

Student #:	School/ Teacher:	Date:	Grade Level:	Entry Code:
<h2 style="text-align: center;">Student Registration Form</h2> <p>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.</p>				
Student's Last Name (Legal)		First Name (Legal)		Middle 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 #
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 #
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 boundaried school or follow the reassignment procedures. I have read and understand that I must submit appropriate proof of residency documentation, per School Board Policy 5.1. Florida Statutes §837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree. Florida Statutes §92.525 provides that whoever knowingly makes a false declaration under penalties of perjury is guilty of the crime of perjury by false written declaration, a felony of the third degree.

Print Registering Parent Name	Registering Parent Signature	Date

Student Emergency Contact Card

This form shall be updated every year

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

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:		
		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.

Middle:

Form 4710 Revised 11/18

Acknowledgement

Policy 5.8, Code of Student Conduct, lists the District's rules for students in Broward County Public Schools. The rules apply to all activities occurring on school grounds, on other sites being used for school activities, and on any vehicles authorized to transport students. Your signature below does not indicate that you agree or disagree with the rules, **but rather that you have reviewed the electronic copy of these rules** (<http://www.browardschools.com/codeofconduct>). Return this form to school within 3 days from the first day of school or from the date of enrollment. If you would prefer to complete all required forms electronically, please access the Back to School Toolkit (<https://www.browardschools.com/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 SB Policy 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 SB Policy 5006. SB Policy 6305 outlines the rules regarding over-the-counter and prescription drugs and SB Policy 5006 outlines the consequences for violating those rules. You may view the complete health and suspension and/or expulsion policies, as well as all School Board policies, on the Web at: <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

Media Release Form 2022/2023 School Year (All Grades)

As a parent of a student in Broward County Public Schools, I understand that my child may be photographed, videotaped and/or interviewed by news media, schools and the District for informational and/or promotional purposes, as indicated below

You Must Mark a Choice in Both Section A and Section B

(If no choice is marked in both sections, then the choice will default to Choice #1)

Section A - External Outlets/Media

Please Check Choice #1 or Choice #2

1. ____ I **WILL** permit my student to be photographed, videotaped, and/or interviewed by the news media when the news media has secured proper authorization from Broward County Public Schools.
2. ____ I **WILL NOT** permit my student to be photographed, videotaped, and/or interviewed by the news media.

Section B - Broward County Public Schools

Please Check Choice #1 or Choice #2

1. ____ I **WILL** permit my student to be photographed, videotaped, and/or interviewed for school publications (e.g., yearbooks and school newspapers), school and District communication tools (e.g., websites and social media), BECON-TV, and school events and activities. *Note: To facilitate school publications, the District may disclose information to approved vendors, such as student's name, student's home address, student/parent phone number, grade level, teacher names and classroom numbers. For sporting events, athletic team member positions and jersey numbers may be disclosed.*
2. ____ I **WILL NOT** permit my student to be photographed, videotaped, and/or interviewed for school publications (e.g., yearbooks and school newspapers), school and District communication tools (e.g., websites and social media), BECON-TV, and school events and activities.

Student Name (PRINT)

Student Signature

Date

Parent/Guardian Name (PRINT)

Parent/Guardian Signature

Date

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: _____

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

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

**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: _____

Parent/Guardian Consent for Health Services Form 2022/2023 (All Grades)

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
Coordinated Student Health Services • 1400 NW 14th Court, Ft. Lauderdale, FL 33311 • (754) 321-1575

Parent/Guardian Consent for School Health Services Form

- 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 CONENT 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
Home Phone		Work Phone	Cell Phone	

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	<input type="checkbox"/>
Scoliosis Screening	<input type="checkbox"/>
Growth and development screening (body mass index)	<input type="checkbox"/>
Dental screening and dental sealants	<input type="checkbox"/>
COVID-19 Testing	<input type="checkbox"/>

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____

Date _____



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.



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.

Rev. 2.07.2020



THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

7720 W. Oakland Park Blvd. • Sunrise, Florida 33351 • Office: 754-321-0215 • Fax: 754-321-0235

Food and Nutrition Services Department
Mary Mulder, Director
754-321-0215
Mary.mulder@browardschools.com
www.browardschools.com

The School Board of Broward County, Florida

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Superintendent of Schools



www.myschoolapps.com

Dear Parent/Guardian

July 1, 2020

Children need healthy meals to learn. Broward County Public Schools offer healthy, nutritious meals every school day. Breakfast is free to all students under the Universal-Free Breakfast Program; the lunch meal price is \$2.00 in Elementary, \$2.35 in Middle and \$2.50 in High School. Your children may qualify for free meals or for reduced price meals. Reduced price is \$0.40 for lunch. Paid meal prices at Charter schools are not established by The Broward County School Board.

To apply for Free or Reduced-Price Meals, complete a meal application online at www.myschoolapps.com. If you are unable to complete an application online, contact Food and Nutrition Services at 754-321-0250 to receive a paper Multi-Child Application for Meal Benefits. If you complete a paper application, please return the form to: Food and Nutrition Services, 7720 W. Oakland Park Boulevard, Suite #204, Sunrise, Florida, 33351. After your application has been processed, notification of your child's meal eligibility will be sent to the e-mail address provided or through the postal service.

Household size and income criteria will be used to determine eligibility. An application cannot be approved unless it contains complete eligibility information. Once approved, meal benefits are good for an entire school year; it is not necessary to notify Food and Nutrition Services of changes in income and household size. You may apply for meal benefits at any time during the school year. If a household member becomes unemployed or circumstances change, your child may be eligible for free or reduced-price meals. The information provided on the application will be used for the purpose of determining eligibility and may be verified at any time during the school year.

Households that receive Florida SNAP (Supplemental Nutrition Assistance Program), Florida TANF (Temporary Assistance for Needy Families) or FDIPIR (Food Distribution Program on Indian Reservations) benefits, are required to list on the application only the child's name, the name and valid Florida SNAP, Florida TANF or FDIPIR case number for the person who receives the benefits, and signature of an adult household member. When a case number for any household member is listed on the application, all children in the household are eligible for free meals. Children in households participating in WIC (Special Supplemental Nutrition Program for Women, Infants and Children) may be eligible for free or reduced-price meals.

If you have migrant, homeless, runaway or foster children living with you and you haven't been informed your children will get free meals, please contact the District's Migrant Coordinator at 754-321-1414, Homeless/Runaway Liaison at 754-321-1566 or Foster Care Liaison at 754-321-1551 to see if they qualify. Foster children will receive free benefits regardless of the child's personal income or income of the household.

All other households must provide the following information listed on the application: names of all children and adults living in the household, and the school name for each child; total household income listed by gross amount normally received, how often the income is received by each household member and type of income (e.g., wages, child support, etc.); check the "no income" box if applicable; last four digits of the Social Security Number for the adult signing the application or check the box if this household member does not have a Social Security Number; and signature of an adult household member certifying the information provided is correct. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. You or your children do not have to be U.S. citizens to qualify for free or reduced-price meals. You may list a foster child and all other household members on one application. If the foster family is not eligible for free or reduced-price meals, it does not prevent a foster child from receiving free meal benefits.

For the purpose of determining household size, deployed service members are considered a part of the household. Families should include the names of the deployed service members on their application, and report only that portion of the deployed service member's income made available to them or on their behalf to the family. If you are in the Military Housing Initiative or get combat pay, do not include these allowances as income. If you get an off-base housing allowance, it must be included as income.

Under the provisions of the Free and Reduced-Price Meal Policy, the Meal Benefits Coordinator will review applications and determine eligibility. If you are dissatisfied with the ruling of the official, you may wish to discuss the decision with the determining official on an informal basis by calling Food and Nutrition Services at 754-321-0250. If you wish to make a formal appeal, write to: Mary Mulder, Director of Food and Nutrition Services, 7720 W. Oakland Park Boulevard, Suite #204, Sunrise, Florida, 33351 or call 754-321-0215.

Federal Income Eligibility Chart					
Your child may qualify for free or reduced meals if your income falls at or below the limits on this chart.					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	23,606	1,968	984	908	454
2	31,894	2,658	1,329	1,227	614
3	40,182	3,349	1,675	1,546	773
4	48,470	4,040	2,020	1,865	933
5	56,758	4,730	2,365	2,183	1,092
6	65,046	5,421	2,711	2,502	1,251
7	73,334	6,112	3,056	2,821	1,411
8	81,622	6,802	3,401	3,140	1,570
For each additional family member, add	8,288	691	346	319	160

You may contact Food and Nutrition Services by phone at [754-321-0250](tel:754-321-0250) or e-mail freereducedmeals@browardschools.com, if you have questions or need assistance.

Sincerely,

Mary Mulder
Director, Food and Nutrition Services

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Register2Ride Process

2023/24 School Year

SCHOOL INFORMATION

Last year the district changed its method from providing transportation to all eligible Broward County Public Schools (BCPS) students to **only** transporting eligible and registered student riders. This new plan, which began during the 2022/23 school year, mitigated driver shortage; leveraged online tools; created more efficient and effective routes; minimized daily route coverage and bus overloads; and improved arrival times. The initiative called, Register2Ride reduced route changes and PTWEB bus stop requests workload for school staff.

Key Points:

- Registration and additional information is available at browardschools.com/Register2Ride, by calling the Register2Ride customer service line at **754-321-4499**, or by emailing register2ride@browardschools.com.
- **Routes for the 2023-2024 school year will be developed based on Register2Ride submissions.**
- Registration for the 2023/24 SY opens March 13, 2023. It is continuous throughout the school year. However, any registrations after July 7, 2023, will not be guarantee a bus assignment on the first day of school (August 21, 2023).
- Registrations after July 7, 2023, through July 21, 2023, will be routed by the second week of school. Registrations after July 21, 2023 will be routed expeditiously.
- **Students who registered to ride last year but did not ride must register using their student accounts (06 accounts).** BCPS employees (Administrators, transportation staff) will not be able to register students who did not ride last year but registered for transportation.
- Remind students registration for a bus is required.
- Ensure the students will be riding the bus prior to registering the student.
- Eligibility for each school year is based on Florida Department of Education and Broward County Public Schools guidelines. Below is the timeline for registering to ensure a bus seat for the 1st day of school.

REGISTER2RIDE TIMELINE

- Register by **July 7, 2023**, guaranteed a bus seat by **First day of school**.
- Registration between July 8, 2023-July 21, 2023, bus seats will be assigned no later than the second week of school.
- Any registrations after July 21, 2023, will be routed expeditiously in the order in which they were received.

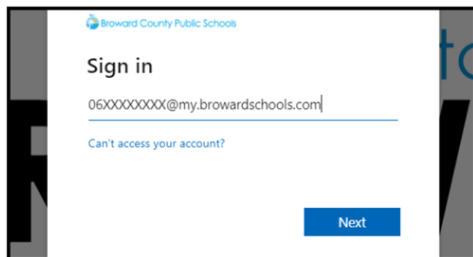
NOTE: Transportation registration processes for programs such as ESE, 504, Foster, Homeless, and Teen Parent has not changed and will continue.

*Unregistered students waiting at a bus stop without a parent/guardian present, will be transported to school and turned over to an administrator. Unregistered students will not be transported home after school. This will be the responsibility of the parent/guardian. *

Register 2 Ride Instructions (New and Current Riders)

1.) Navigate to <https://tfsweb.browardschools.com/Ride>

2.) Log in with a student account, i.e.: 06XXXXXXXX@my.browardschools.com



Broward County Public Schools

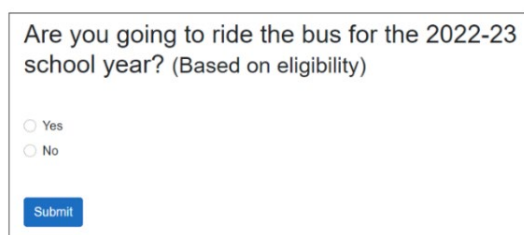
Sign in

06XXXXXXXX@my.browardschools.com

Can't access your account?

Next

3.) Answer the corresponding question(s), press submit to complete:



Are you going to ride the bus for the 2022-23 school year? (Based on eligibility)

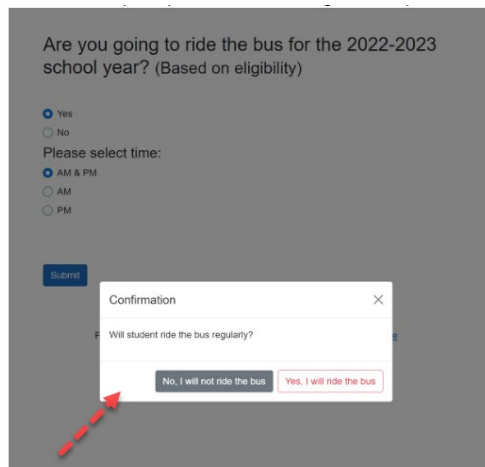
☐ Yes

☐ No

Submit

4.) Answer the corresponding question.

You may return to the form at any point before the deadline to update your answer.



Are you going to ride the bus for the 2022-2023 school year? (Based on eligibility)

☒ Yes

☐ No

Please select time:

☒ AM & PM

☐ AM

☐ PM

Submit

Confirmation

Will student ride the bus regularly?

No, I will not ride the bus

Yes, I will ride the bus

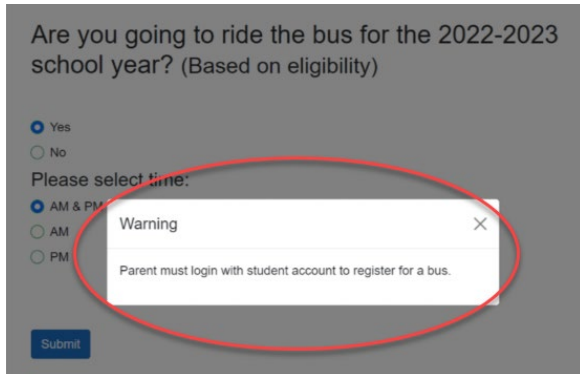
Register by July 7, 2023, be guaranteed a bus for the first day of school. After registration, contact your assigned school for an effective bus assignment date.

After July 21, 2023, may not get a bus until the second week of school, bus assignment timelines will vary. You must register to ride. After registration, contact your assigned school for an effective bus assignment date.

Register 2 Ride Instructions (Registered last year, but did not ride during FTE Survey 3)

Current students who did not ride the bus can only be registered by the parent login with student 06 account. When BCPS staff tries to register student who did not ride the bus, a warning message will display advising parent must register student.

- 1.) Navigate to <https://tfsweb.browardschools.com/Ride>.
- 2.) Follow the steps as above for steps (2-4).
- 3.) Parent/Student must register to ride.



The screenshot shows a web form titled "Are you going to ride the bus for the 2022-2023 school year? (Based on eligibility)". It has two radio button options: "Yes" (selected) and "No". Below this is a section "Please select time:" with three radio button options: "AM & PM" (selected), "AM", and "PM". A red oval highlights a white warning box that appears over the form. The warning box has a title "Warning" and a close button (X). The message inside the box reads: "Parent must login with student account to register for a bus." At the bottom left of the form is a blue "Submit" button.

Register by July 7, 2023, be guaranteed a bus for the first day of school. After registration, contact your assigned school for an effective bus assignment date.

After July 21, 2023, may not get a bus until the second week of school, bus assignment timelines will vary. You must register to ride. After registration, contact your assigned school for an effective bus assignment date.