a state publication titled, "Immunization Guidelines: Florida Schools, Child Care Facilities and Family Day Care Homes."
- Students may attend school without a Florida Certificate of Immunization if they have a:
  - Religious Exemption (Form DH 681)
  - Temporary Exemption (Form DH 680, Part B)
  - Medical Exemption (Form DH680, Part C)
  - Principal's 30-day temporary exemption for incoming, out-of-district transfer students

## **Evidence of Age**

Submit one form of verification of the student's age in the order set forth below:

- Official Birth Certificate
  - A duly attested transcript of the child's birth record filed according to law with a public officer charged with the duty of recording births.
- Certificate of Baptism
  - A duly attested transcript of a certificate of baptism showing the date of birth and place of baptism of the child, accompanied by an affidavit sworn to by the parent.
- Insurance Policy
  - An insurance policy on the child's life, which has been in force for at least two years.
- Religious Record
  - A bona fide contemporary religious record of the child's birth accompanied by an affidavit sworn to by the parent.
- Passport
  - A passport or certificate of arrival in the U.S. showing the age of the child.
  - NOTE: Under no circumstances shall staff request a passport, visa, or any other documentation to verify the immigration status of any student.
- Transcript
  - A transcript of record of age shown in the child's school record of at least four years prior to application, stating date of birth.
- Sworn Affidavit
  - An affidavit sworn to by the parent, accompanied by a certificate of age signed by a public health officer or by a licensed practicing physician, which states that the health officer or physician has examined the child and believes the age as stated in the affidavit is substantially correct.

## **Additional Information**

- *Affidavit of Person Acting as Parent:* In the event that a student is not living with a legal parent or guardian, a Person Acting as Parent Form must be completed and reviewed by the school. The purpose of this form is to verify the status of a person acting as parent pursuant to School Board Policy 5.1. Only notarized forms will be accepted. Submittal of this form does not guarantee enrollment at this school. The person acting as parent has the burden to show that the student's residence is not incident to the student's eligibility to enroll in a particular school's boundary and is due to extenuating circumstances.
- Schools have the right to verify any information provided by the student and/or the student's parent(s).
- A student whose parent(s) submit fraudulent information in an attempt to attend 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 boundaried school.
- Whoever knowingly makes a false statement in writing with intent to mislead a public servant in the performance of his or her official duty, shall be guilty of a misdemeanor of the second degree, punishable by law (F.S. 837.06) or guilty of perjury by false written declaration, a felony of the third degree (F.S. 92.525).
- For more information, please refer to Policy 5.1

**New Student Registration Contact Information**  
**(PLEASE PRINT CLEARLY)**

STUDENT: \_\_\_\_\_ ENTERING GR: \_\_\_\_\_  
  LAST NAME  FIRST NAME

STUDENT ADDRESS: \_\_\_\_\_

---

MOM INFO: \_\_\_\_\_  
  LAST NAME  FIRST NAME

MOM PHONE: \_\_\_\_\_  
  HOME  CELL  WORK

MOM EMAIL ADDRESS: \_\_\_\_\_

MOM ADDRESS (If different from student) \_\_\_\_\_

---

DAD INFO: \_\_\_\_\_  
  LAST NAME  FIRST NAME

DAD PHONE: \_\_\_\_\_  
  HOME  CELL  WORK

DAD EMAIL ADDRESS: \_\_\_\_\_

DAD ADDRESS (If different from student) \_\_\_\_\_

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Preferred Communication Language: \_\_\_\_\_

Student's Native Language: \_\_\_\_\_

Primary Language Spoken at Home: \_\_\_\_\_

Deuss Date (completed by school): \_\_\_\_\_

ELL Home Language Survey Date (completed by school): \_\_\_\_\_

**BROTHERS AND/OR SISTERS ENROLLED AT CORAL GLADES HS:**

\_\_\_\_\_ GRADE: \_\_\_\_\_

\_\_\_\_\_ GRADE: \_\_\_\_\_

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This form contains confidential information (including sensitive information) protected by the Family Educational Rights and Privacy Act (FERPA). The information may not be used or disclosed except as allowable by federal and state law.

## 2024-2025 BROWARD COUNTY PUBLIC SCHOOLS STUDENT REGISTRATION FORM

Student Number:	School/Teacher:	Date:	Grade Lvl:	Entry Cd:
Only the parent/guardian (F.S. §1000.21(5)) 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 (Legal)
Suffix				
Gender		Date of Birth		Birthplace (City/State/Country)
<input type="checkbox"/> Male <input type="checkbox"/> Female				
Social Security Number			Preferred Name(s)/Nickname(s)	
*Not required for enrollment or graduation. F.S. §1008.386 requires SBBC to request the SSN for its information management system.			All staff may refer to my child by the preferred name(s) or nickname(s) listed below on all unofficial documents and during school/district events.	
Student's Primary Home Address			Apt #	City
				Zip Code
				Home Phone #
<b>English Language Learners (ELL) and Home Language Survey</b> (If the answer is "Yes" to any of these questions, the student must be tested for English proficiency.)				
Parent Preferred Communication Language: _____			Date Student First Entered School in USA: ____/____/____	
Does the student have a first language other than English?			<input type="checkbox"/> Yes <input type="checkbox"/> No   If "Yes", which language?	
Is a language other than English used in the home?			<input type="checkbox"/> Yes <input type="checkbox"/> No   If "Yes", which language?	
Does the student most frequently speak a language other than English?			<input type="checkbox"/> Yes <input type="checkbox"/> No   If "Yes", which language?	
Ethnicity		Race (Check all that apply)		
<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		
Has the Student Previously Been:			Does the Student:	
Assessed for a behavioral threat? <input type="checkbox"/> Yes <input type="checkbox"/> No			Have an active safety plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Referred for mental health services? <input type="checkbox"/> Yes <input type="checkbox"/> No			Have an active monitoring plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Assessed for risk of suicide or self-harm? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>The Student's Primary Residence is: (Check Only One)</b>				
<input type="checkbox"/> Owned by the parent/guardian <input type="checkbox"/> Rented with a valid lease agreement. Expiration Date: _____ <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"/> Shared with someone due to loss of housing, economic hardship, or similar reason (McKinney-Vento eligible)				
<b>Is the Student's Primary Residence a:</b>				
Public space, vehicle of any kind, bus, 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?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Does the Student Live:</b>				
In low rent housing (such as Section 8 subsidized housing)?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
On Indigenous lands?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
On federal property, a federally owned military installation, or NASA owned property?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Has the Student Previously Been:</b>				
Enrolled in Broward County Public		<input type="checkbox"/> Yes <input type="checkbox"/> No		Retained (repeated the same grade)?
Enrolled in a Charter School in Broward?		<input type="checkbox"/> Yes <input type="checkbox"/> No		In Exceptional Student Education (ESE)?
Enrolled in a Home Education program?		<input type="checkbox"/> Yes <input type="checkbox"/> No		On a 504 plan?
Expelled from school?		<input type="checkbox"/> Yes <input type="checkbox"/> No		In an English Speakers of Other Languages (ESOL) program?
Convicted of a felony?		<input type="checkbox"/> Yes <input type="checkbox"/> No		In a Magnet program?
Involved in the Juvenile Justice System?		<input type="checkbox"/> Yes <input type="checkbox"/> No		In Foster Care?
				In a Gifted program?
				<input type="checkbox"/> Yes <input type="checkbox"/> No

**Previous School Information**

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

Student's Cell Phone #	Student's E-mail Address

**Parent/Guardian Information**

**Student Lives With:**

- One Parent   
 Both Parents (same address)   
 Both Parents (different address)   
 Legal Guardian  
 Independent Student   
 Other: \_\_\_\_\_

<b>Parent/ Guardian</b>	<b>First Name (Legal)</b>	<b>Last Name (Legal)</b>	<b>Driver's License #</b>	<b>Relationship to Student</b>
	<b>Parent E-mail</b>	<b>Parent Cell Phone #</b>	<b>Parent Work Phone #</b>	
<b>Other Parent/ Guardian</b>	<b>First Name (Legal)</b>	<b>Last Name (Legal)</b>	<b>Driver's License #</b>	<b>Relationship to Student</b>
	<b>Parent E-mail</b>	<b>Parent Cell Phone #</b>	<b>Parent Work Phone #</b>	
	<b>Parent Home Address</b>	<b>Apt #</b>	<b>City</b>	<b>State</b>
				<b>Zip Code</b>

Is there a court order barring either parent from removing the student from school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do parents have shared (or joint) parental rights and responsibilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does one parent have final decision-making authority regarding educational decisions for the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a Temporary Restraining order, Permanent Restraining Order, Order of No Contact, or other court order that restricts or impacts access to the student by anyone, including the other parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Provide the school with a copy of any applicable court orders.

**Is Either Parent:**

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

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) business 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.

<b>Print Parent/Guardian Name</b>	<b>Parent/Guardian Signature</b>	<b>Date</b>
<b>Print Other Parent/Guardian Name</b>	<b>Parent/Guardian Signature</b>	<b>Date</b>

# 2024-25 Broward County Public Schools Student Emergency Contact Card

This form shall be updated every year

<b>Office Use Only</b>	Student #	Grade Level:	<input type="checkbox"/> Court Order	<input type="checkbox"/> Medical
	Date Enrolled:		<input type="checkbox"/> Special Needs	<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(6), Florida Statutes), the parent(s)/guardian(s) 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 parents shall delete or in any way alter the names provided by the other parent on the Emergency Contact Card.				
<b>Student Information</b>	Last Name:		First:	Middle:
	Date of Birth:    /    /		Teacher (elementary school only):	
	Home Address:			
	Mailing Address (if different from above):			
	Check any that apply to student residents: <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			
	Preferred Name(s)/Nickname(s):			
	All staff may refer to my child by the preferred name(s) or nickname(s) listed above on all unofficial documents and during school/district events.			
	Signature:		Date:	Relationship:
<b>Parent</b>	Last Name:		First:	Cell Phone:
	Home Address (if different from student):		City, State, Zip:	Home Phone:
	Employer:	Work Phone:	Parent Email:	
<b>Other Parent</b>	Last Name:		First:	Cell Phone:
	Home Address (if different from student):		City, State, Zip:	Home Phone:
	Employer:	Work Phone:	Parent Email:	
<b>Authorized Release/Contact</b>	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. Both parents may designate on the Emergency Contact Card those persons authorized to pick their child up from school. 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:	
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.				

# 2024-25 Broward County Public Schools Student Emergency Contact Card

**This form shall be updated every year**

Student Last Name:

First:

Middle:

Grade Level:

<b>Health Services Consent</b>	<b>Health Screenings:</b> Students in screening grades may receive non-invasive health screenings for vision, hearing, scoliosis, and growth and development (BMI) pursuant to F.S. 381.0056(6)(e), unless the parent or guardian opts out in writing by checking "No" below:			
	Vision screening <input type="checkbox"/> Yes <input type="checkbox"/> No	Growth and Development screening (BMI) <input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing screening <input type="checkbox"/> Yes <input type="checkbox"/> No	Scoliosis screening <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Signature:</b>		<b>Date:</b>	<b>Relationship:</b>
	<b>Consent for Health Care Services:</b> Care and treatment for illness and injury (i.e., School Clinic Visit, Basic First Aid). I give permission for my child to receive care: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Medical Information</b>	I consent to my child receiving health services indicated above. I understand if consent is granted, SBBC will disclose my child's education records (including medical information) to nursing vendors who provide treatment to my child.			
	<b>Signature:</b>		<b>Date:</b>	<b>Relationship:</b>
	<b>Is your child currently diagnosed and followed by a healthcare provider for any of the following?</b> <input type="checkbox"/> My child does not have or no longer has any of the conditions listed below.			
	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Allergies (Not life-threatening)	<input type="checkbox"/> Allergies (Life-threatening)	<input type="checkbox"/> Asthma (currently uses daily or emergency medication)
<input type="checkbox"/> Autism	<input type="checkbox"/> Bleeding disorder	<input type="checkbox"/> Cancer	<input type="checkbox"/> Cardiac conditions	
<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Diabetes – Type 1	<input type="checkbox"/> Diabetes – Type 2	<input type="checkbox"/> Epilepsy/ Seizure disorders (NOT including febrile seizures)	
<input type="checkbox"/> Kidney disorder	<input type="checkbox"/> Lupus	<input type="checkbox"/> Mental / behavioral health conditions	<input type="checkbox"/> Sickle cell disease (NOT Sickle cell trait)	
<input type="checkbox"/> Other (Specify):				
<b>Does your child require medication while at school?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you checked that your child has a current health condition (above), please complete the Health Condition Review Form. All conditions must have a provider diagnosis with the exception of 1) ADD/ADHD 2) Allergies (Non-life threatening) 3) Mental/behavioral health conditions 4) "Others" which can be based on documented parental report.				
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		
<b>Health Insurance &amp; Providers</b>	<b>Please check the appropriate box:</b> <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Florida KidCare / Florida Healthy Kids <input type="checkbox"/> None			
	<b>If NONE, do we have your permission to forward the student's name, parent's name, contact information and current health insurance coverage status to Florida KidCare Insurance for health insurance screening to see if you may be eligible for health insurance coverage?</b> <input type="checkbox"/> Yes, please sign here: _____ <input type="checkbox"/> No			
	<b>Health Care Provider:</b>		<b>Phone:</b>	
<b>Release of Medical Information and Emergency</b>	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 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 monitoring to assure program compliance by the District and schools, and assess the delivery of services.			
	<b>Signature:</b>		<b>Date:</b>	
<b>Dismissal Information</b>	<b>Regular Dismissal Procedures: On a typical day, how will your child leave school?</b>			
	<input type="checkbox"/> Ride in a car	<input type="checkbox"/> Ride a school bus	<input type="checkbox"/> Ride public transportation	
	<input type="checkbox"/> Attend ON-site after-care program	<input type="checkbox"/> Attend OFF-site after-care program	<input type="checkbox"/> Walk or bike home	
	<b>Emergency Dismissal Procedures: In the event of a severe storm or other unscheduled emergency your child is instructed to:</b>			
<input type="checkbox"/> Walk home	<input type="checkbox"/> Ride a school bus as usual	<input type="checkbox"/> Ride public transportation		
<input type="checkbox"/> Ride home with parent only	<input type="checkbox"/> Ride home with person indicated on authorized contact list			
<b>Siblings and Home Language</b>	<b>Last Name:</b>	<b>First:</b>	<b>Grade Level:</b>	
<b>Please list any other languages spoken at home:</b>				
<b>Survey Questions</b>	<b>Please assist us in understanding the needs of our school community by answering the following questions:</b>			
	<b>Does your child have access to a computer in your home?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Do you have home internet access?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Does your child have access to the internet on your home computer?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Do you have internet access outside your home?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Please indicate the method of contact you prefer:</b> <input type="checkbox"/> Phone call <input type="checkbox"/> Text <input type="checkbox"/> Email				

# NEW STUDENT HEALTH INFORMATION SURVEY

DATE: \_\_\_\_\_ ENTERING GRADE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

**PLEASE CIRCLE YES or NO:**

DOES YOUR CHILD HAVE A PEANUT ALLERGY? YES or NO  
DOES YOUR CHILD USE AN EPI-PEN? YES or NO  
DOES YOUR CHILD HAVE DIABETES? YES or NO

**PLEASE CHECK THE HEALTH CODES BELOW THAT PERTAIN TO YOUR CHILD:**

- |   |  |
|---|--|
| <input type="checkbox"/> GASTROINTESTINAL DISORDERS         | <input type="checkbox"/> SICKLE CELL DISEASE         |
| <input type="checkbox"/> ALLERGIES, SEVERE/ANAPHYLAXIS      | <input type="checkbox"/> SPINA BIFIDA                |
| <input type="checkbox"/> ALLERGIES, NOT SEVERE              | <input type="checkbox"/> CANCER                      |
| <input type="checkbox"/> EATING DISORDER (ANOREXIA/BULIMIA) | <input type="checkbox"/> TOURETTE SYNDROME           |
| <input type="checkbox"/> ARTHRITIS                          | <input type="checkbox"/> OTHER DISABILITIES          |
| <input type="checkbox"/> ASTHMA/REACTIVE AIRWAY DISEASE     | <input type="checkbox"/> HEARING IMPAIRED            |
| <input type="checkbox"/> LUPUS                              | <input type="checkbox"/> VISION IMPAIRED             |
| <input type="checkbox"/> CEREBRAL PALSY                     | <input type="checkbox"/> CYSTIC FIBROSIS             |
| <input type="checkbox"/> TYPE 1 DIABETES                    | <input type="checkbox"/> KIDNEY DISEASE              |
| <input type="checkbox"/> TYPE II DIABETES                   | <input type="checkbox"/> MIGRAINE HEADACHES          |
| <input type="checkbox"/> EPILEPSY/SEIZURE DISORDERS         | <input type="checkbox"/> MENTAL/BEHAVIORAL DISORDERS |
| <input type="checkbox"/> CARDIAC CONDITION                  | <input type="checkbox"/> AUTISM                      |
| <input type="checkbox"/> BLEEDING DISORDER/HEMOPHILIA       | <input type="checkbox"/> ORTHOPEDIC DISORDERS        |
| <input type="checkbox"/> IMMUNE DEFICIENCY                  | <input type="checkbox"/> NEUROLOGICAL DISORDERS      |
| <input type="checkbox"/> MUSCULAR DYSTROPHY                 | <input type="checkbox"/> MASK EXCEPTION              |
| <input type="checkbox"/> SCOLIOSIS                          | <input type="checkbox"/> ADD/ADHD                    |

Other/Notes: \_\_\_\_\_

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Tel #: (754) 321-1566

# STUDENT HOUSING QUESTIONNAIRE (SHQ)



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

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

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

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

Name (first and last): \_\_\_\_\_ Relationship: \_\_\_\_\_

**\*IMPORTANT: Please contact the student's school to complete the required Caregiver Authorization Form.**

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

### 2. Where do you currently live?

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

### 3. What caused your temporary residence?

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

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

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

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

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

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

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

Rev. 4.6.2021

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**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: _____	

# FALSE ADDRESS CAN LEAD TO ARREST

## IMPORTANT NOTICE TO PARENTS

### SUBJECT: RESIDENCY

Your child has the right to attend school in the boundary in which you, the parent, reside. It is the responsibility of the parent to provide proper and accurate documentation to the school to prove residency. **The school shall have the right to verify any information that is provided to them.**

### Submission of Fraudulent Documentation

In accordance with School Board Policy 5.1, any parent who submits fraudulent documentation to register a student gives cause for such student **to be withdrawn immediately** and referred for enrollment in the appropriate bounded school.

### False Information

Florida Statute 837.06 states: “whoever knowingly makes a false statement in writing with intent to mislead a public servant in the performance of his or her official duty **shall be guilty of a misdemeanor of the second degree, punishable by law.**” Additionally, a person who 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** under Florida Statute 92.525 and will be reported to the State’s Attorney’s office.

### Potential Loss of Homestead Exemption

Florida Statute 196.031 requires that you reside on the property qualifying for Homestead Exemption.

### Renting Homestead Exemption Property

Florida Statute 196.061 states that the rental of all or substantially all of a dwelling previously claimed to be a homestead for tax purposes shall constitute the abandonment of such dwelling as a homestead. **Homestead Exemption may be lost.**

Signature: \_\_\_\_\_

Date:

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# CORAL GLADES HIGH SCHOOL

The School Board of Broward County Policy Handbook and The Code of Student Conduct contain specific rules, regulations and consequences. Portions of the Code and Policies are presented here to serve as a reminder to students of the special importance and seriousness of some rules. Students should pay particular attention to the rules governing drugs, alcohol and weapons. The violations of these rules may result in mandatory expulsion procedures.

## DRUGS AND ALCOHOL

Students may not possess, use, sell, transmit (whether or not there is an exchange of money), or be under the influence of any substance capable of modifying mood and/or behavior. Expulsion by the board is mandatory for students who sell mood altering substances, including alcohol or alcoholic beverages, and steroids. The first offense for possession, transmittal, or use of such substances, or for attending school in a drug/alcohol induced state shall result in suspension and may result in expulsion. Expulsion is mandatory for the second and third offenses unless the student is enrolled in, and attends, a state-licensed drug rehabilitation program. For a third offense, the student is placed in the Expulsion Abeyance Program for one calendar year and the student is ineligible for work back. Tobacco products are not allowed on school campuses, buses or at school sponsored activities. Expulsion may be held in abeyance (not put into effect) and the student placed in an alternative education program for any expulsion.

## WEAPONS

You may not bring a weapon on campus. If you possess, use, handle, display, or transmit any firearm, you will be referred to the Board for expulsion. If a weapon is found in your possession, other than a firearm, or you pass on to someone else, or if you use any type of object to threaten or harm someone, you will be suspended and expulsion proceedings may be started.

Students shall not be subject to mandatory expulsion if the hearing officer determines that the student immediately returned the firearm to the person who gave it to him/her, or if the student took a firearm to a staff member or was in the process of taking it to a staff member.

Weapons shall be define as:

1. Firearms. Any kind of gun, whether operable or inoperable, loaded or unloaded, including but not limited to, handgun, zip gun, pistol, rifle, shotgun, BB gun, starter gun, paint ball gun.
2. Explosive propellant or destructive device.
3. Toys that resemble weapons, including but limited to gotcha guns, water guns, dart guns, knives and grenades when used in a threatening manner.
4. Knives. Any kind of knife, including, but not limited to, penknife, switchblade, or hunting knife.
5. Chains. Any chain, not being used for the purpose for which it was normally intended, capable of harming an individual.
6. Pipe. Any length of metal not being used for the purpose for which it was normally intended.
7. Razor blades of any kind or similar instruments with a sharp cutting edge.
8. Ice picks, dirks, or other sharp or pointed instruments.
9. Nunchakas, brass knuckles, chinese stars, billy clubs, machete.
10. Tear gas gun (chemical weapon or device).
11. Electric weapon or device (stun gun).
12. Any instrument (or object) deliberately used, intended for use, to harm another person, or used to intimidate any person (e.g., pencil, pen, laser pens/pointers, and other laser devices, rock chemical, etc).

## BOMB THREATS

It is very important that all of our students, parents, and community members be made aware of the more stringent consequences approved by the School Board concerning students who make bomb threats. Therefore, suspension and expulsion are mandatory when a student endangers the lives of students and staff by making bomb threats.

## OTHER ACTS WHICH MAY RESULT IN EXPULSION

Suspension and expulsion are mandatory when a student commits or attempts to commits arson or sexual battery (rape), uses mace or pepper gas in a threatening manner, starts a fire or makes unwarranted fire alarms. Also, student who are found to have committed or attempted to commit the following offenses are subject to mandatory expulsion: homicide, sexual battery or attempted sexual battery, armed robbery or attempted armed robbery, robbery or attempted robbery, aggravated battery, battery or aggravated battery on a teacher or school personnel, kidnapping or abduction, extortion, arson or attempted arson, possession, use or sale of any firearm or explosive propellant or destructive device.

## EXPULSION – ABEYANCE

Expulsion may be held in abeyance (not put into effect) and the student placed in an alternative education program for any expulsion. For any expulsion to be held in abeyance, the normal expulsion proceedings must have been completed. The student must obey all rules and conditions of the alternative education program or the expulsion will become effective. The length of time that the expulsion is held in abeyance is the same as the length of time of the expulsion except when the student is required to complete a licensed substance abuse treatment program and does so successfully.

WORKBACK – Students recommended for expulsion abeyance may be eligible for a WORKBACK program. Successful completion may result in a reduction of the one calendar year of expulsion by no more than 6 months.

### Definition

- A. Possession – Possession of a firearm shall be defined as knowing, intentional, deliberate or inadvertent control.
- B. Self-defense – If a principal determines that a student uses an instrument or object (e.g., pen, pencil, chair, book, etc.) in self-defense, the student will not be suspended or expelled. Self-defense is an attempt to “ward off” an attack or stop the process of confrontation. It is not self defense when an object is used in retaliation or when the student uses an object to become an aggressor (fight back with another person).

## BUS BEHAVIOR

School transportation is a privilege and may be denied for inappropriate bus behavior. Opening an emergency door except in an emergency will result in a ten (10) day suspension from the bus for the first time and suspension from the bus for the remainder of the year for the second time.

# CORAL GLADES HIGH SCHOOL

## SEARCHES

Reasonable suspicion of possession of illegal material may result in a search of person, possession, locker and vehicle.

## ATTENDANCE

All students are expected to be in attendance, and on time, EVERY school day unless absent because of: (a) illness of student; (b) illness of an immediate family member; (c) death in family; (d) religious holiday of the student's own specific faith; (e) subpoena by a law enforcement agency; (f) special events IF the student gets permission from the school five days ahead of time; (g) medical or dental appointments; (h) internal or external suspension.

## MAKE-UP WORK

All students are expected to make up class work missed during an excused absence. The student has two days to make up the work for each day the student is absent, not including the day of return. However, previously assigned work is due the day of return. Unless parents report the absence the day before, the day of or within two school days following the absence, the absence will be counted as unexcused. If for each semester exam day a student is absent, (excused or suspended from school), he or she will have three days to make up the exam. Exams must be made up for credit to be given. Students who are internally suspended from classes must keep up with all assignments. Students who elect not to participate in alternatives to suspension programs will not be allowed to make up work.

## DRIVER'S LICENSE

Students under 18 years of age who drop out of school or who have 15 unexcused absences within 90 calendar days and have a driver's license will have their driver's license suspended by the Department of Highway Safety and Motor Vehicle or will not be issued a license if they apply for one. Additional information about procedures and waivers is available from school administration or guidance officers.

## DRESS CODE

While students are allowed to wear clothes which are comfortable and stylish, certain items of dress are prohibited.

These include:

1. Pajama pants and/or bedroom slippers
2. See through garments, mini-skirts or dresses, halters, backless dresses, tops or dresses with spaghetti straps, tube tops or tank tops without over-blouses or shirts, shirts or blouses tied at the midriff, clothing not properly fastened, clothing with tears which are indecent, bare midriff outfits.
3. Boxer shorts, bloomers, bustiers, leggings without over-blouses that reach mid-thigh, tights, lace trimmed hosiery, or bicycle racing attire without dresses, skirts, or appropriate shorts, all trousers, including oversized or low hanging trouser, must be worn and secured at waist level.
4. Athletic shorts except where required for P.E.
5. Clothing, jewelry; button, haircuts, etc, which are offensive, suggestive, indecent, gang-related, drug, alcohol, or violence related, or which support discrimination.
6. Caps, hats, bandanas, etc, except as required for educational programs, religious, or medical reasons.
7. Curlers or hair grooming aids.
8. Sunglasses unless with doctor's permit.
9. Belts/bracelets with spikes, heavy link chains and wallet chains or other articles that may cause injury.

## HIGH SCHOOL INTRACURRICULAR/EXTRACURRICULAR ELIGIBILITY

A student entering the 9<sup>th</sup> grade during 2007-2008 and thereafter must have been regularly promoted from the eighth grade and must maintain a cumulative grade point average of 2.0 or above on a 4.0 scale or its equivalent in the courses required for high school graduation. The cumulative grade point average and courses for graduation include all attempted credits in high school.

To participate in student activities and athletics a student must maintain satisfactory conduct and if a student is convicted of, or is found to have committed, a felony or a delinquent act which would have been a felony if committed by an adult, regardless of whether adjudication is withheld, the student's participation in intracurricular/extracurricular activities is contingent upon established and published School Board Policy. Students must maintain a minimum of 2.0 GPA (cumulative).

## GRIEVANCE PROCEDURE

Any student that feels he/she has been treated unfairly under the code or other rules should refer to the Student Grievance (Complaint) Procedure in the Code of Student Conduct to find what steps he/she needs to take for a fair settlement of a complaint. Special notice should be taken of the time schedule involved and the people who need to be contacted.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
GRADE

\_\_\_\_\_  
PRINT STUDENT NAME

\_\_\_\_\_  
STUDENT I.D. #

\_\_\_\_\_  
TEACHER

THE ABOVE SIGNATURE INDICATES THAT THIS INFORMATION HAS BEEN EXPLAINED TO ME AND I UNDERSTAND IT.

# Acknowledgement

SBBC Policy 5090, 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/bts-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 SBBC Policies 6305 and 6305.1, 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 SBBC Policy 5100. SBBC Policy 6305 outlines the rules regarding over-the-counter and prescription drugs and SBBC Policy 5100 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: <https://www.browardschools.com/Page/37754>
- 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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# BROWARD COUNTY PUBLIC SCHOOLS

## REQUEST FOR EDUCATION/STUDENT RECORDS

<b>Name of Student:</b>	<b>Date:</b>
<b>Name of Requester:</b>	<b>Requester Tel:</b>
<b>Requesting School:</b>	
<b>Address of Requesting School:</b>	
<b>Requester's Secure Email or Fax:</b>	
<b>Requester's Signature:</b>	

**Please provide all education records in reference to the above-named student including, but not limited to, the following:**

Student ID Number	Current Report Card showing all grading periods
Monitoring/Safety Plan Records	Partial/withdrawal grades for current grading period
Threat Assessment Records	Complete Transcript
Suicide Assessment Records	Standardized Test Scores
Suspensions/Expulsions	Exceptional Student Education Records
Attendance Records	Section 504 Records and plans
Health Records	Evaluations/Treatment Plans
English Language Learner Plans	All Pertinent Education Records

**The records received will be used for enrollment purposes and will not be redisclosed except as permitted pursuant to federal or state statutes.**

**Please note:** "Super confidential" records (for example, records containing information pertaining to an AIDS diagnosis) must include the actual name of the recipient, not just a job title, so the records are received by a specific person, to further protect the student's privacy.

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