



Forms

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Acknowledgement

SBBC Policy 5090, 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 SBBC Policies 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 SBBC Policy 5100. SBBC Policy 6305 outlines the rules regarding over-the-counter and prescription drugs and SBBC Policy 5100 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

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Media Release Form 2023/2024 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

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FERPA Opt-Out Notification Form 2023/2024 School Year (All Grades)

ATTENTION! Checking items below will prevent the selected information from appearing in school publications, including, but not limited to, the yearbook, even if you provide permission in Section B on the Media Release Form.

For Example: Checking "Student's Name" below may prevent the student's photograph from appearing in the yearbook.

PURPOSES OF DISCLOSURE OF DIRECTORY INFORMATION

"Directory Information" is personally identifiable information that would not generally be considered harmful or an invasion of privacy if disclosed. Pursuant to the Family Educational Rights and Privacy Act (FERPA), SBBC may disclose, in its discretion, directory information of a student in any grade level, if the parent or student age 18 or over did not "opt out" of the disclosure. SBBC reserves the right to release the Directory Information only:

- (a) to colleges, universities or other institutes of higher education in which the student is enrolled, may seek enrollment or may be recruited;
- (b) for athletic events, school publications, instructional materials and other school communication tools (including, but not limited to, yearbooks, athletic programs, graduation programs, recruitment brochures, theatrical programs, school and District websites, social media, and postings and displays throughout the school facility);
- (c) to Broward County health officials for purposes of communicating with parents to address conditions of public health importance as determined by Florida Department of Health (64D-3, F.A.C.), including information to meet or to prepare for a potential or confirmed health threat; and/or
- (d) to class reunion committees (and the like) for purposes of class reunion activities.

TYPES OF DIRECTORY INFORMATION

Parents/guardians of students in any grade level, or eligible students (those over the age of 18, emancipated, or attending a postsecondary institution), may opt out of having any or all of the following types of directory information disclosed by indicating, with a check mark (✓), those items NOT TO BE DISCLOSED:

___ Student's Name	___ Parent's Name	___ Residential Address
___ Telephone Number(s)	___ Date of Birth	___ Place of Birth
___ Major Field of Study	___ School-Sponsored Activities and Sports	___ Height and Weight of Athletic Team Members
___ School Grade Level	___ Dates of School Attendance	___ Jersey Number and Team Position
___ Degrees & Awards*	___ Name of the Most Recent/Previous School or Program Attended	___ Room Number

*Degrees and awards include exemplary work (including artwork), recognitions of all types, and graduation status (i.e., a list of graduating students), and exclude Grade Point Average (GPA).

Note: This form must be completed and submitted to the school on an annual basis, regardless of whether any of the above items were checked or not, WITHIN 10 DAYS FROM THE FIRST DAY OF SCHOOL or from the date of enrollment, if a student enrolls after the start of each school year.

Student Name _____ School _____

Parent/Guardian/Eligible Student's Name (Print) _____

Parent/Guardian/Eligible Student's Signature _____ Date _____

Note: Regarding former students, SBBC shall continue to honor any valid request to opt out of the disclosure of directory information made while a student was in attendance, unless the former student rescinds the opt out request (34 CFR 99.37(b)).

For parents in selected occupations:

Note: Pursuant to Florida Statute 119.071, for individuals in certain occupations (as well as their spouses and children), selected personal information is confidential and exempt from public disclosure, only if the individual submits a written request for the exemption. If you are employed in a qualifying occupation and wish to request that your, your spouse's and your child's personal information remain confidential, please schedule an appointment with your child's school in order to complete the Parental Request for Exemption of Personal Information for Selected Occupations form.

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ESSA Opt-Out Form (11th & 12th Grades) 2023/2024 School Year

MILITARY & POSTSECONDARY

Pursuant to the Every Student Succeeds Act (ESSA), the District is required to disclose, upon request, **student name, address, and telephone number** of 11th and 12th graders without prior written consent to:

- **Armed services/military recruiters** (the District Commander or Senior Officer of the regional or satellite offices of the Armed Forces, including the United States Coast Guard) for their use in mailing notices to students in regard to opportunities available to them in the United States Armed Forces. Confidentiality of the list shall be protected by the armed services personnel responsible for such lists.
- **Institutions of higher education** (postsecondary institutions). Confidentiality of the list shall be protected by the higher education personnel responsible for such lists.

However, parents/guardians and eligible students (those over the age of 18), may opt out of having this information disclosed by indicating their choice below.

Information disclosed to armed services/military recruiters:

1. _____ I **WILL** permit the limited information listed above to be disclosed to armed services/military recruiters.
2. _____ I **WILL NOT** permit the limited information listed above to be disclosed to armed services/military recruiters without prior permission.

Information disclosed to postsecondary institutions:

1. _____ I **WILL** permit the limited information listed above to be disclosed to postsecondary institutions.
2. _____ I **WILL NOT** permit the limited information listed above to be disclosed to postsecondary institutions without my prior permission.

Note: This form must be completed and submitted to the school on an annual basis, regardless of the chosen option, WITHIN 10 DAYS FROM THE FIRST DAY OF SCHOOL or from the date of enrollment, if a student enrolls after the start of each school year.

In addition to this form, all 11th and 12th grade students must also complete the FERPA Opt-Out Notification Form provided in the Code of Student Conduct.

Student Name _____ Grade _____

School Name _____

Parent/Guardian/Eligible Student's Name (Print) _____

Parent/Guardian/Eligible Student's Signature _____

Date _____

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Coordinated Student Health Services**Heather Katcher, Director**

1400 NW 14 Court

Fort Lauderdale, Florida 33311

Phone: 754-321-1575 • fax: 754-321-1695

heather.katcher@browardschools.comwww.browardschools.com/cshs**The School Board of
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Dr. Jeff Holness
Sarah Leonardi
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Superintendent of Schools

Dear Parent,

This letter is designed to inform you, as a parent/guardian, of the health services offered by Broward County Public Schools.

Student Health Services Consent Forms

The Health Services Consent section on the Student Emergency Contact Card should be completed, signed, and dated by the parent/guardian to ensure students can receive care for illness/injury at school or in school-sponsored activities.

Medical Examination

All students entering Broward County Public Schools for the first time must have a medical examination performed within one year of registration. The medical examination should be documented on the Florida Department of Health Form 3040 or the provider's office/medical facility stationery. The appropriate form/stationary should be completed, signed, and dated by the healthcare provider.

Communicable Diseases/Illnesses

Please inform the school if your child is out sick with a diagnosed communicable illness such as, chicken pox, meningitis, measles, salmonella, etc.

Please keep your child home if your child has:

- Flu-like symptoms
- Fever greater than 100.4 degrees
- Persistent cough
- Headache
- Shortness of breath/difficulty breathing
- Chills
- Muscle or body aches
- Vomiting
- Diarrhea
- Fatigue
- Congestion or runny nose
- Sore throat
- Rashes, yellow eye drainage, or greenish-yellow phlegm

Chronic Health Conditions

If your child has any of the following health conditions, including, but not limited to, asthma, diabetes, cystic fibrosis, sickle cell anemia, seizures, and allergic reactions to food, please inform the school.

Parents should:

- Document the chronic health condition on the Student Emergency Contact Card
- Meet with school administration and school nurse to discuss the care required for the student while at school

- Provide the school with a current Medication Authorization form signed by a healthcare provider and parent/guardian, if the student requires medication administration during the school day
- A Diabetes Medication/Treatment Authorization form must be completed and signed by the healthcare provider and parent/guardian for students with diabetes

Medication Administration at School (Prescription or Over the Counter)

- No medication will be administered in school or during school-sponsored activities without the parent's/guardian's written authorization and a written authorized prescriber order. This includes both prescription and over-the-counter (OTC) medications.
- A new Medication Authorization Form must be completed every 12 months or when changes are made to an existing Medication Authorization. The parent/guardian is responsible for filling out Part 1 and obtaining the authorized prescriber's order and signature on Part II. Information necessary includes the student's name, diagnosis, allergies (specify none or n/a if there aren't any), medication name, the strength of the medication, dosage, time of administration, route of administration, possible side effects, prescriber's signature and date.
- All medications will be administered by onsite school nurse or by a trained school staff member designated by the principal.
- The medication must be delivered to the school by the parent/guardian or, under special circumstances, an adult designated by the parent/guardian. All medication must be signed into the clinic by the parent/guardian and counted with the school health nurse or school staff. Medication delivery by students is not allowed.
- All prescription medication must be provided in an original pharmacy container with the pharmacy label attached. The pharmacy label cannot be expired. Non- prescription OTC medication must be received in the original packaging with the safety seal intact.
- The first day's dosage of any new non-emergency medication must have been given at home before it can be administered at school
- The parent/guardian is responsible for collecting any unused portion of medication after the expiration date of the medication or expiration date of the authorized prescriber's order. If the medication is unclaimed by the parent/guardian after three contact attempts, the medication will be forwarded to the Risk Management department for proper disposal.
- An authorized prescriber's order and parent/guardian permission are necessary for self-carry/self-administered emergency medications such as inhalers for asthma or epinephrine auto-injectors/AUVI-Q auto-injectors for anaphylaxis. **The student must understand the necessity for reporting to either the school nurse or school staff members that they have self-administered their inhaler without any improvement or have self-administered an epinephrine/AUVI-Q auto-injector so 911 may be called**
- The school nurse will call the authorized prescriber, as allowed by the Health Insurance Portability and Accountability Act (HIPAA) if a question arises about the student and/or the student's medication.

Authorization for Selected Over-the-Counter Medication (OTC) with Parental Approval (Grades 9-12 Only)

If your child needs to take over the counter (OTC) medication at school or on a field trip, an Authorization for Selected (OTC) with Parental Approval form must be completed and signed by the parent/guardian, student and be notarized.

Self-carry, self-administration of the selected over-the-counter medications only:

- | | | |
|-------------|------------|-----------|
| o Tylenol | o Tums | o Lactaid |
| o Midol | o Allegra | |
| o Ibuprofen | o Claritin | |

Authorization for Over-the-Counter (OTC) Topical Products with Parental Approval

- Students in all grade levels are permitted to self-carry and self-administer bug, insect, mosquito repellent (wipes, towelettes, or lotions only) and sunscreen (no aerosol products permitted).
- An Authorization for Over-the-Counter (OTC) Topical Products with Parental Approval Only form must be completed and signed by the parent/guardian.

Immunizations (Please refer to F.S. 1003.22)

- Make sure your child's required immunizations are up to date. If you are not sure, you can check with your healthcare provider or the Florida Department of Health-Broward at (954) 467-4700.
- Parents may obtain medical exemptions from their healthcare provider or a religious exemption from the Florida Department of Health-Broward.

School Health Centers, Community Resources, Immunizations & Health Care

- If you do not have insurance, you can request an application for Florida KidCare Insurance at your child's school.
- The Florida Heiken Children's Vision Program provides vision examinations and eyeglasses when prescribed, to students in need of comprehensive vision services at no cost to the student.
- The Florida Heiken Program flyer can be found at www.browardschools.com/cshs.

Additional information on school entry requirements is available at: [Coordinated Student Health Services/Overview \(browardschools.com\)](http://Coordinated Student Health Services/Overview (browardschools.com))

If you have any questions, please contact your child's school.

Student Emergency Contact Card 2023/2024 (All Grades)

Broward County Public Schools Student Emergency Contact Card

This form shall be updated every year.

For Office Use Only:	<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, shall be listed on the emergency contact card as persons authorized to pick up the child from school except where a court order has revoked the parental rights and a certified copy of such court order has been provided to the school office. Both parents shall designate on the Emergency Contact Card those persons authorized to pick up their child from school. No parents shall delete or in any way alter the names provided by the other parent on the Emergency Contact Card.

Grade:	Student Information	Last Name:		First:		Middle:		
		Teacher (elementary school only):						
		Home Address:						
		Mailing Address (if different from above):						
		Date of Birth: / /						
		Check any that apply to student residents: <input type="checkbox"/> Medical <input type="checkbox"/> Court Order <input type="checkbox"/> Special needs <input type="checkbox"/> Other		Has student changed address since last registration? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is there a court order on file that prevents a parent from having contact with the student? <input type="checkbox"/> No <input type="checkbox"/> Yes, contact school		
		Preferred Name(s)/Nickname(s):						
		All staff may refer to my child by the preferred name(s) or nickname(s) listed above on all unofficial documents and during school/district events.						
		Signature:		Date:		Relationship:		
		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:		
		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 the 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

Student Last Name:

First:

Middle:

Health Services Consent	Indicate which services you give consent to and would like your child to receive at school with an "x" in the appropriate check box.		
	Care and treatment for illness and injury <input type="checkbox"/> Yes <input type="checkbox"/> No		Scoliosis screening <input type="checkbox"/> Yes <input type="checkbox"/> No
	Vision screening <input type="checkbox"/> Yes <input type="checkbox"/> No		Hearing screening <input type="checkbox"/> Yes <input type="checkbox"/> No
	Growth and development screening (body mass index) <input type="checkbox"/> Yes <input type="checkbox"/> No		
	I consent to my child receiving all school health services indicated above. I understand if consent is granted, SBBC will disclose my child's education records (including medical information) to nursing vendors who provide treatment to my child.		
	Signature:		Date: Relationship:
Health Insurance and Providers	Please check the 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?		
	<input type="checkbox"/> Yes, please sign here: _____ <input type="checkbox"/> No		
	Health Care Provider:		Phone:
Medical Information	Is your child currently diagnosed and followed by a healthcare provider for any of the following?		
	<input type="checkbox"/> Asthma (currently uses daily or emergency medication)		
	<input type="checkbox"/> Seizure/Epilepsy (no including febrile seizures)		
	<input type="checkbox"/> Diabetes		
	<input type="checkbox"/> Anaphylaxis (Life threatening allergic reaction requiring emergency medication)		
	<input type="checkbox"/> Recent illness/hospitalization/surgery (describe)		
	<input type="checkbox"/> Other, please specify:		
	Does your child require medication while at school? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	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	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 monitoring to assure program compliance by the District and schools, and assess the delivery of services.		
	Signature:		Date:
	Medical and other information will be disclosed without consent from the parent/eligible student in case of health emergencies, as permissible by the Family Educational Rights and Privacy Act (FERPA). The school will call for emergency medical care as deemed necessary. Emergency transportation to a health care facility, as determined by paramedics, will be authorized.		
Dismissal Information	Regular Dismissal Procedures: On a typical day, how will your child leave school?		
	<input type="checkbox"/> Ride in a car <input type="checkbox"/> Ride a 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 home		
	Emergency Dismissal Procedures: In the event of a severe storm or other unscheduled emergency your child is instructed to:		
Siblings and Home Language	Last Name:		
	First:		
	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		

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.

Florida Heiken Children's Vision Program Form 2023/2024 (All Grades)



NO COST EYE EXAMS & GLASSES FOR CHILDREN

*Accessible on any internet enabled smart phone/tablet/computer
English / Español / Kreyòl / Português*

PARENTS APPLY NOW!

www.floridaheiken.org



- Florida students
- Low income
- Pre-K through 12th grade
- Reapply every school year
- 6-12 week processing time



Portal: Confidential & Secure

All student information is kept confidential and not shared with any other entity.

Partially funded by:



Exámenes de vista y anteojos GRATIS para niños www.floridaheiken.org



*Accesible por internet en cualquier teléfono inteligente /
tableta / computadora*

PADRES APLIQUEN AHORA!

- Estudiantes de la Florida
- De bajos ingresos
- Pre-K hasta el 12° grado
- Reaplique cada año escolar
- 6-12 semanas de tiempo de procesamiento

Heiken NO comparte información con ninguna otra agencia.

Enskri pou konsiltasyon je epi linèt GRATIS pou timoun www.floridaheiken.org



*Se yon sit ki aksesib sou entènèt nan nenpòt
esmat fonn / tablèt / òdinatè*

PARAN ENSKRI KOUNYE A!

- Elèv nan Eta Florid la
- Revni ki ba
- Pre-matènèl rive nan filo
- Ou kab enskri ankò chak ane lekòl
- 6-12 semèn tan pwosesis

Heiken PA bay lòt ajans enfòmasyon pèsònèl elèv yo.

Exames oftalmológicos e óculos GRATIS para crianças www.floridaheiken.org



*Acessível em qualquer smartphone / tablet / computador habilitado para internet
Inglês / Espanhol / Kreole / Português*

PAIS APLIQUEM AGORA!

- Estudantes da Florida
- Baixa renda
- Do pré-k ao 12°
- Reaplicar todo ano letivo
- 6-12 semanas de tempo de processamento

Toda informação so aluno é mantido confidencial e não
compartilhado com nenhuma outra entidade.

+	Place a clear "X" inside box. If you make a mistake, fill the entire box, and mark the correct box.	+
---	------------------------------------------------------------------------------------------------------------	---

8. Has your child asked you for permission to walk or bike to/from school in the last year? ☐ Yes ☐ No

9. At what grade would you allow your child to walk or bike to/from school without an adult?
 (Select a grade between PK, K, 1, 2, 3 ...) ☐☐ grade (or) ☐ I would not feel comfortable at any grade

+	Place a clear "X" inside box. If you make a mistake, fill the entire box, and mark the correct box.	+
---	------------------------------------------------------------------------------------------------------------	---

10. Which of the following issues affected your decision to allow, or not allow, your child to walk or bike to/from school?
 (Select one choice per line, mark box with X)

Distance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Convenience of driving	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Time	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Child's before or after-school activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Speed of traffic along route	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Amount of traffic along route	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Adults to walk or bike with	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Safety of intersections and crossings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Crossing guards	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Violence or crime	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Weather or climate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure

11. Would you probably allow your child to walk or bike to/from school? (Select one choice, mark box with X)
☐ My child already walks or bikes to/from school ☐ Yes ☐ No ☐ Not Sure

+	Place a clear "X" inside box. If you make a mistake, fill the entire box, and mark the correct box.	+
---	------------------------------------------------------------------------------------------------------------	---

12. In your opinion, how much does your child's school encourage or discourage walking and biking to/from school?
☐ Strongly Encourage ☐ Encourage ☐ Neither ☐ Discourage ☐ Strongly Discourage

13. How much fun is walking or biking to/from school for your child?
☐ Very Fun ☐ Fun ☐ Neither ☐ Boring ☐ Very Boring

14. How healthy is walking or biking to/from school for your child?
☐ Very Healthy ☐ Healthy ☐ Neutral ☐ Unhealthy ☐ Very Unhealthy

+	Place a clear "X" inside box. If you make a mistake, fill the entire box, and mark the correct box.	+
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15. What is the highest grade or year of school you completed?

<input type="checkbox"/> Grade 1 through 8 (Elementary)	<input type="checkbox"/> College 1 to 3 years (Some college or technical school)
<input type="checkbox"/> Grades 9 through 11 (Some high school)	<input type="checkbox"/> College 4 years or more (College graduate)
<input type="checkbox"/> Grades 12 or GED (High School graduate)	<input type="checkbox"/> Prefer not to answer

16. Please provide any additional comments below.

Student Housing Questionnaire (SHQ) 2023/2024 (All Grades)



Tel #: (754) 321-1566



STUDENT HOUSING QUESTIONNAIRE (SHQ)

ATTENTION parents, legal guardians, 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 **who lack a fixed, regular, and adequate nighttime residence** as defined by Subtitle VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.). According to this federal regulation, Broward County Public Schools is responsible for removing systemic barriers to the education of students experiencing homelessness by implementing the provisions of the law through the Homeless Education Assistance Resource Team (HEART).

INSTRUCTIONS: ONLY COMPLETE THIS QUESTIONNAIRE IF YOU DO NOT OWN OR LEASE A RENTAL PROPERTY IN YOUR NAME.

By completing this questionnaire, your school-aged child(ren) (or unaccompanied homeless youth) may qualify for McKinney-Vento services and resources through the HEART program to help ensure educational stability.

PLEASE RETURN THIS FORM TO YOUR CHILD OR CHILDREN'S SCHOOL(S) IMMEDIATELY!

1. WHO DOES THE STUDENT(S) LIVE WITH? Parent

- ☐ Legal guardian
☐ An adult (+18) caring for student(s) who is/are currently
☐ unable to live with their parent or legal guardian*
I am an **unaccompanied youth**. I do not live with either
☐ of my parents or a legal guardian currently.

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

2. I CURRENTLY RESIDE IN ONE OF THE NIGHTTIME RESIDENCES LISTED BELOW WITH MY SCHOOL-AGED CHILD(REN)/STUDENTS:

- ☐ In an emergency or transitional shelter, abandoned in hospital (A)
☐ Sharing housing with a family member or friend (doubled-up) due to loss of housing, economic hardship, or similar reason (B)
☐ In a vehicle, park, temporary trailer park or campground due to lack of alternative adequate accommodations; public spaces, abandoned building, substandard housing; bus or train station, public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings or similar setting (D)
☐ In a hotel or motel due to lack of alternative adequate accommodation due to loss of housing, financial hardship, or similar reason (E)
*** Please check one:** ☐ hotel or motel that I am paying for myself
☐ hotel or motel paid for by a social services agency or organization

3. WHAT CAUSED YOU AND YOUR CHILD(REN), OR UNACCOMPANIED YOUTH TO LIVE IN YOUR CURRENT NIGHTTIME RESIDENCE?

- ☐ Man-made Disaster (D) ☐ Unknown (U) ☐ Pandemic (P)
☐ Flooding (F) ☐ Earthquake (E) ☐ Tornado (T)
☐ Mortgage Foreclosure (M) ☐ Hurricane (H) ☐ Wildfire (W)
☐ Tropical Storm (S)
☐ Other homeless cause: lack of affordable housing, long-term poverty, unemployment or underemployment, domestic violence, forced eviction, etc. (N)

PLEASE COMPLETE THE REQUESTED INFORMATION BELOW FOR ALL SCHOOL-AGED CHILDREN (PREK-12) ENROLLED IN, OR SOON TO BE ENROLLED 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, Middle Initial, and Last)	Student ID #	M/F	Date of Birth (mm/dd/yyyy)	Grade	School Currently Enrolled

4. 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.

By signing below, I am attesting that the information provided is accurate and true:

Parent/Guardian Print Full Name		Relationship to student(s)		Signature		Date	
Student(s) Current		City, State, Zip Code		Student(s) Former Address		City, State, Zip Code	
Length of time at current address		Telephone Number		E-mail Address			

- ☐ I was given authorization by the parent, guardian, caregiver, or unaccompanied homeless youth named above, to complete the SHQ on behalf of the identified student(s) listed above.

Name of person completing this form: _____ Signature _____ Title/Organization _____

Form 4001 • Revised 7/2023 • Student Services (Rev. 7/25/23)

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Life Skills and Wellness (LSW) Student Survey Opt-Out Form



Life Skills and Wellness (LSW) builds confidence and supports mental and emotional health, enabling students to overcome challenges and thrive as they prepare for the 21st-century workplace. As part of the District's School Improvement Plan (SIP), the LSW initiative promotes whole-child-centered support services, helping students succeed academically while building employability skills and resiliency. To guide effective LSW instruction, the District will administer a brief Fall and Spring survey. The data collected will solely be used by authorized BCPS staff to direct school activities and provide personalized LSW services for students. Specifically, the type of formative data collected will focus on self-awareness, self-management, relationship skills, decision-making and resiliency.

To learn more about the LSW Student Survey for grades 4-12, visit the [LSW District website](#) or by scheduling an appointment with your school's LSW Liaison. Additional parent resources and strategies on how to incorporate LSW at home can be found in our [LSW Families and Students Resources](#) page.

TO BE COMPLETED BY THE PARENT/GUARDIAN

Your student will automatically be registered to take the Fall and Spring LSW Surveys. **You only need to complete this form if you would like to opt-out of the LSW Surveys. To opt-out, please check the box, complete the information below, sign the form, and return it to your child's school within 10 days from the first day of enrollment in the school.** Failure to return this form constitutes permission for your child to participate in the LSW Surveys.

_____ I **DO NOT** want my child to participate in the LSW Fall and Spring student surveys.

Student Name: _____

Date of Birth: _____ Grade Level: _____ Student #: _____

School Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

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Library Reading Materials Opt Out Form 2023/2024 (All Grades)

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
LIBRARY MEDIA SERVICES
LIBRARY READING MATERIALS OPT-OUT FORM

As a parent, you always have the right to opt your child out of any library material. Please complete the Opt-Out Form.

Upon submission of the Opt-Out Form, please discuss this decision with your child to ensure they are aware before visiting the library. Upon the opt-out form submission, your child's account will be updated in the library checkout system. It is our goal to make this process easy for parents.

Please contact your building principal if you have questions or need additional information.

_____ I **WILL NOT** permit my student to check out library materials.

Student Name (PRINT) Student

Signature Date

Parent/Guardian Name (PRINT)

Parent/Guardian Signature Date

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Power Up Meal Charge Policy 2023/2024 (All Grades)

It's time to
**POWER
UP!**

Broward County Public Schools
Food and Nutrition Services



All Student Receive a Breakfast and Lunch at No Cost.

Who/What: Community Eligibility Provision

Broward County Public Schools is pleased to announce an increase at 14 schools to the Community Eligibility Provision (CEP). CEP provides breakfast and lunch at no cost for all students at 180 eligible Broward County Public Schools.

CEP is offered to schools with students qualifying for SNAP, TANF, Medicaid and Extension of Benefits along with Homeless, Foster, Head Start and Migrant. BCPS has identified schools with 40% or more students qualifying for this program. Families will not need to complete an application to participate.

Who/What: Universal Free Lunch Pilot

Beginning in the 2023-2024 school year Broward County Public Schools will pilot the Universal Free Lunch Program in all 47 Non-Community Eligibility Provision (Non-CEP) schools.

The Universal Free Lunch Program Pilot will provide reimbursable Lunch Meals to all students in Non-CEP Schools at no cost regardless of students' eligibility. In order to sustain the Universal Free Lunch Program Pilot, it is vital for parents to complete an online application for District meal reimbursement and providing opportunities for additional District Programs.

Universal Free Breakfast will be available at the 47 Non-CEP Community Eligibility Provision (Non-CEP) Schools.

How: Community Eligibility Provision

Families may complete an Income Survey Form at www.myschoolapps.com. An approved Income Survey form may qualify a student to receive additional District Benefits. For assistance with completing an Income Survey Form for free or reduced-price meals, families can contact the Food and Nutrition Services Department at 754-321-0250.

Universal Free Lunch Program Pilot

In order to sustain the Universal Free Lunch Program, it is vital for parents to complete an application at www.myschoolapps.com. An approved Meal Benefits application may qualify a student to receive Additional District Benefits. For assistance with completing an Income Survey Form for free or reduced-price meals, families can contact the Food and Nutrition Services Department at 754-321-0250.

ID: Student issued ID badges at the cash register assure students receive the correct meal according to any medical or allergy issues that are noted.

Food and Nutrition Services • 7720 W. Oakland Park Blvd. Sunrise, FL 33351 • 745-321-0215

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MTSS Information for Parents and Families

What is Multi-Tiered System of Supports (MTSS)?

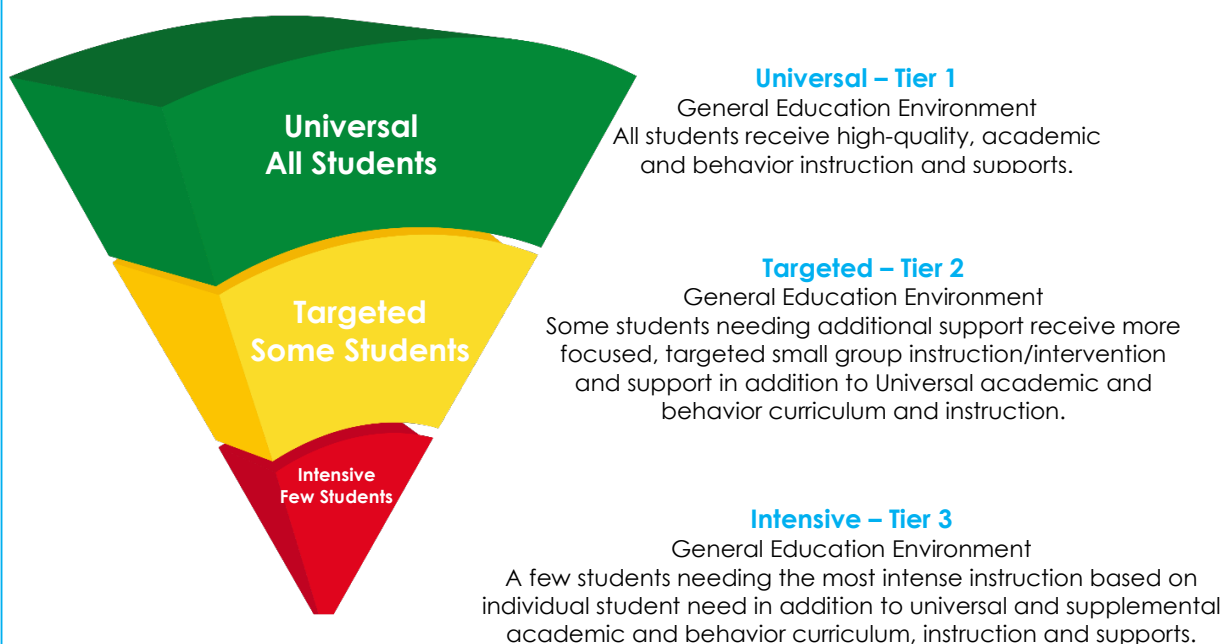
MTSS is a term used to describe a seamless prevention framework that refers to all the academic, behavioral and social-emotional strategies, interventions, supports and resources that are used to help all students grow and achieve. MTSS encompasses Response to Intervention (RtI) and Positive Behavior Interventions and Supports (PBIS).

What is Response to Intervention (RtI)?

RtI is the practice of providing high quality instruction and intervention matched to student need and close monitoring of how a student responds to different layers of instruction and support.

What are Positive Behavior Interventions and Supports (PBIS)?

PBIS are the methods used to identify and support desired behaviors in the school setting through the encouragement of positive behaviors school wide.



What are the benefits of MTSS?

The overall goal of MTSS is to improve educational outcomes for all students, by identifying students' needs early, and making sure students' needs do not go unmet.

MTSS focuses on using data to make decisions about adjusting teaching or providing extra supports so students do better in school. Schools use MTSS to build a system of combined instruction, intervention and support for students at varying levels of intensity, based on each student's need. MTSS is for all students.

What do I do if I believe my child is struggling?

- Participate in conferences and problem-solving meetings for your child!
- Review and assist with homework assignments and projects.
- Ask what interventions are being used for academic and/or behavioral concerns.
- Ask what techniques are being used to monitor the progress and effectiveness of the implemented interventions.
- Ask your school to provide you with regular progress monitoring reports.
- Celebrate your child's successes!

Parental Resources

This **video** for parents introduces the use of problem solving and how it may affect your child. [MTSS Introduction for Families](#).

Use the link to view the [The Parent Guide for MTSS](#).

Access the following links for additional information:

Broward County Public Schools MTSS

<https://www.browardschools.com/MTSS>

Florida's MTSS

<http://floridarti.usf.edu/>

For additional information or questions contact your student's school or Broward County Public Schools MTSS program via email bcpsmtssrti@browardschools.com or call 754-321-0000.



How will MTSS impact my child?

- Your child will be included in early identification of academic and/or behavioral concerns so assistance can be provided at the first signs of difficulty.
- Help for your child will increase or decrease depending on his or her needs and response.

How can I participate in MTSS?

Families play a critical role in supporting what their children are learning in school. The more parents are involved in student learning, the higher the student achievement. Ask questions to learn more about MTSS in your child's school and when things are not clear!

- Is my child successful? How do I know? If not, why and what can we do differently?
- If needed, how is additional help going to be provided? By whom? How often? For how long?
- How can I participate in problem-solving about my child?
- What can I do to help with the interventions for my child at home?
- How will I know if interventions are working?



Acknowledgement - Parent Copy

SBBC Policy 5090, 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 SBBC Policies 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 SBBC Policy 5100. SB Policy 6305 outlines the rules regarding over-the-counter and prescription drugs and SBBC Policy 5100 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

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