

# NEW STUDENT REGISTRATION \*2020/2021\*

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

# BROADVIEW ELEMENTARY HEALTH INFORMATION SURVEY

DATE: \_\_\_\_\_

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

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

Please Circle:

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

\*\*If yes - TYPE 1 \_\_\_\_\_ OR TYPE 2 \_\_\_\_\_\*\*

**Please Circle Any of the Health Codes below that pertain to your child.**

CODE	DESCRIPTION	CODE	DESCRIPTION
01A	Allergy, food	17H	Ventilator Care
01B	Allergy, environmental	17I	Wheelchair Bound
01C	Allergy, medication	18	Cancer/Leukemia
01D	Allergy, anaphylaxis	19	Gastrointestinal Disorders
01F	Allergy, uticaria (hives)	24	Tourette Syndrome
01G	Allergy, insect sting	25	Other Disabilities
02A	Eating disorder, anorexia	28	Non-verbal
02B	Eating disorder, bulimia	32	Cystic Fibrosis
02C	Eating disorder, overweight	33	Immune suppressed (e.g.chemo)
02D	Eating disorder, malabsorption	35	Migraine Headaches
03	Arthritis	36A	Psych. Disorder, Behavior
04A	CURRENT ASTHMA	36B	Psych. Disorder, Emotional
04B	HISTORY OF ASTHMA	36C	Psych. Disorder, Addictive
05	Cerebral Palsy	36E	Psych. Disorder, School Phobia
07	Epilepsy/Seizure Disorder	37	Autism
08	Heart Condition	911	Critical/Chronic Medical Alert
09	Bleeding Disorder/Hemophilia		
10	Immune Deficiency		
12	Muscular Dystrophy		
13	Scoliosis		
15	Sickle Cell Disease		
16	Spina Bifida		
17A	Spec. Health, G. Tube Feeding		
17B	Spec. Health, Nebulizer treatment		
17C	Spec. Health, Catheterization		
17D	Spec. Health, Oral Suctioning		
17E	Spec. Health, Lifting, Amb, Assist		
17F	Spec. Health, Special feeding tech		
17G	Spec. Health, Tracheostomy care		

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

# **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.

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

Is the student's primary residence a:	Does the student live <u>or</u> is either parent employed:
<input type="checkbox"/> Yes <input type="checkbox"/> No Public space, vehicle of any kind, bus or train station, abandoned building, substandard housing, or similar setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No In low rent housing (such as Section 8 subsidized housing)?
<input type="checkbox"/> Yes <input type="checkbox"/> No Transitional/emergency shelter?	<input type="checkbox"/> Yes <input type="checkbox"/> No On Indian Lands?
<input type="checkbox"/> Yes <input type="checkbox"/> No Hotel/motel, trailer park, or camping ground due to lack of alternative adequate accommodations?	<input type="checkbox"/> Yes <input type="checkbox"/> No On federal property, a federally owned military installation, or NASA owned property?

**Is either parent:**

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

**Has the student previously been:**

- |  |  |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Enrolled in Broward County Public School?       | <input type="checkbox"/> Yes <input type="checkbox"/> No Retained (repeated the same grade)?     |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Enrolled in a Charter School in Broward County? | <input type="checkbox"/> Yes <input type="checkbox"/> No In Exceptional Student Education (ESE)? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Enrolled in a Home Education program?           | <input type="checkbox"/> Yes <input type="checkbox"/> No On a 504 plan?                          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Expelled from school?                           | <input type="checkbox"/> Yes <input type="checkbox"/> No In an ESOL program?                     |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Convicted of a felony?                          | <input type="checkbox"/> Yes <input type="checkbox"/> No In a Magnet program?                    |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Involved in the Juvenile Justice System?        | <input type="checkbox"/> Yes <input type="checkbox"/> No In Foster Care?                         |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Referred for mental health services?            | <input type="checkbox"/> Yes <input type="checkbox"/> No In a Gifted program?                    |

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

The above information is correct and complete to the best of my knowledge. In the event of a change of name, address, or phone, I will notify the school office in writing within ten (10) days. I understand that students whose parents are found, after appropriate investigation, to have submitted fraudulent information in an effort to enroll a student in a school to which the student is not assigned shall be immediately withdrawn by the school and the parent must enroll the student in the appropriate boundaried school or follow the reassignment procedures. I have read and understand that I must submit appropriate proof of residency documentation, per School Board Policy 5.1. Florida Statutes §837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree. Florida Statutes §92.525 provides that whoever knowingly makes a false declaration under penalties of perjury is guilty of the crime of perjury by false written declaration, a felony of the third degree.

Print Registering Parent Name	Registering Parent Signature	Date

# 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:
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. <b>NO STUDENT WILL BE RELEASED TO ANYONE OTHER THAN THE PERSONS LISTED BELOW.</b> 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:	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:

<b>Medication Information</b>	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:	
<b>Health Insurance and Providers</b>	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:		
<b>Medical Information</b>	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		
<b>Release of Medical Information and Emergency Treatment</b>	I hereby authorize for my child's medical information, parental contact information, and other health information (collected from health services provided at school, including information stored electronically) to be shared with 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.			
<b>Dismissal Information</b>	<b>Regular Dismissals Procedures.</b> 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	
<b>Emergency Dismissals Procedures.</b> 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		
<b>Siblings and Home Language</b>	Last Name:		First Name:	
			Grade level:	
<b>Please list any other languages spoken at home:</b>				
<b>Survey Questions</b>	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				

# BROADVIEW 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 choose one reason for returning to a public school and leaving the Charter school:

- |                   |                                     |                                |
|-------------------|-------------------------------------|--------------------------------|
| A) Academic       | D) More convenient                  | G) After school care           |
| B) ESE Services   | E) Administrative Support           | H) Extra curricular activities |
| C) Transportation | F) Safe/secure learning environment | I) Other                       |

**(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: \_\_\_\_\_



**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: _____	