

# NEW STUDENT REGISTRATION

SCHOOL YEAR: 2024 , 2025

Student Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Entering Grade \_\_\_\_\_

## CHECKLIST FOR ENROLLMENT

### \*\*New Kindergarteners (MUST BE Age 5 on or before Sept. 1st)\*\*

- ☐ REGISTRATION PACKAGE COMPLETED & RETURNED (All Forms)
- ☐ ORIGINAL IMMUNIZATION (Form #680 – White or Blue Form – MUST BE LEGIBLE & SIGNED BY THE DOCTOR)
- ☐ PHYSICAL within the last year (Yellow or White Form)
- ☐ PROOF OF AGE (Birth Certificate or Passport)
- ☐ PRIMARY ADDRESS PROOF (See below for approved proofs)
- ☐ SECONDARY ADDRESS PROOF (See below for approved proofs)

### \*\*Transfers from Another Broward County Public School\*\*

- ☐ REGISTRATION PACKAGE COMPLETED & RETURNED (All Forms)
- ☐ PRIMARY ADDRESS PROOF (See below for approved proofs)
- ☐ SECONDARY ADDRESS PROOF (See below for approved proofs)
- ☐ PROOF OF GRADE (School can verify in TERMS)
- ☐ PRINT OUT OF MEDICAL, ESE & ESOL STATUS - (Done by the school)

### \*\*Transfers From Out of State or Public/Private School in Florida\*\*

- ☐ REGISTRATION PACKAGE COMPLETED & RETURNED (All Forms)
- ☐ ORIGINAL IMMUNIZATION (Form #680 – White or Blue Form – MUST BE LEGIBLE & SIGNED BY THE DOCTOR)
- ☐ PHYSICAL within the last year (Yellow or White Form)
- ☐ PROOF OF AGE (Birth Certificate or Passport)
- ☐ PRIMARY ADDRESS PROOF (see below for approved proofs)
- ☐ SECONDARY ADDRESS PROOF (see below for approved proofs)
- ☐ PROOF OF GRADE (Last Report Card or Transcript)

### \*\*WAS THE STUDENT EVER ENROLLED IN A BROWARD COUNTY CHARTER SCHOOL?\*\*

YES ☐ or NO ☐

#### APPROVED ADDRESS PROOFS

- PRIMARY PROOF: (pick ONE)
- ☐ Property Tax Bill – CURRENT (print out from BCPA.NET website is fine)
  - ☐ Homestead Exemption Card (cards were mailed January 2017)
  - ☐ Deed
  - ☐ Mortgage Statement (CURRENT)
  - ☐ Home Purchase Contract WITH closing date
  - ☐ IF YOU LEASE – a NOTARIZED Lease Agreement with name, address & phone number of lessor (signatures MUST BE NOTARIZED)

- SECONDARY PROOF: (pick ONE)
- ☐ Utility Bill (i.e. CURRENT Electric bill, Water bill)
  - ☐ Home Phone OR Cell Phone bill - CURRENT
  - ☐ Drivers License OR Florida I.D. Card
  - ☐ Automobile Insurance Card OR Automobile Registration Card
  - ☐ Credit Card Statement - CURRENT
  - ☐ Two consecutive bank account statements - CURRENT
  - ☐ Address Change from Post Office

**NEW REGISTRATION STUDENT CONTACT INFORMATION**  
**(PLEASE PRINT CLEARLY)**

STUDENT: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

LAST NAME

FIRST NAME

STUDENT'S ADDRESS: \_\_\_\_\_

\*\*\*\*\*

MOM INFORMATION (PLEASE PRINT CLEARLY):

REGISTERING PARENT: Y OR N

FIRST NAME

LAST NAME

HOME PHONE

WORK PHONE

EMAIL ADDRESS

CELL PHONE

ADDRESS (If different from above): \_\_\_\_\_

\*\*\*\*\*

DAD INFORMATION (PLEASE PRINT CLEARLY):

REGISTERING PARENT: Y OR N

FIRST NAME

LAST NAME

HOME PHONE

WORK PHONE

EMAIL ADDRESS

CELL PHONE

ADDRESS (If different from above): \_\_\_\_\_

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**\*\*PLEASE NOTE - THE REGISTERING PARENT IS THE ONLY  
PARENT WHO IS ALLOWED TO WITHDRAW THE CHILD,  
SHOULD THAT BE NEEDED DURING THE SCHOOL YEAR\*\***

\*\*\*\*\*

BROTHERS AND/OR SISTERS ENROLLED AT McNab Elementary:

\_\_\_\_\_ GRADE \_\_\_\_\_

\_\_\_\_\_ GRADE \_\_\_\_\_

# IVICINab Elementary

## PREVIOUS SCHOOL SURVEY

Please **SELECT ONE** of the categories below for the last school of enrollment

**STUDENTS NAME** (Please print): \_\_\_\_\_

**(1) Public School** Last Grade attended: \_\_\_\_\_ Student #: \_\_\_\_\_

☐ Broward County ☐ Another County in Florida ☐ Another State ☐ Outside the US

Name of school: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_

**(2) Charter school** Last Grade attended: \_\_\_\_\_ Student #: \_\_\_\_\_

☐ Broward County ☐ Another County in Florida ☐ Another State ☐ Outside the US

Name of school: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_

Please circle one reason for returning to a public school and leaving the Charter school:

A) Academic	<input type="checkbox"/>	D) More convenient	<input type="checkbox"/>	G) After school care	<input type="checkbox"/>
B) ESE Services	<input type="checkbox"/>	E) Administrative Support	<input type="checkbox"/>	H) Extra curricular activities	<input type="checkbox"/>
C) Transportation	<input type="checkbox"/>	F) Safe/secure learning environment	<input type="checkbox"/>	I) Other	<input type="checkbox"/>

**(3) Private School** Last Grade attended: \_\_\_\_\_ Student #: \_\_\_\_\_

☐ Broward County ☐ Another County in Florida ☐ Another State ☐ Outside the US

Name of school: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_

**(4) Home Education Program** Last Grade attended: \_\_\_\_\_

**(5) No School to Date** Entering Grade: \_\_\_\_\_

# **HOME LANGUAGE SURVEY**

(found at the bottom of the student registration form)

Dear Parents/Guardians:

This is to notify you that if 'YES' is marked to ANY of the questions at the bottom of the registration form for Home Language Survey, your child **WILL** be given an English Language proficiency test and, based on the results of this assessment, may be identified as ESOL.

Enrollment in ESOL is **NOT** 'OPTIONAL' and is mandated by law based on the results of this screening.

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

Student Number:	School/Teacher:	Date:	Grade Lvl:	Entry Cd:
<p>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.</p>				
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		<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?		Have an active safety plan?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Referred for mental health services?		Have an active monitoring plan?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<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 (not 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Enrolled in a Charter School in Broward?	<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	
		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:						
<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: _____						
Parent/ Guardian	First Name (Legal)		Last Name (Legal)		Driver's License #	Relationship to Student
	Parent E-mail		Parent Cell Phone #		Parent Work Phone #	
Other Parent/Guardian	First Name (Legal)		Last Name (Legal)		Driver's License #	Relationship to Student
	Parent E-mail		Parent Cell Phone #		Parent Work Phone #	
	Parent Home Address		Apt #	City	State	Zip Code
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	
<p>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.</p>						
Print Parent/Guardian Name			Parent/Guardian Signature		Date	
Print Other Parent/Guardian Name			Parent/Guardian Signature		Date	

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

This form shall be updated every year

Office Use Only	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.

Student Information	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:	

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. 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:	
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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:

Health Services Consent	<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		
	Signature: _____ Date: _____ Relationship: _____		
Medical Information	<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 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. Signature: _____ Date: _____ Relationship: _____		
	<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"/> Autism <input type="checkbox"/> Cystic fibrosis <input type="checkbox"/> Kidney disorder <input type="checkbox"/> Other (Specify): _____	<input type="checkbox"/> Allergies (Not life-threatening) <input type="checkbox"/> Bleeding disorder <input type="checkbox"/> Diabetes – Type 1 <input type="checkbox"/> Lupus	<input type="checkbox"/> Allergies (Life-threatening) <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes – Type 2 <input type="checkbox"/> Mental / behavioral health conditions
	<input type="checkbox"/> Asthma (currently uses daily or emergency medication) <input type="checkbox"/> Cardiac conditions <input type="checkbox"/> Epilepsy/ Seizure disorders (NOT including febrile seizures) <input type="checkbox"/> Sickle cell disease (NOT Sickle cell trait)		
Health Insurance & Providers	<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		
	Please check the appropriate box: <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Florida KidCare / Florida Healthy Kids <input type="checkbox"/> None 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? <input type="checkbox"/> Yes, please sign here: _____ <input type="checkbox"/> No		
	Health Care Provider: _____ Phone: _____		
Release of Medical Information and Emergency	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. 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	<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"/> Attend ON-site after-care program	<input type="checkbox"/> Ride a school bus <input type="checkbox"/> Attend OFF-site after-care program	<input type="checkbox"/> Ride public transportation <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 home with parent only	<input type="checkbox"/> Ride a school bus as usual <input type="checkbox"/> Ride home with person indicated on authorized contact list	<input type="checkbox"/> Ride public transportation
Siblings and Home Language	Last Name: _____ First: _____ Grade Level: _____		
	Please list any other languages spoken at home: _____		
	Please assist us in understanding the needs of our school community by answering the following questions:		
	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		
Survey Questions	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"/>
Dental screening and dental sealants	<input type="checkbox"/>
COVID-19 testing	<input type="checkbox"/>

Parent/Guardian (PRINT) \_\_\_\_\_

Parent/Guardian (SIGNATURE) \_\_\_\_\_

Date \_\_\_\_\_

# 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:

\_\_\_\_ GASTROINTESTINAL DISORDERS

\_\_\_\_ SICKLE CELL DISEASE

\_\_\_\_ ALLERGIES, SEVERE/ANAPHYLAXIS

\_\_\_\_ SPINA BIFIDA

\_\_\_\_ ALLERGIES, NOT SEVERE

\_\_\_\_ CANCER

\_\_\_\_ EATING DISORDER (ANOREXIA/BULIMIA)

\_\_\_\_ TOURETTE SYNDROME

\_\_\_\_ ARTHRITIS

\_\_\_\_ OTHER DISABILITIES

\_\_\_\_ ASTHMA/REACTIVE AIRWAY DISEASE

\_\_\_\_ HEARING IMPAIRED

\_\_\_\_ LUPUS

\_\_\_\_ VISION IMPAIRED

\_\_\_\_ CEREBRAL PALSY

\_\_\_\_ CYSTIC FIBROSIS

\_\_\_\_ TYPE 1 DIABETES

\_\_\_\_ KIDNEY DISEASE

\_\_\_\_ TYPE II DIABETES

\_\_\_\_ MIGRAINE HEADACHES

\_\_\_\_ EPILEPSY/SEIZURE DISORDERS

\_\_\_\_ MENTAL/BEHAVIORAL DISORDERS

\_\_\_\_ CARDIAC CONDITION

\_\_\_\_ AUTISM

\_\_\_\_ BLEEDING DISORDER/HEMOPHILIA

\_\_\_\_ ORTHOPEDIC DISORDERS

\_\_\_\_ IMMUNE DEFICIENCY

\_\_\_\_ NEUROLOGICAL DISORDERS

\_\_\_\_ MUSCULAR DYSTROPHY

\_\_\_\_ MASK EXCEPTION

\_\_\_\_ SCOLIOSIS

\_\_\_\_ ADD/ADHD

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

# McNab Elementary Exceptional Student Registration Survey

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary phone number: \_\_\_\_\_

Please indicate below if your child has been in any special programs at his/her previous school. (That is has he/she work with any teacher other than the regular classroom teacher?)

\_\_\_ My child has not been in any exceptional programs at the previous school.

\_\_\_ My child has been in the following Exceptional Student Education Program(s) at his/her previous school.

School Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Please check the programs he/she was enrolled in:

\_\_\_ Speech and Language

\_\_\_ Gifted

\_\_\_ Specific Learning Disability

\_\_\_ Emotionally Handicapped

\_\_\_ Occupational Therapy

\_\_\_ Physical Therapy

\_\_\_ Other -- Please specify \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

*Please route to ESE Specialist*

# 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 assistance to 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: \_\_\_\_\_  
 (If not a parent, 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)

Has 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 attending, Broward County, FL public or charter school. If you have children enrolled in multiple schools, please complete this 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

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.

**Register for BCPS' Focus Parent Portal**

The Focus Parent Portal account gives parents/guardians convenient, secure, anytime, anywhere access to your student's school information.

**Note:** Before creating your account, you will need an email address. If you do not have one, you can create a free email account at [gmail.com](mailto:gmail.com) or [microsoft.com](mailto:microsoft.com).

**Create an Account**

Log into this site or use the QR code:

<https://browardschools.focusschoolsoftware.com/focus/auth/>



Click **Create Parent Portal Account**.

Create Parent Portal Account

I have an account I need to add my student(s)

Password Reset/Assistance

Enter all the required fields with your own information and click **Submit**.  
(Each parent/guardian will need to set up their own individual account)

Please enter your information by clicking below to go to Student's Record as well as a valid email address.

Parent/Guardian First Name	(Required)
Parent/Guardian Last Name	(Required)
Email Address	(Required)
Create Password	(Minimum 8 characters)
Verify Password	(Required)

Select **I would like to ADD A CHILD who is already enrolled**.

Students

You do not have any linked students at this time.

Enter the **Student's ID number (begins with '06')** and **Student's birthdate**, then Select **Add Student**.

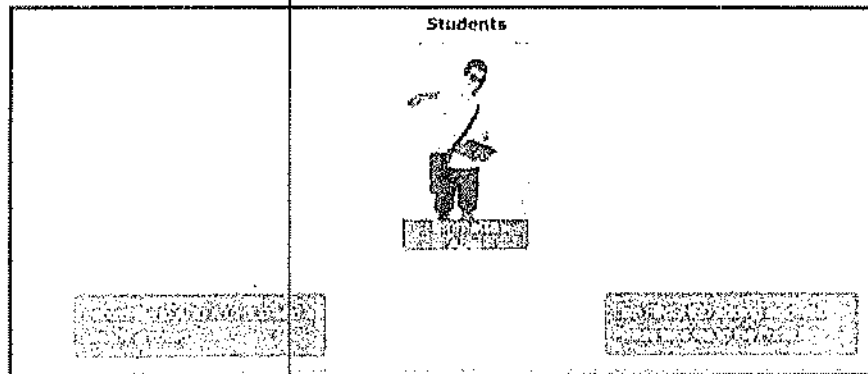
Please enter your student's information:

Student ID:  (Required)

Student's Birthdate: January 1 2023 (Required)

☐ I'm not a robot

To add another student, select ***I would like to ADD A CHILD who is already enrolled*** and repeat the steps above as necessary. If you are done adding students to the portal, select ***I am FINISHED adding students. Please take me to the Portal.***

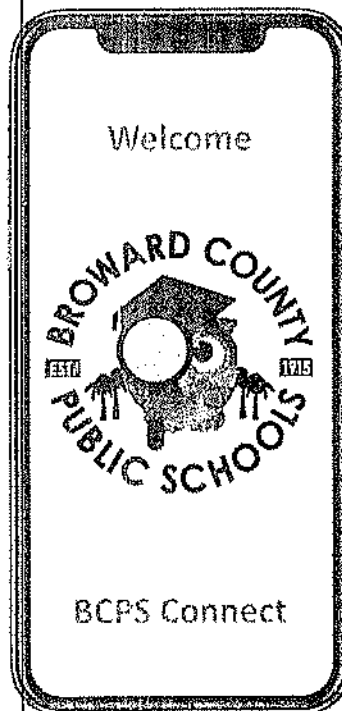


### Download the Mobile App

Focus' **BCPS Connect App** provides teachers, students, and parents a streamlined way to access student information.

**Note:** Before downloading the app, you must follow the steps to *Create an Account* found on page 1.

Then go to Google Play or Apple Store and search for **BCPS Connect App**.



Parents of 1<sup>st</sup> through 12<sup>th</sup> grade students can complete Back to School Re-enrollment forms that have been pushed out to the parent and student portals. All required forms must be completed prior to gaining access to the Portal for each student.

Once logged into the parent portal account, select the green button in the **Status** column to access and complete the forms.

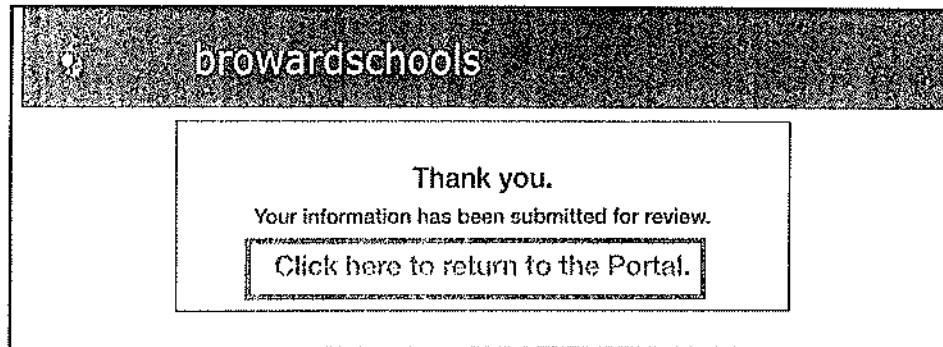
The screenshot shows the 'Forms Summary' page in the Focus portal. On the left is a navigation menu with 'Portal', 'School Info', 'Preferences', and a list of students including 'SANTIAGO'. The main area is titled 'Pending Forms' and contains a message: 'The district and/or school has requested that the following form(s) be completed at this time in order to update your student information'. Below this is a table with three columns: 'Student Name', 'Form', and 'Status'. There are three rows, each representing a student (indicated by a person icon) and a pending form. Each row has a green button in the 'Status' column to click on.

The first page of the forms will appear on the next screen. Complete the fields on the form as needed and select the blue **Next Page** button at the bottom of the page.

Select the red **Save and Continue Later** button to save your progress and return to complete the forms later.

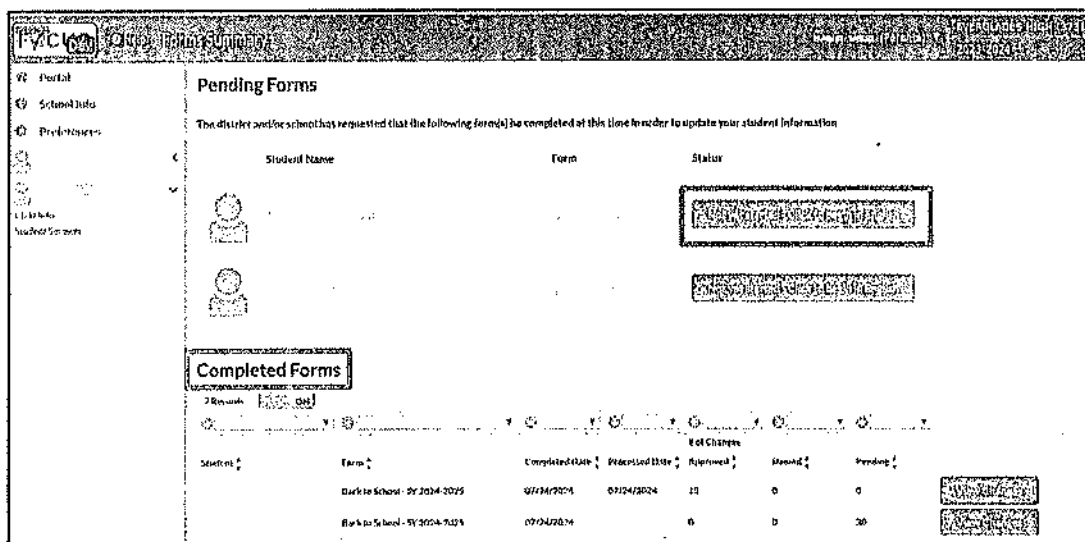
The screenshot shows the first page of the 'Back to School - SY 2024-2025' form. The header includes the Focus logo, the title 'Back to School - SY 2024-2025', and the student's name 'SANTIAGO'. The page is titled 'Broward County Public Schools Back to School Forms'. It contains a welcome message and instructions. There are two questions with radio button options: 'What is your preferred communication language?' with 'Spanish (SP)' selected, and 'What is your preferred method of contact?' with 'N/A' selected. At the bottom, there is a list of items to bring to school, including medications, health care providers, health insurance providers, and medical conditions/allergies. A blue 'Next Page' button is at the bottom center, and a red 'Save and Continue Later' button is at the bottom right.

A confirmation will appear.  
Select **Click here to return to the Portal.**



If additional forms need to be completed for other students, select the green button in the **Status** column to complete and submit the forms.

The status of submitted forms can be viewed at the bottom of the screen under **Completed Forms**.



### Mobile App

Back to School Re-enrollment forms can also be completed on the BCPS Focus Mobile App.

Enter user name and password into the BCPS Mobile App and select **Log In**.







# McNab Elementary

A Title 1 School



## Quick Fact Sheet 2024 – 2025

School begins on Monday, August 12, 2024

Meet and Greet and Open House – TBD (check the website for this information)

Regular School Hours – 8:00 a.m. – 2:00 p.m. The fist bell rings at 7:55 a.m. and the tardy bell rings at 8:00 a.m. "After eight, you're late".

ASP Aftercare: Program hours are 2:00 p.m. – 6:00 p.m. (754-322-7075)

Breakfast is available from 7:30 a.m. until 7:55 a.m. Students eating breakfast can enter the school at 7:30 a.m. Breakfast is free for all students.

Students are required to wear school uniforms: Uniform top: Any solid colored, collared polo shirt. Uniform bottom: solid colored khaki, blue, or black shorts, pants, skorts.

A Student Agenda is given to each student when they enter school.

Suggested Supply Lists for all grades are available on the McNab Elementary Website.

Transportation – Register 2 Ride by July 2024. Please check Broward County Schools Website for deadline. You must register for a bus assignment. Use <https://tfsweb.browardschools.com/ride>.

Free and Reduced Lunch Applications – You can apply online at <https://www.browardschools.com/Page/34341>.

School Menus can be found online at the following web address: <https://schools.mealviewer.com/results/broward%20county>.

Lunch Payment can be made in person or online at <http://www.myschoolbucks.com> (a small service fee may apply).

2024-2025 District School Year Calendar and other important District information can be found at the following web address: <https://www.browardschools.com/>

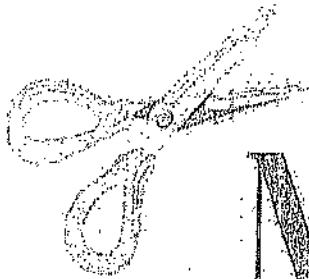
Volunteer Application: <https://apps.raptortech.com/Apply/NDgyMdplbilVUw==> In order to volunteer, you will need to complete the form above EVERY school year.

### Contact Information:

Phone – 754-322-7050 and Fax – 754-322-7090

McNab Website: <https://www.browardschools.com/mcnab>

Follow PTSA Facebook for information and highlights: @mcnabptapompano or visit [www.mcnabpta.com](http://www.mcnabpta.com)



# MCNAB PTA



## NEWSLETTER

### Kindergarten Round-up

#### PTA Board & Contacts

**PRESIDENT** - Nicole Rogers  
president@mcnabpta.com

**TREASURER / VOLUNTEER  
COORDINATOR** - Jessica Lynn  
treasurer@mcnabpta.com  
mcnabvolunteer@gmail.com

**SECRETARY** - Esther Ban

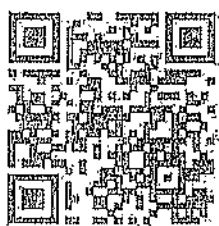
\*\*Please make sure to add our contacts  
to your email address book to help  
prevent messages from going to  
spam<sup>TM</sup>



#### Follow us on Facebook!

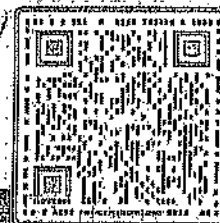
For all of the most up to date information,  
be sure to follow us on Facebook!

<https://www.facebook.com/McNabpta>



#### Join the PTA

- Please join our PTA to help us make a difference for the children, teachers & school!
- Only \$7 to join
- Membership is not tied to any volunteer or participation commitments.
- [www.mcnabpta.com](http://www.mcnabpta.com)

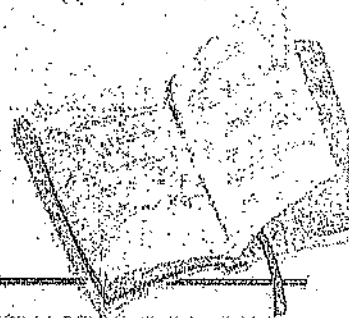
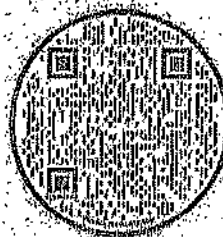


#### OPEN HOUSE

PTA will be selling McNab polos & spirit shirts during Open House in August. You can also join PTA then and meet the team!

#### Become a Volunteer!

- Please fill out the volunteer application found at [browardschools.com/volunteer](http://browardschools.com/volunteer)



# McNab Elementary Unified Dress Policy



- Students may wear any solid color polo type shirt with a collar. This may be the three-button kind or full button-down shirts.
- Students may wear black, navy blue, or khaki bottoms. For boys, this means pants or shorts. For girls, it can also include skirts, skorts and capri pants or jumpers.
- Students may wear a McNab Elementary t-shirt (that can be purchased through the PTA) on Fridays.
- Students who do not come to school in the correct uniform will be given a warning. Multiple warnings will result in a referral.

\*Shoes must still meet the Broward County Student Code of Conduct standards and should be close-toed and have backs. No sandals or flip-flops allowed.

\*Students may not wear jeans or jean shorts except on Fridays with their McNab t-shirts OR if the weather is below 55 degrees.



After School Programs Inc. is a 501(C) (3) not for Profit Corporation which currently operates on-site after school programs serving thousands of children throughout Florida. Currently, we offer care to children in Broward, Collier and Orange County. Since 1991, ASP has been committed to providing safe quality before and after school care. Many of our programs have been awarded the Gold Seal of Excellence from the Child Care Licensing and Enforcement Section of Broward County. Our mission is to enhance and enrich the lives of children while meeting the needs of the children, families, schools and communities we serve. ASP strives to provide innovative programs that meet the developmental needs of the growing child. Our programs include a blend of enriching educational, recreational, and social activities.

**DAILY SCHEDULE:** Our program operates each day from the time school is dismissed until 6:00 P.M. A nutritious snack is provided each day. Homework time, in a quiet, supervised environment, is provided daily, with assistance if needed. A variety of scheduled activities include: reading, writing, computers, character education, language, organized sports & games, art, cooking, science, drama, and club days.

**INTRODUCING OUR STAFF:** Each staff member is fingerprinted, background screened, and meet all current requirements mandated by law. Staff members are also required to take a 40 hour child care training course. We also offer CPR and first aid training. We maintain a low staff to child ratio. This ensures safer supervision and allows our staff to be more responsive and nurturing to the children in our care.

**FIELD TRIPS & SPECIAL ACTIVITIES:** ASP provides care on all early release days. ASP will offer full day field trips on selected school holidays and during portions of Winter & Spring vacations. There will be an additional cost for these trips.

**PROGRAM FEE:** \$256.20 per payment period and a non-refundable registration fee of \$36.00 per family. ASP has applied for and received grants for various schools. (Please see reverse for more information.)

**LATE PICK-UP:** A \$15.00 charge per child will be assessed for every 15 minutes or part of after 6:00 P.M. After 3 late pick-ups, we reserve the right to drop your child from our enrollment.

**REGISTRATION PROCEDURES:** To Register, you must go to [aspkids.com](http://aspkids.com) and being using Google Chrome Web Browser (Safari and other web browsers will not work)

- Click "Pay/Register" tab
- Click Broward Fall Registration
- Follow the instructions from there

ASP prohibits any policy or procedure which results in discrimination on the basis of age, color, disability, gender, national origin, marital status, race, religion or sexual orientation. We are not responsible for lost, stolen or damaged property.

2023/2024



~\*~ Activity Schedule ~\*~  
Sample 2024-2025

Red Dragons  Kindergarten	TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	2:00-2:20	Students arrive, take attendance and have snack (cafeteria)				
	2:30-2:56	Outside for SPARKS GAMES				
	3:00-3:40	Homework 329	Homework 329	Homework 329	Computers/Technology 330	Keep the Beat 329
	3:45-4:20	Art cafeteria	Cooking cafeteria	STEM 329	Homework 329	Outdoor Games [329]
	4:25-5:00	Indoor Games 329	Keep the Beat 329	Outdoor Games Court 1 [329]	Outdoor Games Playground [329]	Free Choice cafeteria
	5:00-6:00	Dismissal/Free Choice Centers (cafeteria)				

☐ = Rainy Day Room for outdoor activity

Yellow Dragons  1 <sup>st</sup> Grade	TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	2:00-2:20	Students arrive, take attendance and have snack (cafeteria)				
	2:30-2:56	Outside for SPARKS GAMES				
	3:00-3:40	Homework 349	Homework 349	Homework 349	Homework 349	Music 349
	3:45-4:20	Character Ed 349	STEM 349	Indoor Games 349	Computers/Technology 330	Free Choice Cafeteria
	4:25-5:00	Art Cafeteria	Cooking cafeteria	Outdoor Games Court 2 [349]	Keep the Beat 349	Outdoor Games [349]
	5:00-6:00	/Dismissal/Free Choice Centers (cafeteria)				

☐ = Rainy Day Room for outdoor activity

Green Leprechauns  2 <sup>nd</sup> Grade	TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	2:00-2:20	Students arrive, take attendance and have snack (cafeteria)				
	2:30-2:56	Outside for SPARKS GAMES				
	3:00-3:40	Homework 339	Homework 339	Homework 339	Homework 339	Brain Games 339
	3:45-4:20	Write On! 339	Art cafeteria	STEM 339	Outdoor Games Free Choice [339]	Playground [339]
	4:25-5:00	Outdoor Games Free Choice [339]	Indoor Games 339	Cooking Cafeteria	Computers/Technology 330 Mrs. Wollert	Free Choice cafeteria
	5:00-6:00	<input type="checkbox"/>	/Dismissal/Free Choice Centers (cafeteria)			

☐ = Rainy Day room for outdoor activity

# Registration Now Open

McNab Elementary



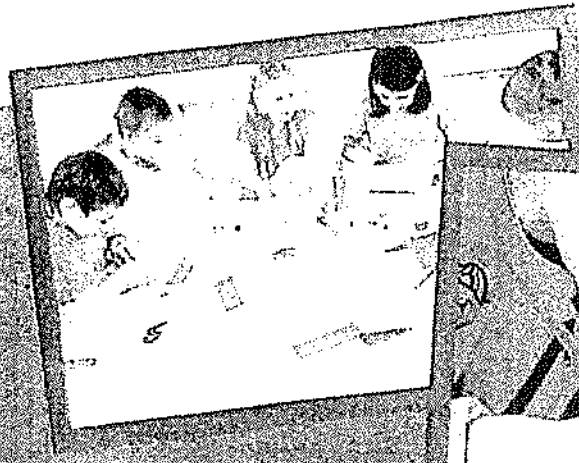
ASP

It's All About the Children



## OUR ACTIVITIES

From Arts & Craft to STEM and Outdoor Play to Homework Help, we have a wide variety of activities for our students.



**OPEN MON-FRI** AFTERCARE: 2:00PM - 6:00PM - \$256.20  
PER SESSION + \$36 REG. FEE

MULTIPLE CHILD/BROWARD SCHOOL BOARD EMPLOYEE DISCOUNTS AVAILABLE

SCAN QR  
CODE TO  
REGISTER

QUESTION? MORE INFO?  
CALL/EMAIL:  
954-681-3260  
MCNAB@ASPKIDS.COM







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2024/2025