



REASSIGNMENT CHECKLIST

Student Name _____ Grade Level _____

Student Number _____ Date of Registration _____

CONGRATS! Once you have received the reassignment award letter, please:

(1) Access School Choice online to accept the seat.

(2) Notify current school your student was granted a reassignment for appropriate school year.

(3) Complete registration paperwork based on criteria below.

_____ Completed registration packet:

- Registration Form
- Emergency Contact Form
- Code of Conduct/Media Release Form
- Health Information Form
- Consent for Health Services Form
- Records Request Form
- Student Housing Questionnaire

_____ Completed course selection sheet

_____ Current Florida Immunization form (HRS680) and physical form (HRS3040)

_____ Copy of registering parent's driver's license or valid state issued ID

_____ Student's official birth certificate or valid passport (*Charter, Private or New to Broward Students*)

_____ Transcripts and final grades (*Charter, Private or New to Broward Students*)

_____ Withdraw from previous school (*Charter, Private or New to Broward Students*)

Previous School: _____

Student #:	School/ Teacher:	Date:	Grade Level:	Entry Code:
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Student Registration Form

Only the parent/guardian (F.S. §1000.21(5)) who registers the student (i.e., completes this form) may withdraw the student from his/her current school, unless there is documentation of extenuating circumstances indicating otherwise. If the information below changes, it is the parent's/guardian's responsibility to notify the school in writing within 10 school days. The personal information you provide on this form will be kept confidential (in a protected area) and only used and disclosed by school and District staff on a need-to-know basis.

Student's Last Name (Legal)		First Name (Legal)		Middle Name	Affirmed Name
Student's Primary Home Address			Apt #	City	Zip Code
					<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Phone #		Student's Cell Phone #		Student's E-mail Address	
SSN <small>*Not required for enrollment or graduation. F.S. §1008.386 requires SBBC to request the SSN for its information management system.</small>		Date Student First Entered School in USA	Date of Birth	Birthplace (City/State/Country)	
Student Lives With		Ethnicity		Race (Check all that apply)	
<input type="checkbox"/> One Parent <input type="checkbox"/> Both Parents (same address) <input type="checkbox"/> Both Parents (different address)		<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Independent Student <input type="checkbox"/> Other: _____		<input type="checkbox"/> Non-Hispanic or Non-Latino <input type="checkbox"/> Hispanic or Latino	
				<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native American/Native Alaskan <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black/African-American	
Registering Parent's Last Name (Legal)		First Name (Legal)		Driver License #	Relationship to Student
Registering Parent's Work Phone #		Registering Parent's Cell Phone #		Registering Parent's E-mail Address	
Non-Registering Parent's Last Name (Legal)		First Name (Legal)		Driver License #	Relationship to Student
Non-Registering Parent's Work Phone #		Non-Registering Parent's Cell Phone #		Non-Registering Parent's E-mail Address	
Non-Registering Parent's Home Address			Apt #	City	State
					Zip Code
Home Language Survey (If the answer is "Yes" to any of these questions, the student must be tested for English proficiency.)					
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is a language other than English used in the home?		If "yes", which language?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the student have a first language other than English?		If "yes", which language?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the student most frequently speak a language other than English?		If "yes", which language?		

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

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

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

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

Has the student previously been:	
<input type="checkbox"/> Yes <input type="checkbox"/> No Enrolled in Broward County Public School?	<input type="checkbox"/> Yes <input type="checkbox"/> No Retained (repeated the same grade)?
<input type="checkbox"/> Yes <input type="checkbox"/> No Enrolled in a Charter School in Broward County?	<input type="checkbox"/> Yes <input type="checkbox"/> No In Exceptional Student Education (ESE)?
<input type="checkbox"/> Yes <input type="checkbox"/> No Enrolled in a Home Education program?	<input type="checkbox"/> Yes <input type="checkbox"/> No On a 504 plan?
<input type="checkbox"/> Yes <input type="checkbox"/> No Expelled from school?	<input type="checkbox"/> Yes <input type="checkbox"/> No In an English Speakers of Other Languages (ESOL) program?
<input type="checkbox"/> Yes <input type="checkbox"/> No Convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No In a Magnet program?
<input type="checkbox"/> Yes <input type="checkbox"/> No Involved in the Juvenile Justice System?	<input type="checkbox"/> Yes <input type="checkbox"/> No In Foster Care?
<input type="checkbox"/> Yes <input type="checkbox"/> No Referred for mental health services?	<input type="checkbox"/> Yes <input type="checkbox"/> No In a Gifted program?
<input type="checkbox"/> Yes <input type="checkbox"/> No Assessed for a behavioral threat?	<input type="checkbox"/> Yes <input type="checkbox"/> No Assessed for risk of suicide or self-harm?
<input type="checkbox"/> Yes <input type="checkbox"/> No Has an active monitoring plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No Has an active safety plan?

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

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

Print Registering Parent Name	Registering Parent Signature	Date

Student Emergency Contact Card

This form shall be updated every year

<i>For Office Use Only:</i>	<input type="checkbox"/> <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 Identification Number:

Student:

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
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:	
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:	

Broward County Public Schools Student Emergency Contact Card

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.

Student Last Name: _____ First: _____ Middle: _____

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

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.

- | | |
|--|---|
| <p>01A Allergy, food
 01B Allergy, environment
 01C Allergy, medications
 01D Allergy, anaphylaxis
 01F Allergy, urticaria (hives)
 01G Allergy, insect sting
 02A Eating Disorder, anorexia
 02B Eating Disorder, bulimia
 02C Eating Disorder, overweight
 02D Eating Disorder, malabsorption
 03 Arthritis
 04A Asthma/Reactive Airway Disease,
 Current - Uses inhaler
 04B Asthma/Reactive Airway Disease,
 History of Asthma
 05 Cerebral Palsy
 06A Type 1 Diabetes
 06B Type 2 Diabetes
 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</p> | <p>28 Non-verbal
 29 Hearing Impaired
 30 Vision Impaired
 32 Cystic Fibrosis
 33 Immune Suppresses (Chemo)
 34 Kidney Disease
 35 Migraine Headaches
 36A Psyche Disorder, behavior
 36B Psyche Disorder, emotional
 36C Psyche Disorder, addictive
 36E Psyche Disorder, school phobia
 37 Autism
 38 ADD/ADHD
 39 Orthopedic Disorder
 40 Neurological
 911 Critical / Chronic Medical Alert</p> <p>The following conditions listed without numeric codes are for use:
 By 504 Designee Only:</p> <p>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</p> |
|--|---|

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: (754) 323-2630
Requesting School: West Broward High School (3971)	
Address of Requesting School: 500 NW 209th Avenue, Pembroke Pines, FL 33029	
Requester's Secure Email or Fax: FAX (754) 323-2731	
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.