



*The School Board of Brevard County, Florida*  
**School Enrollment Information**  
First Time Entry

**INSTRUCTIONS:** Please gather the following documents to present to your child's school in order to register a student new to Brevard Public schools.

**TO ENTER KINDERGARTEN, CHILDREN MUST BE 5 YEARS OLD ON OR BEFORE SEPTEMBER 1.**  
**TO ENTER FIRST GRADE, CHILDREN MUST BE 6 YEARS OLD ON OR BEFORE SEPTEMBER 1.**

To register your child in school, copies of the following documents are needed:

**VERIFICATION OF LEGAL NAME AND AGE**

A. Birth Certificate

**OR**

**(IF BIRTH CERTIFICATE IS NOT AVAILABLE, ONE OF THE FOLLOWING MAY BE USED AS A FINAL RECOURSE):**

- A. Transcript of child's birth (Birth Certificate)
- B. Insurance policy
- C. Passport
- D. School record
- E. Certification of baptism, accompanied by parent's affidavit
- F. Bona fide Bible record, accompanied by parent's affidavit
- G. Affidavit of age sworn by parent, accompanied by a medical practitioner's statement

**VERIFICATION OF IMMUNIZATIONS AND PHYSICAL EXAM:**

A. *Proof of Immunizations on Department of Health Form 680,*

DEPARTMENT OF HEALTH LOCATIONS:

- Titusville Clinic, 611 Singleton Ave, Titusville.
- Viera Clinic 2555 Judge Fran Jamieson Way, Viera;
- Melbourne Clinic, 601 E. University Boulevard, Melbourne.

B. *Proof of physical examination by a U.S. doctor within the last year.*

If documentation cannot be provided, a physical examination must be scheduled within thirty (30) days. \*Please note that thirty (30) days is not extended to PreK and Kindergarten students.

**VERIFICATION OF ACADEMIC HISTORY, IF APPLICABLE**

- A. Transcript
- B. Last report card
- C. Withdrawal form

**VERIFICATION OF EXCEPTIONAL STUDENT EDUCATION/504 INFORMATION, IF APPLICABLE**

- D. Current IEP
- E. Current 504 Plan

\*Please provide a copy of the IEP or 504 Plan to the school at time of registration.

**PROOF OF RESIDENCY**

All students are required to provide two (2) forms of verification of residence at registration each year.  
Proof of residence will include one (1) of the following from each tier:

**TIER 1**

- A. Current driver license  
*(F.S. 322.19(2) requires that you update your address information on your driver's license within 10 days of moving)*
- B. Mortgage Statement
- C. Purchase Contract OR Warranty Deed  
*(with expected closing date within 90 days of school)*
- D. Lease/Rental Agreement  
*(with your name as the renter)*
- E. Shared Tenancy Agreement  
*(available on BPS website or school)*

**TIER 2**

- A. Current utilities statement (within last 30-40days)
- B. Current Florida Voter Registration Card
- C. Current Florida Vehicle Registration or Title
- D. A utility hook up or order dated with 60 days
- E. Medical or health card with address listed
- F. Current homeowner's insurance policy or bill
- G. Current automobile insurance policy or bill
- H. A letter from a homeless shelter, transitional service provider, or half way house verifying you receive mail.

**GUARDIANSHIP DOCUMENTATION**

**(ONLY APPLICABLE IF YOU ARE NOT THE LEGAL GUARDIAN OR RESIDENTIAL CUSTODIAL PARENT OF A STUDENT)**

*Brevard County School's procedures require that one of the following documents be provided for enrollment.*

- A. Court custody documentation ~ must include divorce decree and parenting plan signed by a judge.
- B. Educational Power of Attorney ~ \* (Certain rules apply)
- C. Educational Guardianship Affidavit ~ \* (Certain rules apply)
- D. Department of Children and Families Placement Letter

**\* FORMS AVAILABLE AT THE SCHOOL UPON REQUEST**

**ACKNOWLEDGEMENT PACKET**

*The following forms must also be completed and signed at the time of registration. This packet contains important information regarding BPS rule, policies and procedures.*

Student Name: \_\_\_\_\_ GRADE \_\_\_\_\_



## School Board of Brevard County, Florida NEW STUDENT ENROLLMENT

**INSTRUCTIONS:** All students entering the Brevard Public School District must complete a Student Registration Form. Only one (1) form per student should be completed annually, regardless of custody.

### STUDENT INFORMATION

LAST NAME (LEGAL)	FIRST NAME	MIDDLE	FORMER NAME (LEGAL)	GRADE	GENDER
					<input type="checkbox"/> Male <input type="checkbox"/> Female
RACE	ETHNICITY/RACES	RESIDENT STATUS	BIRTHDATE*		
<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Native or Alaska Native <input type="checkbox"/> Hawaiian or other Pacific Islander	Hispanic/Latino <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Out of County Resident <input type="checkbox"/> ESE Out of County Resident <input type="checkbox"/> Foreign Exchange Student <input type="checkbox"/> School 9995 Only <input type="checkbox"/> Out of State Resident <input type="checkbox"/> In County Resident	BIRTHPLACE		
			Date First Entered any US School (Required)		
			SOCIAL SECURITY NUMBER (OPTIONAL)		

### REGISTERING PARENT/LEGAL GUARDIAN

*IF THE PARENTS DO NOT LIVE IN THE SAME HOUSEHOLD, ONLY THE REGISTERING PARENT/LEGAL GUARDIAN (I.E. COMPLETES THIS FORM) MAY WITHDRAW THE STUDENT FROM HIS/HER CURRENT SCHOOL UNLESS THERE IS DOCUMENTATION OF EXTENUATING CIRCUMSTANCES INDICATING OTHERWISE. UNLESS THE OTHER PARENT HAS BEEN BARRED FROM SEEING REMOVING A STUDENT FROM THE SCHOOL, HE/SHE MUST BE LISTED IN THIS ENROLLMENT FORM. PLEASE REFER TO THE LEGAL AUTHORITY SECTION FOR ADDITIONAL INFORMATION.*

LAST NAME (LEGAL)	FIRST NAME	MIDDLE	EMPLOYER	BUSINESS PHONE
RESIDENTIAL ADDRESS			HOME PHONE	CELL PHONE
PARENT/GUARDIAN				
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian* <input type="checkbox"/> Other Relative* <input type="checkbox"/> Guardian Ad Litem* <input type="checkbox"/> Surrogate Parent*			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle Other:	

### NON - REGISTERING PARENT/LEGAL GUARDIAN

LAST NAME (LEGAL)	FIRST NAME	MIDDLE	EMPLOYER	BUSINESS PHONE
RESIDENTIAL ADDRESS			HOME PHONE	CELL PHONE
PARENT/GUARDIAN				
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian* <input type="checkbox"/> Other Relative* <input type="checkbox"/> Guardian Ad Litem* <input type="checkbox"/> Surrogate Parent*			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle Other:	



**ADDITIONAL STUDENT INFORMATION:** Please answer the following questions:

**STUDENT DISCLOSURES**

<b>FLORIDA PUBLIC SCHOOL</b>	
Has this student ever been enrolled in a Florida Public School?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>EXCEPTIONAL STUDENT EDUCATION</b>	
Has the student ever received any Exceptional Student Education (Special Education)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when? Where? (County/State/Country) _____	(Year OR Grade Level) _____ Where? _____
Do you consent to receive copies of your student's Exceptional Education (Special Education) records to the email address you provided on this registration? <i>Please provide the school with a copy of the IEP upon registration.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>504 PLAN</b>	
Has the student ever received services through a 504 Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when? (Year OR Grade Level) _____ Where? (County/State/Country) _____	(Year OR Grade Level) _____ Where? _____
Do you consent to receive copies of your student's 504 Plan records to the email address you provided on this registration? <i>Please provide the school with a copy of the IEP upon registration.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>CHRONIC HEALTH</b>	
Does the student have an unusual or chronic health condition? <i>If yes, please be sure to visit the school nurse and complete a chronic health form.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> NO

**FS 1006.07 Student Disclosures required at School Registration –**  
*According to procedures established by the District School Board, each student at the time of initial registration for school in a school district shall note previous school expulsions, arrests resulting in a charge, and Juvenile Justice actions the student has had.*

Is student presently under suspension/expulsion from another school or school system.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is yes, please check applicable.	<input type="checkbox"/> Suspension <input type="checkbox"/> Expulsion Date _____
School: _____ Please explain infraction causing suspension and/or expulsion: _____ _____	
Has student ever been arrested and charged?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain: Date _____ Charge(s) _____ _____	
Is student currently under Juvenile system actions?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is student on Community Control?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has student been referred for corresponding mental health services by a school district for the disclosures above? ( <a href="#">Section 1006.07(1)(b), Florida Statutes</a> )?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**HOME LANGUAGE SURVEY/ NOTIFICATION  
FLORIDA'S COMMITMENT TO ALL ENGLISH LANGUAGE LEARNERS**

Student Name:		Grade:	School:		
			<b>Yes</b>	<b>No</b>	
1. Is a language other than English used in the home?			<input type="checkbox"/>	<input type="checkbox"/>	
If yes, what language? (HM)					
2. Did the student have a first language other than English?			<input type="checkbox"/>	<input type="checkbox"/>	
If yes, what language? (PL)					
3. Does the student most frequently speak a language other than English?			<input type="checkbox"/>	<input type="checkbox"/>	
If yes, what language? (SL)					

Dear Parent/ Guardian,

The "yes" response(s) on the **Home Language Survey** you completed for your son/ daughter require(s) assessment of his/ her English proficiency so teachers can better serve him/ her. The Brevard School District uses the IDEA Aural/ Oral Language Proficiency Test in all grades to determine listening and speaking proficiency. In grades 3-12, the reading and writing proficiency in English is also assessed.

- If you answered "yes" to question one **only** (Is a language other than English used in the home?) then your son/ daughter will **not** receive ESOL services before the testing.
- If you answered "yes" to either question two or three or to both (Did the student have a first language other than English? and/ or does the student most frequently speak a language other than English?) then your son/ daughter **will receive** ESOL services before testing.
- If your son/ daughter is in grades 3-12, tests fluent on the Aural/ Oral Language Proficiency Test and has no recent standardized test scores for reading and writing, a reading and writing test will be given.
- If the testing cannot be administered within 20 days of the **Home Language Survey** you will receive an explanation from the school.

The school will give the tests and you will be notified regarding your son's/ daughter's eligibility for ESOL services. The ESOL Program provides services to Limited English Proficient students by placing students with classroom teachers who have had training in strategies to make English and subject area content understandable to them.

**STUDENT RESIDENCY STATEMENT**

*The answers to this housing questionnaire help in determining eligibility of services that may be provided through the federal McKinney-Vento Act, 42 U.S.C 11435. For more information, contact BPS SIT office at 321-633-1000 ext. 11557.*

<p><b>Where are you and your family currently staying at night? (Only check one box):</b></p> <p><input type="checkbox"/> Staying somewhere temporarily or living with someone else. <i>(if you checked this box, please complete the rest of this questionnaire).</i></p> <p><input type="checkbox"/> Rent or own my own house, condominium, apartment or other permanent residence. <i>(if you checked this box, you DO NOT need to complete the rest of this questionnaire).</i></p>
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**STUDENT INFORMATION – ALL SECTIONS MUST BE COMPLETED**

Name of Parent(s)/Legal Guardian or Unaccompanied Youth Name: _____	Relationship to Student: _____
Current Address: _____	City /Zip Code: _____
Length of Stay at this address: _____	
Former Address: _____	
Mailing Address: _____	
Telephone: _____ home, cell, work	_____ home, cell, work

**PLEASE LIST ALL STUDENTS WITHIN THE FAMILY ENROLLING AT BREVARD PUBLIC SCHOOLS.**

STUDENT NAME	STUDENT ID #	M/F	DOB	GRADE	SCHOOL

Place an "X" in the appropriate box to answer "Yes" or "No".

NIGHTTIME RESIDENCE	YES	NO	CODE
1. My family lives in an emergency or transitional shelter (e.g., FEMA Trailer).			A
2. My family shares the housing of other persons due to loss of housing, economic hardship, or a similar reason; doubled-up.			B
3. My family lives in a car, park, temporary trailer park or campground due to lack of alternative adequate accommodations, public space, 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 settings.			D
4. My family lives in a hotel or motel due to lack of alternative adequate accommodations.			E
5. A child/youth in my home is under the age of 16 and unaccompanied (not in the physical custody of a parent or guardian) or I am an unaccompanied youth under the age of 16 years.			
6. A child/youth in my home is 16 years of age or older and an unaccompanied youth (youth not in the physical custody of a parent or guardian) or I am an unaccompanied youth 16 years of age or older.			

**If you marked "Yes" to any questions above, please indicate the cause by placing an "X" in the appropriate box.**

<input type="checkbox"/> Man-made Disaster (Major) (D)	<input type="checkbox"/> Earthquake (E)	<input type="checkbox"/> Flooding (F)
<input type="checkbox"/> Hurricane (H)	<input type="checkbox"/> Mortgage Foreclosure (M)	<input type="checkbox"/> Other Homelessness Causes (N)
<input type="checkbox"/> Tropical Storm (S)	<input type="checkbox"/> Tornado (T)	<input type="checkbox"/> Unknown (U)
<input type="checkbox"/> Wildfire (W)		

RELEASE OF INFORMATION TO SOCIAL SERVICE AND COMMUNITY AGENCIES:	CURRENTLY, WHAT ARE YOU CHILD'S GREATEST NEEDS?
<p>Additional protective rights and services may be available to qualified families. These rights include immediate school enrollment, free meals, school stability, and transportation to the school of origin. Please check 'yes' if you allow this information to be released to social services and/or community agencies for possible assistance. Release of information expires at the end of the school year.</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><input type="checkbox"/> School Supplies    <input type="checkbox"/> Gift Cards</p> <p><input type="checkbox"/> Help for Academic improvement/Tutoring.</p> <p><input type="checkbox"/> Clothing (available through donation only)</p> <p><input type="checkbox"/> Transportation /SCAT Bus Passes</p> <p><input type="checkbox"/> Shoes    <input type="checkbox"/> Cell phone (CPR)    <input type="checkbox"/> Laptop    <input type="checkbox"/> Hot Spot</p> <p><input type="checkbox"/> Counseling</p>

If you answered "Yes" to some or all of the questions above, an educational representative may contact you to find out whether your child is or you, as an unaccompanied youth, are eligible for additional educational services.

**PARENT CONSENT TO ADD NICKNAME TO FOCUS DEMOGRAPHIC SCREEN REQUEST FORM**

Florida Statute 1000.071 provides the authority for the State Board of Education to adopt rules to implement statutes. In June 2023, the Florida State Board of Education approved changes to Rule 6A1.0955 stating that school districts will adopt policy and procedures to address "provisions for parents to specify the use of any deviation from their child's legal name in school. School districts will develop a form to obtain parental consent along with any required documentation, as appropriate."

By submitting this form, I am requesting that an alternate first name be added to my Focus demographic screen in the Nickname field and be used by school personnel in referring to my child.

- YES, I WOULD LIKE TO ADD A NICKNAME TO MY CHILD'S FOCUS DEMOGRAPHIC PAGE
- NO, I DON'T WANT TO ADD A NICKNAME TO MY CHILD'S FOCUS DEMOGRAPHIC PAGE

**IF YES, PLEASE COMPLETE THE SECTION BELOW.**

STUDENT LEGAL NAME: \_\_\_\_\_ REQUESTED NICKNAME: \_\_\_\_\_

*I understand that adding a nickname to my child's FOCUS account WILL NOT be reflected on any legal documents such as report cards or*

## ANNUAL STUDENT DECLARATION

**INSTRUCTIONS:** This form is to be used each year to meet state reporting requirements. The information contained in this declaration is needed for state and federal reporting purposes. This form will be completed annually at the start of the school year.

**Military Family Student** - This information will be used to identify military family students. This will aid the schools in providing timely responses to placement of students and various considerations in all aspects of a student's enrollment, academics and attendance.

**Is the student a child of:**

An active-duty member of the uniformed services, including members of the National Guard and Reserve on active-duty orders.	<input type="checkbox"/> Yes <input type="checkbox"/> No
A member or veteran of the uniformed services who are severely injured, medically discharged or retired for a period of 1 year.	<input type="checkbox"/> Yes <input type="checkbox"/> No
A member of the uniformed services who died on/or as a result of injuries sustained on active duty for a period of 1 year after death?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Hurricane/Earthquake Affected** – This information will aid the schools in promptly enrolling students affected by natural disasters. **Please indicate yes or no to the following:**

Did the student <b>move</b> to this school district this school year due to a hurricane? (Y)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the student <b>change schools</b> within this district this school year due to a hurricane? (W)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the student <b>move</b> to this district this school year due to an earthquake? (E)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the student <b>change schools</b> within this district this school year due to an earthquake? (Q)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Immigrant** – This information will be used in order to provide services and specialized instruction to students identified as immigrants.

**Note:** The children of U.S. military personnel born overseas are to be included in any count of immigrant children or youth.

**Please indicate which of the following is true. The term immigrant children and youth means individuals who:**

The student is ages 3 through 21; <b>and</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
The student was not born in any state, the District of Columbia or Puerto Rico; <b>and</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
The student has not been attending one or more schools in any one or more states for more than 3 full academic years.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Migrant** – This information will be used in order to provide services and special instruction to those who are identified as migrant.

**\* For school use only: For any family checking "yes" for migrant, please copy and send this form to Office of Title I at ESF.**

Has the student's parent/guardian moved to Brevard looking for work in the farming, dairy, or fishing industry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student moved to Brevard looking for work in the farming, dairy, or fishing industry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student and family moved within the past three years from one school district to another looking for temporary or seasonal work in the farming, dairy or fishing industry?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Foster Care and Out of Home Care** - This information will aid schools in providing timely responses to placement of students and various considerations in all aspects of a student's enrollment, academics, and attendance.

Is this student in licensed foster care? (F)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this student in court ordered relative or non-relative care? (sheltered) (O)	<input type="checkbox"/> Yes <input type="checkbox"/> No



## STUDENT TECHNOLOGY ACCESS INFORMATION

Brevard Public Schools strives to foster a culture of collaboration and an atmosphere of engagement as we prepare students to thrive in a digital world. While we remain committed to the high standards of Florida's curriculum, we also believe that school districts are obligated to provide students with skill in digital literacy within the context of those standards. For this reason, the District provides students with computer access to the Internet, email, digital communication and collaboration tools, and online educational resources. These resources are managed at a grade appropriate level as described below.

*Standard accounts and applications that are created for students include:*

- *Student Account – Provides each student with a unique username and password that is used to access the district computers and applications.*
- *Google for Education – Google accounts provide students with access to web-based programs and collaboration tools.*
  - *Students in grades PK-6 are provided with limited access to communicate and share with district staff and other students enrolled in Brevard Public Schools.*
  - *Students in grades 7-12 are provided with open, authentic access to communicate with others via email and web posting.*
- *Office365 - Students will have access to Microsoft Office applications at school and at home. Students will also have an email account and cloud storage space provisioned for them.*
- *Classlink Launchpad- Launchpad provides students with single sign-on access to a variety of educational resources and digital textbooks utilized to support standards-based instruction.*

Students are expected to comply with the terms of the Brevard Public Schools Acceptable Use Policy while accessing District technology resources. Please review the Acceptable Use Policy that is located in the student handbook with your child. District technology resources are to be utilized for educational purposes only. Should students not comply with this policy, disciplinary action may result.

Brevard's Cloud-based Apps will have several layers of security designed to protect students and enforce our Student Acceptable Use Policy (7540.03). While it is Brevard's intention to provide a completely safe and sterile computing environment, doing so with absolute fidelity is impossible to guarantee. Brevard's system administrators will have full authority and ability to monitor content and investigate concerns. District administrators may disable access if a student is found to be using the systems inappropriately, violating the acceptable use policy, or at the discretion of the school Principal or district official. All student web traffic will be filtered at or beyond CIPA compliance.

**Parents have the right to terminate their child's access to technology tools and resources. If you choose to restrict your child's access to technology, request that your school provide you with the Technology Opt-Out form 7540.03f1 for your signature.** Please be aware that your decision to eliminate your child's access to these tools may significantly impact your child's ability to work collaboratively with his or her peers and may inhibit the development of digital skills.

<b><i>Does the student internet access outside of the school?</i></b>
<input type="checkbox"/> YES <input type="checkbox"/> NO
<b><i>Does the student have access to computing devices outside of school?</i></b>
<input type="checkbox"/> YES <input type="checkbox"/> NO

## CODE OF STUDENT CONDUCT HANDBOOK

Each parent/guardian of a student enrolled in the Brevard County Public Schools must acknowledge that they have accessed the online or obtained a copy of the Code of Student Conduct. The Code of Student Conduct can be accessed on the school district website under the Students & Families tab or on your FOCUS portal.

***Note: Failure to acknowledge this form will not release a student or the parent/guardians of the student from responsibility for knowledge of the contents of the Code of Student Conduct and will not excuse non-compliance.***

**I acknowledge receipt of the notification regarding accessing or obtaining a copy of the Code of Student Conduct through the Parent Portal or via the internet web address and that I have read and discussed the Code of Student Conduct with my child.**

# HEALTHCARD

HEALTH CONDITIONS/SPECIAL NEEDS – PLEASE CHECK			
<input type="checkbox"/> ADD/ADHA	<input type="checkbox"/> CYSTIC FIBROSIS	<input type="checkbox"/> SICKLE CELL DISEASE	<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> ASTHMA	<input type="checkbox"/> DIABETES	<input type="checkbox"/> DEVELOPMENTAL DELAY	<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> BLEEDING DISORDER	<input type="checkbox"/> EPILEPSY /SEIZURES	<input type="checkbox"/> SURGERY	<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> CANCER	<input type="checkbox"/> KIDNEY DISORDERS	<input type="checkbox"/> PSYCHIATRIC CONDITIONS	<input type="checkbox"/> CARDIAC CONDITIONS
<i>Will any medications or treatments be required at school?</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO	

Parents/Guardian must bring doctor's orders, medication in original container, and complete appropriate paperwork prior to distribution of medication at school.

DAILY MEDICATIONS:	HOME 1. _____ SCHOOL 1. _____
	2. _____ 2. _____

DIABETES:	<input type="checkbox"/> TYPE I <input type="checkbox"/> TYPE II
EMERGENCY MEDICATION	_____
EMERGENCY MEDICATION	EPINEPHRINE (EPIPEN) <input type="checkbox"/> HOME <input type="checkbox"/> SCHOOL <input type="checkbox"/> BOTH

ALLERGIES	<input type="checkbox"/> INSECT BITES SPECIFIC ALLERGIES:
	<input type="checkbox"/> FOODS _____ <input type="checkbox"/> MEDICINE _____
	<input type="checkbox"/> OTHER _____

SPECIAL EQUIPMENT:	<input type="checkbox"/> Glasses/contacts <input type="checkbox"/> Arm/Leg Braces <input type="checkbox"/> Shunt <input type="checkbox"/> Internal Defibrillator
	<input type="checkbox"/> Hearing Air <input type="checkbox"/> Gastric Tube <input type="checkbox"/> Catheter <input type="checkbox"/> Other Equipment
	<input type="checkbox"/> Wheelchair <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Vagal Stimulator

## PARENT CONSENT TO RELEASE PERSONAL STUDENT INFORMATION FOR MEDICAID REIMBURSEMENT

Medicaid reimbursement helps the school district fund costs of providing special education, related services, and any other services allowable by Medicaid. Our school district wishes to seek reimbursement for certain services provided to your child by accessing Medicaid. We must obtain your written informed consent for the purpose of releasing certain information related to seeking Medicaid reimbursement.

### Individual Educational Plan (IEP) Services

The Individuals with Disabilities Education Act of 2004 (IDEA) permits school districts to seek reimbursement from Medicaid for services provided at school (Title 34, section 300.154(d)(2)(iv)(A)-(B), Code of Federal Regulations [CFR]).

### Non-IEP Services

School districts are also allowed to seek reimbursement from Medicaid for services provided under the Florida Administrative Code Medicaid rule for school-based services (Rule 59G-4.035).

**Consent given or denied: Please indicate your consent or denial by checking one of the boxes below,**

- I understand and give my consent** to the school district to share information about my child with the State Medicaid Agency (State of Florida Agency for Health Care Administration), its fiscal agent, and the school district's Medicaid billing agent or billing facilitator for the school district to verify Medicaid eligibility, seek Medicaid reimbursement, and satisfy audit and review requests related to services provided to my child. I understand that I may withdraw this consent to release information for Medicaid reimbursement at any time. I understand that if I refuse to give my consent or withdraw this consent, the school district will continue to provide all required services necessary to receive an appropriate education at no charge to my child in accordance with 34 CFR § 300.154(d)(2)(v)(D) or other services provided outside of the IEP. If consent is withdrawn, it will become effective on the date of withdrawal and no information will be released after that date.  
*The information shared may include my child's name, date of birth, address, primary special education disability (if applicable), Florida Medicaid identification number, and the type and amount of health services provided, including the times and dates services were provided. Services may include assistive communication services, physical therapy, occupational therapy, speech therapy, hearing and language therapy, behavioral services which includes counseling & social work, transportation services, and nursing services.*  
*The records to be released or exchanged may include IEPs, assessment and eligibility records, related service therapy records, transportation logs, progress notes, and nursing reports or records.*
- I understand and do NOT give my consent** to the school district to share information about my child in order for the school district to verify Medicaid eligibility, seek Medicaid reimbursement, and satisfy audit and review requests related to services provided to my child.

## PARENT PERMISSION FOR HEALTH SERVICES AND SCREENINGS

Florida Statute 381.0056 mandates the Florida Department of Health in cooperation with the Department of Education provide student health services and screenings for possible identification of unknown or unrecognized diseases or defects. Screenings will take place in grade levels K, 1, 3, and 6. Dental Screenings will be performed on 2<sup>nd</sup> grade students in select schools and will receive a consent form prior to the screening. Parents will be notified in writing if any screenings yield concerns.

Please check YES or NO for participation in the following screenings; if the school does not receive a response your child will be screened.

	YES	NO
<b>Routine Basic First Aid</b> (e.g., band-aids, ice packs, ointment for abrasions)		
<b>Vision</b> – school entry and grades K, 1, 3, 4 and 6		
<b>Hearing</b> – school entry and grades K, 1, and 6		
<b>Scoliosis</b> (Curvature of the Spine) grade 6		
<b>(BMI)</b> - (Height, Weight, and Body Mass) grades 1, 3, and 6		

## ECG (HEART SCREENING)

*This section needs to be completed ONLY if your child is entering the 6<sup>th</sup> grade.*

### 1). About the ECG Screening:

An ECG screening (also commonly referred to as an EKG) is a test that measures the electrical activity of the heart to help identify an individual's risk for sudden cardiac death. ECG screenings performed by Who We Play For ("WWPF") involve (i) an ECG screening and (ii) a medical history form.

### 2. Consent to Participate and Acknowledgments

To receive an ECG screening, every Participant must read and sign this Electrocardiogram Screening Consent Form and Release of Liability ("Consent and Release"). If Participant is a minor, Participant's parent or legal guardian must read and sign this Consent and Release. The individual receiving the ECG Screening will be referred to herein as the "Participant". By signing this Consent and Release, you acknowledge and attest to the following:

- I carefully read this Consent and Release, I understand this Consent and Release, and I have had the opportunity to ask any questions.
- I voluntarily consent and elect to have representatives and volunteers perform an ECG screening on Participant.
- I understand and voluntarily assume all risks associated with Participant's participation in this ECG screening program. I understand that the ECG screening will only screen for abnormalities in Participant's heart and does not constitute a complete medical exam or diagnosis. I understand that abnormal test results do not officially represent or imply that Participant does or does not have a heart condition. I understand that no warranty or guarantee has been made to me as to the results of the screening. I understand that this screening does not diagnose all causes of sudden cardiac death. I acknowledge that the information I receive from the ECG screening reflects the condition of Participant's heart on the day of the ECG screening. This ECG screening does not constitute a conclusive diagnosis of Participant's heart health or physical condition and is not intended to serve as a replacement for treatment and checkups with Participant's primary care physician or other provider. I acknowledge the limitations of an ECG screening and that sudden cardiac death or other cardiac events may still occur, despite this screening. I understand that this ECG screening does not establish a treatment or provider relationship between (i) Participant and (ii) WWPF or any individual administering, interpreting, or communicating the ECG screening or the ECG screening results. I recognize and acknowledge that I am solely responsible for taking any appropriate follow-up action related to Participant's ECG screening results. I understand that follow-up care and treatment is not a part of this ECG screening program; and
- I have the authority to sign this Consent and Release because either (i) I am the Participant or (ii) I am the parent or legal guardian of Participant.

### **3. ECG Screenings Results, Communication, and Confidentiality**

The board-certified cardiologist that reads and interprets Participant’s ECG screening will place Participant into one of three categories: (i) low risk; (ii) follow-up required; or (iii) higher risk. I acknowledge that any Participant’s ECG screening that is designated as “higher risk” may be required to undergo further testing (e.g., an echocardiogram or ultrasound) prior to being allowed to resume athletics. In certain counties, Participants designated as “follow-up required” may undergo further testing prior to being allowed to resume athletics. I acknowledge, understand, and accept the following:

- If the board-certified cardiologist places Participant into a category that requires further testing or medical consultation, then WWPF may inform the individuals that oversee Participant’s involvement in athletics of Participant’s ECG screening results and status.
- As part of this ECG screening, I agree to allow (i) medical professionals and (ii) WWPF personnel, contractors, and volunteers (the “WWPF Team”) to have access to the medical records created during this ECG screening. I agree to allow the WWPF Team to contact me regarding Participant’s involvement in this ECG screening and the results. I agree and consent to WWPF sharing the following information with the School Board of Brevard County: Participant’s first and last name, height, weight, ethnicity, and consent status to the ECG screening and parent’s name, email, and phone number. I authorize WWPF to use all information provided, including the ECG screening, for diagnostic and aggregated statistical purposes and evaluations and research. The information collected from any ECG screening event may be published in scientific journals or presented at scientific meetings, but no Participant will be personally identified. This authorization may be revoked by submitting a written notice to WWPF at [info@whoweplayfor.org](mailto:info@whoweplayfor.org).

As applicable, the WWPF Team will follow all relevant state and federal laws and regulations, including any applicable sections of the Health Insurance Portability and Accountability Act (HIPAA) and the Family and Education Rights and Privacy Act (FERPA).

### **4. Waiver & Release of Claims and Liability**

By signing this Consent and Release, I hereby agree to waive any and all claims against (i) WWPF and (ii) the School Board of Brevard County and both groups’ employees, directors, officers, representatives, sponsors, trustees, partners, consultants, volunteers, and contractors (collectively, the “Indemnified Parties”). I further agree to indemnify, release, and hold harmless the Indemnified Parties from any and all claims, liabilities, cost, and expenses arising out of or related to the performance, interpretation, and/or communication of the results of this ECG screening.

### **5. Acknowledgment & Preliminary Medical History Questions**

I certify that I have read this form or have had it read to me and that I fully understand this Consent and Release. In consideration of the ECG services provided by WWPF to Participant, I consent (i) to this Consent and Release and (ii) to Participant’s involvement in the ECG screening program.

***Thanks to generous donations from Health First, Simply Healthcare, and Parrish Medical Center, this ECG screening is free.***

I CONSENT for my child to participate in the ECG screening. <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b><i>If YES, you must complete the information below. If NO, you may skip this section.</i></b>			
Does the Participant take any of the medications related to the following?	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Asthma	<input type="checkbox"/> Beta-Blockers <input type="checkbox"/> Cardiac OTHER:
Participant’s previous cardiac issues, if any?			
Family cardiac issues, if any?			
Student’s Height?		Student’s weight?	

## IMMUNIZATIONS

Florida requires certain vaccines to be administered before children may enroll and attend childcare and school. If there have been additions to your child’s immunization record in the past 12 months, please provide the latest Certification of Immunization to the school at the time of enrollment. (Only FORM DH3040 can be accepted).

Please review the REQUIRED vaccine records, specifically grades K and 7, on the charts provided.

Exemptions to vaccines require submission of FORM DH 681 and must be submitted annually. This form is available from your local health department. Additional information is available below and on the Florida Health department website at <https://www.floridahealth.gov/programs-and-services/immunization> .

**Mission:**  
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Joseph A. Ladapo, MD, PhD**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

### Brevard County School Immunization Requirements

GRADE Level	SHOTS Required
Pre K	4 DTaP 3 Polio* 1 MMR 1-4 HIB (age appropriate) 3 Hep B 1 Varicella (or certification of disease)
Kindergarten	4-5 DTaP** 3-5 Polio (last dose must be after age 4) 2 MMR 3 Hep B 2 Varicella (or certification of disease)
1 – 6	4-5 DTaP** 3-4 Polio* 2 MMR 3 Hep B 2 Varicella (or certification of disease)
7 – 12	4-5 DTaP** 1 Tdap 3-4 Polio* 2 MMR 3 Hep B 2 Varicella (or certification of disease)

**Notes of Exception:**

- A child who commenced vaccination after 7 years of age would have only 3 Tdap/TD doses.
- DTP is acceptable for DTaP.
- \* 3 Polio doses are accepted only if the last dose is given after 4 years of age and 6 months after the 2<sup>nd</sup> dose
- \*\* 4 DTaP doses are accepted only if the last dose is given after 4 years of age and 6 months after the 3<sup>rd</sup> dose

**Florida Department of Health**  
**In Brevard County** • School Health Program  
2965 Judge Frank Jamieson Way, Viera, FL 32940  
PHONE: 321-454-7134 • FAX: 321-454-7135  
**FloridaHealth.gov**



## MEDIA RELEASE

As the parent/guardian of a student in the School District of Brevard County, I hereby grant the School Board of Brevard County Public Schools, and its officers, employees, and authorized media representatives permission to photograph and/or record my student while involved in any and all school activities.

I understand that my student's photograph, name (both verbally and in print), face, likeness, voice, and appearance contained in such media productions may be used for purposes including but not limited to public service announcements, professional development, school publicity, and other programs shown to the school community and the general public, and may appear in newspapers, on television, on district and public websites, in district publications and productions, and other communication tools inside and outside the district.

Additional information that may be released will include:

- Place of birth
- Major field of study and post-secondary institution
- Dates of attendance
- Grade level
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Degrees, honors, and awards received

Indicate preference by checking the box below:

- I WILL allow my student's information to be released for all purposes explained above.
- I will ONLY allow my student's information to be released on material that is produced or published by the district.
- I will NOT allow my student's information to be released for any purposes explained above.

## DIRECTORY INFORMATION

In accordance with Board Policy 8330, the District shall make available to third parties, upon request, the following student information, known as directory information, without prior permissions of the parents or eligible student, who would not generally be considered harmful or an invasion of privacy if disclosed. Information being released would be student name, grade level, address, telephone, birth date and place.

The primary purpose of this release is to allow the school to include your child's name and grade in certain school publications. Examples include, but are not limited to:

- A playbill, showing your student's role in a drama production.
- The annual yearbook.
- Honor Roll or other recognition lists.
- Graduation programs; and
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

If you **do not want** the District to release this information, please choose DO NOT RELEASE DIRECTORY INFORMATION below:

*Choosing "DO NOT RELEASE DIRECTORY INFORMATION" will stop your student from being listed in any publication.*

- YES, Release Directory Information  NO, Do Not Release Directory Information

## MILITARY AND HIGHER EDUCATION RELEASE OF INFORMATION

*(This section needs to ONLY be completed for students entering 8<sup>th</sup> - 12<sup>th</sup> grade)*

Per federal law, school districts must provide institutions of higher education (for students in 8<sup>th</sup> grade and up) military recruiters (for students 17 year and older), upon request, with student information of age-appropriate students, unless parents/legal guardians have advised the school district they do not want their student's information disclosed without their prior written consent.

In order for each secondary school to withhold the release of your student's information listed above, you must choose not to disclose to either military, higher educations, or both upon your student enrollment at school at the beginning of each school year.

*For more information, please refer to the FERPA section in the Parent & Student tab available on the BPS website.*

<b>MILITARY DISCLOSURE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>HIGHER EDUCATION DISCLOSURE</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
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## FOOD AND NUTRITION SERVICES REQUEST FORM

*Only complete this section if your child has special dietary needs.*

<b>Parent Request:</b>
_____ Lactose Intolerance- my child cannot drink/eat: ___milk ___cheese ___yogurt ___ice cream
_____ Religious Preferences -my child cannot eat: _____
_____ Medical Condition/Allergy ( <b>PHYSICIAN NEEDS TO COMPLETE PART B</b> ) <i>*Please contact the school to obtain this form.</i>

## FREE/REDUCED LUNCH APPLICATION

The Free and Reduced Lunch Application for the 2024-2025 school year is now available! For your convenience, the Free and Reduced-Price Lunch application may be completed online from a computer, tablet, or mobile device. Once your registration is complete, you may access the Free and Reduced lunch application on your FOCUS portal.

Students that attended a Brevard County School and participated in the free or reduced lunch program last year may eat on last year's free or reduced status for the first 30 days of the school year or until a new lunch application is processed, whichever comes first. New students who have a sibling that participated in the Free or Reduced Lunch Program last school year may also eat on their sibling's prior year status for the first 30 days of the school year or until a new lunch application is processed. Please contact the Office of Food and Nutrition Services at (321) 633-1000 x11655 to confirm sibling status.

We are pleased to offer free breakfast to all Brevard Public Schools (BPS) students again this year, regardless of status.

## PARENT ACKNOWLEDGEMENT FORMS



Your signature on this document indicates you have read and understand all the policies that govern our schools and have discussed them with your child.

\_\_\_\_\_  
**REGISTERING PARENT NAME**

\_\_\_\_\_  
**PARENT SIGNATURE**

\_\_\_\_\_  
**DATE**

*This is to certify that all information on this registration form is true to the best of my knowledge and belief. I understand that inadequate information may result in delayed entry. 837.06 False official statements - Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.*

On behalf of Brevard Public Schools, thank you for completing the required registration forms.

***We look forward to providing your child with excellence as a standard!***