



BROWARD
County Public Schools

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 #:	School/Teacher:	Date:	Grade Level:	Entry Code:
Student's Last Name (Legal)		First Name (Legal)	Middle Name	Affirmed Name
Student's Primary Home Address		Apt #	City	Zip Code
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"/> Non-Hispanic or Non-Latino <input type="checkbox"/> Independent Student <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Other: _____		<input type="checkbox"/> White <input type="checkbox"/> Native American/Native Alaskan <input type="checkbox"/> Asian <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
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 (not 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 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 bounadriated school or follow the reassignment procedures. I have read and understand that I must submit appropriate proof of residency documentation, per School Board Policy 5.1. Florida Statutes §837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree. Florida Statutes §92.525 provides that whoever knowingly makes a false declaration under penalties of perjury is guilty of the crime of perjury by false written declaration, a felony of the third degree.

Print Registering Parent Name	Registering Parent Signature	Date

Student Emergency Contact Card

This form shall be updated every year

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

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

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

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

Broward County Public Schools Student Emergency Contact Card

Student Last Name:

First:

Middle:

Medication Information	Does your child take medication? <input type="checkbox"/> Yes <input type="checkbox"/> No		If your child requires medication at school, all medication sent to the school must be in the original prescription container with a current date and the child's name. Also, a "Medication/Treatment Authorization" form, must be completed and signed by the physician and the parent and must be on file at the school.	
	Medication:		Dosage:	Hour(s) Given:
Health Insurance and Providers	Please check appropriate box: <input type="checkbox"/> Family Health Insurance <input type="checkbox"/> Florida Kid Care <input type="checkbox"/> Florida Healthy Kids <input type="checkbox"/> None			
	If NONE, do we have your permission to forward the parent's name and phone number to Florida Kid Care Insurance for health insurance screening to see if you may be eligible for health insurance coverage? If Yes, please sign here:			
	Physician:		Phone:	
	Dentist:		Phone:	
Health Plan/Group name:		Phone:		
Medical Information	Medical Conditions		Please check all that apply:	
	<input type="checkbox"/> Asthma. If checked, uses inhaler?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> On daily medication	
	<input type="checkbox"/> Seizures. If checked, on medication?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Diabetes. If checked, insulin dependent?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Movement limitations (specify):			
	<input type="checkbox"/> Recent illness/hospitalization/surgery (describe):			
<input type="checkbox"/> Severe Allergies. If checked, specify Type:		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				

Acknowledgement

Policy 5.8, Code of Student Conduct, lists the District's rules for students in Broward County Public Schools. The rules apply to all activities occurring on school grounds, on other sites being used for school activities, and on any vehicles authorized to transport students. Your signature below does not indicate that you agree or disagree with the rules, **but rather that you have reviewed the electronic copy of these rules** (<http://www.browardschools.com/codeofconduct>). Return this form to school within 3 days from the first day of school or from the date of enrollment. If you would prefer to complete all required forms electronically, please access the Back to School Toolkit (<https://www.browardschools.com/backtoschool>).

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: <http://www.Broward.k12.fl.us/sbbcpolicies>
- 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 2021/2022 School Year (All Grades)

As a parent of a student in Broward County Public Schools, I understand that my child may be photographed, videotaped or interviewed by the news media or by the School District for informational and/or promotional purposes. I understand that pictures and interviews may be used on the District's website, in School District publications, external publications and electronic media 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. **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, such as school yearbooks, school newspapers, school and/or District websites, social media/BECON TV, or for other communication tools by Broward County Public Schools or its approved vendors. I understand the District may be required to release this information if requested by the media or other members of the public (i.e., public records requests). **Note: Student's name, teacher's name and room number may be released in order to facilitate school-based publications.**
2. I **WILL NOT** permit my student to be photographed, videotaped, and/or interviewed for school publications, such as school yearbooks, school newspapers, school and/or District websites, social media/BECON TV, or for other communication tools by Broward County Public Schools or its approved vendors.

Student Name (PRINT)

Student Signature

Date

Parent/Guardian Name (PRINT)

Parent/Guardian Signature

Date

Health Information

Student Name: _____

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

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

Doctor: _____ Phone Number: _____

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

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

The following conditions listed without numeric codes are for use:

By 504 Designee Only:

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

Parent Signature: _____ Date: _____

West Broward High School
"Home of the Bobcats"

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

West Broward High School
500 NW 209 Avenue
Pembroke Pines, FL 33029

Phone: 754.323.2630
Fax: 754.323.2731

REQUEST FOR RECORDS

Date: _____

Name of Last School Attended

School Address

City State Zip Code

School Phone Number

School Fax Number

Last Broward School Attended: _____
Please Send Cumulative Folder

Please send an Official Transcript for:

Student Name: _____
Last Name First Name

Grade: _____ **Date of Birth:** ____/____/____

Last Date of Attendance: _____

Please include:

All credits earned in grades 9-12

Explanation of grading system

Enrollment and Withdrawal Dates

Partial grades to date of withdrawal

Health Records (Immunization & Physical)

Exceptional Student Records (if applicable)

ELL Records (if applicable)

FSA/EOC Testing Scores (Score & Achievement Level)

***If not a Florida school, please include your States passing criteria**

Thank you for your prompt attention to this request.

West Broward High School
District #06, School #3971
Registrar

Federal Law 99.21 – No parent signature is required for educational records sent to another Educational Agency.



Tel #: (754) 321-1566

STUDENT HOUSING QUESTIONNAIRE (SHQ)



ATTENTION parents, caregivers and unaccompanied youth (not living with a parent or legal guardian):
The purpose of this questionnaire is to help identify school-aged children and youth who are experiencing housing instability as defined by Subtitle VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.). According to this federal legislation, via the guidance of the HEART program, Broward County Public Schools is responsible for removing systemic barriers to the education of students experiencing homelessness by implementing the provisions of the law.

By completing this questionnaire, your school-aged child(ren) may qualify for HEART services and resources to help ensure educational stability.

1. With whom does the student(s) live?

- Parent
- Legal guardian
- An adult (18+) caring for student who is unable to live with parent or legal guardian at this time

Name (first and last): _____ Relationship: _____

***IMPORTANT: Please contact the student's school to complete the required Caregiver Authorization Form.**

- I am an unaccompanied youth. I do not live with either of my parents or a legal guardian at this time.

2. Where do you currently live?

- I rent or own my home ➡ **STOP HERE AND SKIP TO QUESTION #4.**
- In an emergency or transitional shelter (A)
- Temporarily with a family member or friend (doubled-up) due to loss of housing, financial hardship, or similar reason (B)
- In a vehicle, trailer park or campground, abandoned building, or other substandard housing (D)
- In a hotel or motel due to loss of housing, financial hardship, or similar reason (E)

3. What caused your temporary residence?

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

*** IMPORTANT: Please complete the requested information below for all school-aged children (PreK-12) enrolled in, or pending enrollment in a Broward County, FL public or charter school. If you have children enrolled in multiple schools, please return a completed questionnaire to each school.**

Student's Full Name (first and last)	Student ID #	M/F	Date of Birth (mm/dd/yyyy)	Grade	School Currently Enrolled

4. By signing below, I am attesting that the information provided is accurate:

Print Full Name (person completing this form)

Signature

Date

Mailing Address

City

State

Zip Code

Telephone Number

E-mail Address

Florida Statute 837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.



THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

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

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

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www.myschoolapps.com

Dear Parent/Guardian

July 1, 2020

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

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

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

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

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

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

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

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

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

You may contact Food and Nutrition Services by phone at 754-321-0250 or e-mail freereducedmeals@browardschools.com. If you have questions or need assistance.

Sincerely,

Mary Mulder
Director, Food and Nutrition Services

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by mail at U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410, by fax (202) 690-7742 or email at program.intake@usda.gov. This institution is an equal opportunity provide.