

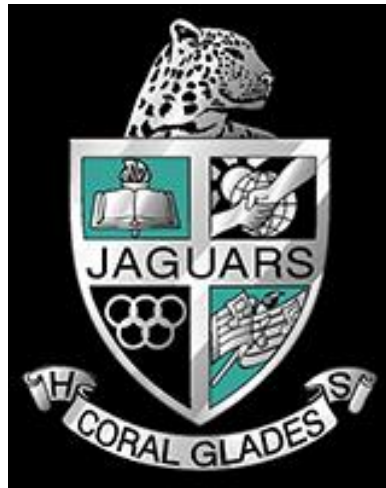
STUDENT NAME: _____
Last Name *First Name* *M.I.*

Current Grade Level: _____ BCPS Student #: _____

Previous School Attended: _____

CORAL GLADES HIGH SCHOOL SUMMER 2022

REASSIGNMENT



REGISTRATION/ENROLLMENT PACKET

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**CORAL GLADES HIGH SCHOOL
REGISTRATION CHECKLIST**

STUDENT COMING FROM A NON-BROWARD COUNTY SCHOOL, PRIVATE, OR CHARTER

- Proof of Residence:** Two (2) current proofs of residence from the registering parent/guardian; one (1) from COLUMN A and one (1) from COLUMN B (*See back for details.*)

[____ COLUMN A & ____ COLUMN B provided]

• *If you live with another person who owns or rents the residence, you must complete an Affidavit of Shared Housing form. See back for details.*

- Student Verification:** Only one (1) form needed.

____ Official Birth Certificate -OR-

____ Current passport or certificate of arrival in the U.S. showing the age of the child

- Florida Certificate of Immunization:** Submit a Florida Certificate of Immunization (**Form DH 680**) [While in session, school's 30-day temporary extension: Expires ____]

- For exemptions, see the back of this form for details.

- Proof of Medical/Physical Examination:** Submit a Florida Medical Examination (**Form DH 3040**) performed within the twelve months prior to the initial enrollment.

- Official Transcripts (and/or last report card):** Needed for appropriate grade level placement.

Previous school _____ State/County _____

STUDENT COMING FROM A BROWARD COUNTY SCHOOL

- Student needs to be withdrawn from previous school before registration can begin.

Previous School _____ Date withdrawn _____

- Two (2) current proofs of residence from registering parent.** One (1) from COLUMN A and one (1) from COLUMN B. See back for details. [COLUMN A ____ & COLUMN B ____ provided]

• *If you live with another person who owns or rents the residence, you must complete an Affidavit of Shared Housing form. See back for details.*

- If there is missing immunization or medical examination on our system, a current immunization & examination form (**DH 680 and DH 3040**) must be provided.

[While in session (Fall and Spring semesters), school's 30-day temporary extension: Expires ____]

For more details visit:

<https://www.browardschools.com/registermychild>

REGISTRATION WILL NOT BEGIN UNTIL ALL DOCUMENTS ARE PROVIDED IN COMPLETION

CORAL GLADES HIGH SCHOOL REGISTRATION CHECKLIST

Additional Information:

- **Proof of Residence:** If you RENT or OWN your home, you must submit current proofs of residence, one (1) from both **Columns A and B**. All documents must be current and include the name of the registering parent or guardian, and the residential address used for enrollment.

COLUMN A	COLUMN B
<ul style="list-style-type: none"> • Deed • Property Tax Bill • Mortgage Statement • Notarized Lease Agreement • Home Purchase Contract • Homestead Exemption Card 	<ul style="list-style-type: none"> • Florida Driver's License or ID Card • Utility Bill (i.e., electric, water, waste) • Cellular or Telephone Bill • Homeowners Association • Verification of Tenancy Letter • Automobile Insurance or Registration • Two Consecutive Bank Statements • Credit Card Statement • U.S. Postal Service confirmation of address change • Declaration of Domicile Form from the County Records Department

- **Affidavit of Shared Housing Form:** A notarized and completed Affidavit of Shared Housing form must be submitted. It has to include a Homeowner/Lessor proof, one (1) from Colum A and one (1) from Column B, and two (2) proofs from Parent/Guardian Column B.
[Homeowner/Lessor Column A ____ Column B ____ / Parent Guardian Column B, 1__ & 2 __]
- **Student Verification:** Other forms of verification of the student's age include:
 - Insurance policy on the child's life which has been in force for 2 years.
 - Sworn Affidavit 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 physician has examined the child and believes the age as stated in the affidavit is substantially correct.
- **Proof of Immunization Exemption:** Students may attend school without Florida Certificate of Immunization if they have one of the following exemptions:
 - Religious exemption (**form DH 681**)
 - Temporary exemption (**form DH 680, Part B**)
 - Medical exemption (**form DH 680, part C**)
- **Affidavit of Person Acting as Parent:** If a student is not living with a legal parent/guardian, a notarized Person Acting as Parent form must be completed and reviewed by the school.

Schools have the right to verify any information provided by the student and/or the student's parent/guardian. A student whose parent/guardian 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 boundary school. For more information, please refer to Policy 5.1

REGISTRATION WILL NOT BEGIN UNTIL ALL DOCUMENTS ARE PROVIDED IN COMPLETION

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 boundaried 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.**

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____ Date: _____

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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"/> Legal Guardian <input type="checkbox"/> Independent Student <input type="checkbox"/> Other: _____		<input type="checkbox"/> Non-Hispanic or Non-Latino <input type="checkbox"/> Hispanic or Latino	
				<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native American/Native Alaskan <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black/African-American	
Registering Parent's Last Name (Legal)		First Name (Legal)		Driver License #	Relationship to Student
Registering Parent's Work Phone #		Registering Parent's Cell Phone #		Registering Parent's E-mail Address	
Non-Registering Parent's Last Name (Legal)		First Name (Legal)		Driver License #	Relationship to Student
Non-Registering Parent's Work Phone #		Non-Registering Parent's Cell Phone #		Non-Registering Parent's E-mail Address	
Non-Registering Parent's Home Address			Apt #	City	State
					Zip Code
Home Language Survey (If the answer is "Yes" to any of these questions, the student must be tested for English proficiency.)					
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is a language other than English used in the home?		If "yes", which language?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the student have a first language other than English?		If "yes", which language?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the student most frequently speak a language other than English?		If "yes", which language?		

The student's primary residence is: (Check only one)

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

Is the student's primary residence a:	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 English Speakers of Other Languages (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?
<input type="checkbox"/> Yes <input type="checkbox"/> No Assessed for a behavioral threat?	<input type="checkbox"/> Yes <input type="checkbox"/> No Assessed for risk of suicide or self-harm?
<input type="checkbox"/> Yes <input type="checkbox"/> No Has an active monitoring plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No Has an active safety plan?

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 bounded school or follow the reassignment procedures. I have read and understand that I must submit appropriate proof of residency documentation, per School Board Policy 5.1. Florida Statutes §837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree. Florida Statutes §92.525 provides that whoever knowingly makes a false declaration under penalties of perjury is guilty of the crime of perjury by false written declaration, a felony of the third degree.

Print Registering Parent Name	Registering Parent Signature	Date

Student Emergency Contact Card

This form shall be updated every year

<i>For Office Use Only:</i>	<input type="checkbox"/> Medical
School #:	<input type="checkbox"/> Court Order
Student #:	<input type="checkbox"/> Special Needs
Date Enrolled:	<input type="checkbox"/> Other

In the case of an emergency, it is imperative that the school be able to reach the student's parent (as defined below). Please fill in the information on both sides of this card carefully and accurately. Please use ink and print clearly. The names of both parents of a student (as defined in the Section 1000.21(5), Florida Statutes), the registering parent and the non-registering parent, of a student shall be listed on the emergency contact card as persons authorized to pick up the child from school except where a court order has revoked the parental rights and a certified copy of such court order has been provided to the school office. Both parents shall designate on the Emergency Contact Card those persons authorized to pick up their child from school. No parent shall delete or in any way alter the names provided by the other parent on the Emergency Contact Card.

Grade:	Student Information	Last Name:	First:	Middle:
		Teacher (elementary school only):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade Level:
		Home Address:	City, State, Zip:	Home Phone:
		Mailing Address (If different from above):	City, State, Zip:	Student Cell Phone:
		Date of Birth: / /	Student lives with:	Student Email:
		Check any that apply to student residence: <input type="checkbox"/> Medical <input type="checkbox"/> Court Order <input type="checkbox"/> Special needs <input type="checkbox"/> Other	Has student changed address since last registration? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a court order on file that prevents a parent from having contact with the student? <input type="checkbox"/> No <input type="checkbox"/> Yes, contact school
Student Identification Number:	Registering Parent	Last Name:	First:	Cell Phone:
		Home Address (if different from student):	City, State, Zip:	Home Phone:
		Employer:	Work Phone:	Parent email:
	Other Parent	Last Name:	First:	Cell Phone:
		Home Address (if different from student):	City, State, Zip:	Home Phone:
		Employer:	Work Phone:	Parent email:
Student:	Authorized Release/Contact	Please list the names of persons to whom we may release your child or whom we may contact if we cannot reach you. NO STUDENT WILL BE RELEASED TO ANYONE OTHER THAN THE PERSONS LISTED BELOW. In selecting someone to whom you authorize the release of your child, consider whether this person is prepared to handle any special medical needs required by your child. I/We hereby authorize contact with, release of emergency related information, or release of the student to the following persons in the event of illness, evacuation, or other emergency that may occur while the student is in school.		
		Name:	Relationship:	Phone:
I declare that the information on this card is true and correct. I will notify the school office immediately of any changes.				
Signature:		Date:	Relationship:	
Student:	Non-Registering Parent Authorized Release/Contact	This section may be completed only by the non-registering parent in order to designate additional persons who may pick up the student. The registering parent may not alter this section of this card. The non-registering parent may not alter any other portion of this card.		
		Name:	Relationship:	Phone:
I declare that the information on this card is true and correct. I will notify the school office immediately of any changes.				
Signature:		Date:	Relationship:	

The personal information you provide on this form will be kept confidential (in a protected area) and only used and disclosed by school staff on a need-to-know basis.

Broward County Public Schools Student Emergency Contact Card

Student Last Name:

First:

Middle:

Medication Information	Does your child take medication? <input type="checkbox"/> Yes <input type="checkbox"/> No		If your child requires medication at school, all medication sent to the school must be in the original prescription container with a current date and the child's name. Also, a "Medication/Treatment Authorization" form, must be completed and signed by the physician and the parent and must be on file at the school.	
	Medication:		Dosage:	
			Hour(s) Given:	
Health Insurance and Providers	Please check appropriate box: <input type="checkbox"/> Family Health Insurance <input type="checkbox"/> Florida Kid Care <input type="checkbox"/> Florida Healthy Kids <input type="checkbox"/> None			
	If NONE, do we have your permission to forward the parent's name and phone number to Florida Kid Care Insurance for health insurance screening to see if you may be eligible for health insurance coverage? If Yes, please sign here:			
	Physician:		Phone:	
	Dentist:		Phone:	
Health Plan/Group name:		Phone:		
Medical Information	Medical Conditions		Please check all that apply:	
	<input type="checkbox"/> Asthma. If checked, uses inhaler?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> On daily medication	
	<input type="checkbox"/> Seizures. If checked, on medication?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Diabetes. If checked, insulin dependent?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Movement limitations (specify):			
	<input type="checkbox"/> Recent illness/hospitalization/surgery (describe):			
<input type="checkbox"/> Severe Allergies. If checked, specify Type: <input type="checkbox"/> Food/environmental: <input type="checkbox"/> Insect stings/bites: <input type="checkbox"/> Medicines/Drugs:		Allergies require: <input type="checkbox"/> EpiPen <input type="checkbox"/> Benadryl <input type="checkbox"/> Other:		
Does your child wear glasses/contacts? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does your child wear hearing aid(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Release of Medical Information and Emergency Treatment	I hereby authorize for my child's medical information, parental contact information, and other health information (collected from health services provided at school, including information stored electronically) to be shared with emergency personnel and health department officials to address conditions of public health importance, including information to meet and to prepare for potential or confirmed health conditions. For students receiving health services from school or District staff and/or contracted partners, I also authorize the District to share my child's identifiable health information and related demographics with the Florida Department of Health to conduct monitorings to assure program compliance by the District and schools, and assess the delivery of services.			
	Parent Signature: _____		Date: _____	
	Medical and other information will be disclosed without consent from the parent/eligible student in case of health emergencies, as permissible by the Family Educational Rights and Privacy Act (FERPA). The school will call for emergency medical care as deemed necessary. Emergency transportation to a health care facility, as determined by paramedics, will be authorized.			
Dismissal Information	Regular Dismissals Procedures. On a typical day, how will your child leave school?			
	<input type="checkbox"/> Ride in Car		<input type="checkbox"/> Ride School Bus	
	<input type="checkbox"/> Attend ON-site after-care program		<input type="checkbox"/> Attend OFF-site after-care program	
Emergency Dismissals Procedures. In the event of a severe storm or other unscheduled emergency your child is instructed to:				
<input type="checkbox"/> Walk home		<input type="checkbox"/> Ride School Bus as usual		
<input type="checkbox"/> Ride home with parent only		<input type="checkbox"/> Ride home with person indicated on authorized contact list		
Siblings and Home Language	Last Name:		First Name:	
			Grade level:	
Please list any other languages spoken at home:				
Survey Questions	Please assist us in understanding the needs of our school community by answering the following questions. Please check all that apply:			
	Does your child have access to a computer in your home?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Do you have home internet access?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Does your child have access to the internet on your home computer?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Do you have internet access outside your home?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please indicate the method of contact you prefer: <input type="checkbox"/> Phone call <input type="checkbox"/> Text <input type="checkbox"/> Email				

PARENT/GUARDIAN CONSENT FOR SCHOOL HEALTH SERVICES

- This consent will remain in effect until your child transfers to another school district, graduates or you indicate in writing that you wish to rescind this consent for school health services.
- When necessary, emergency health services such as first aid, cardiopulmonary resuscitation (CPR) or use of an automated external defibrillator (AED) will be performed until emergency medical services arrive on campus.
- Separate parent/guardian authorizations will be required for the school clinic staff or school staff to administer daily or as-needed prescribed or over-the-counter medications, conduct medical procedures or provide medical treatment.

THIS FORM MUST BE COMPLETED AND RETURNED TO THE SCHOOL CLINIC IF YOU CONSENT AND WISH FOR YOUR CHILD TO RECEIVE ANY OF THE SCHOOL HEALTH SERVICES LISTED BELOW.

Print all information using an ink pen

Student Information

				Male <input type="checkbox"/>
First Name	Middle Name	Last Name	Student Birth Date	Female <input type="checkbox"/>
Street Address	Apartment Number	City	State	Zip Code

Parent/Guardian Information

First Name	Middle Name	Last Name	Relationship to Student (parent or guardian)		
Street Address	Apartment Number	City	State	Zip Code	
Home Phone Number	Work Phone Number	Cell Phone Number			

Indicate which services you give consent and would like your child to receive at school with an "x" in the check boxes.

Care and treatment for illness and injury	<input type="checkbox"/>
Vision screening	<input type="checkbox"/>
Hearing screening	<input type="checkbox"/>
Scoliosis screening	<input type="checkbox"/>
Growth and development screening (body mass index)	<input type="checkbox"/>

Parent/Guardian (PRINT)

Parent/Guardian (SIGNATURE)

Date

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**CORAL GLADES HIGH SCHOOL
EXCEPTIONAL STUDENT EDUCATION
IEP/EP/504 PLANS**

Student's Name: _____ DOB: _____ Grade Level: _____

Name of Parent/Guardian: _____ Phone: _____

A. INDIVIDUAL EDUCATION PLAN (IEP)

1. Is your child currently enrolled in an exceptional student education program? Yes _____ No _____
2. Does your child have an active Individual Education Plan (IEP)? Yes _____ No _____
3. If you answered yes to either question above, then continue below:
 - a. If yes, which disability was used to determine ESE eligibility/services:
 - i. Autism Spectrum Disorder _____
 - ii. Deaf or Hard of Hearing _____
 - iii. Emotional/Behavioral Disability _____
 - iv. Intellectual Disabilities _____
 - v. Language Impairment _____
 - vi. Orthopedically Impairment _____
 - vii. Specific Learning Disabilities _____
 - viii. Speech Impairment _____
 - ix. Traumatic Brain Injury _____
 - x. Visual Impairment _____
 - b. If your child was not determined eligible for ESE with one of above the disabilities, then what disability/diagnosis was used for determination? _____
4. Do you have a copy of your child's IEP for our school record? Yes _____ No _____
 - a. If you do not have a copy of your child's IEP, please give us the school information of where we can obtain a copy:
School Name: _____ Ask for: _____
School Address: _____
School Telephone: _____ School Fax: _____

B. GIFTED

1. Is your child currently enrolled in a gifted program? Yes _____ No _____
2. Does your child have an active Educational Plan (EP) for gifted services? Yes _____ No _____
3. Do you have a copy of your child's EP for our school record? Yes _____ No _____
 - a. If you do not have a copy of your child's EP, please give us the school information of where we can obtain a copy:
School Name: _____ Ask for: _____
School Address: _____
School Telephone: _____ School Fax: _____

C. 504 PLANS

1. Does your child have an active 504 plan? Yes _____ No _____
 - a. If so, what medical diagnosis was used to find your child eligible for a 504 plan? _____
2. Do you have a copy of your child's 504 plan to provide to our school? Yes _____ No _____
 - a. If you do not have a copy of your child's 504 plan, please give us the school information of where we can obtain a copy:
School Name: _____ Ask for: _____
School Address: _____
School Telephone: _____ School Fax: _____

Thank you for your assistance.

Health Information

Student Name: _____

Does your child have any medical problems? Yes _____ No _____

Does your child take any medications? If so, please list: _____

Doctor: _____ Phone Number: _____

Check all high-risk medical conditions below that may apply to your student.

- | | |
|--|---|
| <input type="checkbox"/> Allergy, food (01A) | <input type="checkbox"/> Non-verbal (28) |
| <input type="checkbox"/> Allergy, environment (01B) | <input type="checkbox"/> Hearing Impaired (29) |
| <input type="checkbox"/> Allergy, medications (01C) | <input type="checkbox"/> Vision Impaired (30) |
| <input type="checkbox"/> Allergy, anaphylaxis (01D) | <input type="checkbox"/> Cystic Fibrosis (32) |
| <input type="checkbox"/> Allergy, urticaria (hives) (01F) | <input type="checkbox"/> Immune Suppresses (Chemo) (33) |
| <input type="checkbox"/> Allergy, insect sting (01G) | <input type="checkbox"/> Kidney Disease (34) |
| <input type="checkbox"/> Eating Disorder, anorexia (02A) | <input type="checkbox"/> Migraine Headaches (35) |
| <input type="checkbox"/> Eating Disorder, bulimia (02B) | <input type="checkbox"/> Psyche Disorder, behavior (36A) |
| <input type="checkbox"/> Eating Disorder, overweight (02C) | <input type="checkbox"/> Psyche Disorder, emotional (36B) |
| <input type="checkbox"/> Eating Disorder, malabsorption (02D) | <input type="checkbox"/> Psyche Disorder, addictive (36C) |
| <input type="checkbox"/> Arthritis (03) | <input type="checkbox"/> Psyche Disorder, school phobia (36E) |
| <input type="checkbox"/> Asthma/Reactive Airway Disease,
Current - Uses inhaler (04A) | <input type="checkbox"/> Autism (37) |
| <input type="checkbox"/> Asthma/Reactive Airway Disease,
History of Asthma (04B) | <input type="checkbox"/> ADD/ADHD (38) |
| <input type="checkbox"/> Cerebral Palsy (05) | <input type="checkbox"/> Orthopedic Disorder (39) |
| <input type="checkbox"/> Type 1 Diabetes (06A) | <input type="checkbox"/> Neurological (40) |
| <input type="checkbox"/> Type 2 Diabetes (06B) | <input type="checkbox"/> Critical / Chronic Medical Alert (911) |
| <input type="checkbox"/> Epilepsy /Seizure Disorder (07) | |
| <input type="checkbox"/> Heart Condition (08) | |
| <input type="checkbox"/> Bleeding Disorder /Hemophilia (09) | |
| <input type="checkbox"/> Immune Deficiency (10) | |
| <input type="checkbox"/> Muscular Dystrophy (12) | |
| <input type="checkbox"/> Scoliosis (13) | |
| <input type="checkbox"/> Sickle Cell Disease (15) | |
| <input type="checkbox"/> Spinal Bifida (16) | |
| <input type="checkbox"/> Spec Health,
Gastronomy feeding tube (17A) | |
| <input type="checkbox"/> Spec Health, Nebulizer treatment (17B) | |
| <input type="checkbox"/> Spec Health, Catheterization (17C) | |
| <input type="checkbox"/> Spec Health, Oral Suctioning (17D) | |
| <input type="checkbox"/> Spec Health, Lifting amb assist (17E) | |
| <input type="checkbox"/> Spec Health, Spec feeding tech (17F) | |
| <input type="checkbox"/> Spec Health, Tracheostomy care (17G) | |
| <input type="checkbox"/> Cancer/Leukemia (18) | |
| <input type="checkbox"/> Gastrointestinal Disorder (19) | |
| <input type="checkbox"/> Chronic Respiratory Conditions (22) | |
| <input type="checkbox"/> Tourette Syndrome (24) | |
| <input type="checkbox"/> Other Disabilities (25) | |

The following conditions listed without numeric codes are for use:

By 504 Designee Only:

- Vision Impaired
- Sickle Cell Disorders
- Respiratory Disorders
- Psychosocial Disorders
- Orthopedic Disorders
- Neurological Disorders
- Kidney Disease
- Hearing Impaired
- Eating Disorders
- Diabetes
- Cardiovascular Disorder
- Cancer
- Attention Deficit Disorder
- Asthma
- Arthritis
- Ineligible for 504 services

Parent Signature: _____ Date: _____



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 QUESTION #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?

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

*** 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

Mailing Address

City

State

Zip Code

Telephone Number

E-mail Address

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.

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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: _____	



BROWARD COUNTY PUBLIC SCHOOLS

REQUEST FOR EDUCATION/STUDENT RECORDS

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

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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