

Student Name _____

School Board of Brevard County, Florida
2023-24 STUDENT REGISTRATION FORM

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.

FOR SCHOOL USE ONLY

District:	School Year:	School Number:	Grade Level:
District Student Number:		Florida Student Number:	
Entry Information: ECode:	EDate:		
Prior School Status: Dist PD:	State PS:	Country PC:	
Verification of (Check all applicable boxes and state type of verification given (ie Birth – birth certificate):			
<input type="checkbox"/> Birth:	<input type="checkbox"/> Address:	<input type="checkbox"/> Physical Form	
<input type="checkbox"/> Immunization		<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete

STUDENT INFORMATION

Last name (legal)		First name	Middle	Name student goes by	Former name (legal)	
Residential address		Apt. Number	City	State	Zip code	Home/cell phone
Mailing address		Apt. Number	City	State	Zip code	Student social security- optional
Race	Ethnicity/races US DOE (Check all that apply)	Gender	Birthdate	Birthplace		Students' resident status (check one)
				City/State/Country	Date First Entered any US School (Required)	
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Multiracial <input type="checkbox"/> Hawaiian/ Pacific <input type="checkbox"/> White	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or more races	<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Out of county resident <input type="checkbox"/> ESE out-of-county resident <input type="checkbox"/> School 9995 only <input type="checkbox"/> Foreign exchange student <input type="checkbox"/> Out of state resident <input type="checkbox"/> In county resident

REGISTERING PARENT/LEGAL GUARDIAN

Last name (legal)		First name	Middle	Employer	Business phone
Residential address		Home phone		Cell phone	
Primary email address		Are parents transition active military and not yet a Brevard county resident? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, Transitioning Active Military form must be attached			
Parent/guardian	Divorced/legally separated? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, joint custody? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please provide all legal documents, including a parenting plan that is signed by a judge.	Relation <input type="checkbox"/> father <input type="checkbox"/> aunt <input type="checkbox"/> stepfather <input type="checkbox"/> mother <input type="checkbox"/> uncle <input type="checkbox"/> stepmother <input type="checkbox"/> legal guardian <input type="checkbox"/> brother <input type="checkbox"/> neighbor <input type="checkbox"/> grandmother <input type="checkbox"/> sister <input type="checkbox"/> other <input type="checkbox"/> grandfather <input type="checkbox"/> cousin			Password, if applicable
		Does this person have authority to pick up student? <input type="checkbox"/> Yes <input type="checkbox"/> No			
		Does this person have legal custody of the student? <input type="checkbox"/> Yes <input type="checkbox"/> No			
		Is contact allowed to access student information? <input type="checkbox"/> Yes <input type="checkbox"/> No- contact has no access <input type="checkbox"/> No, student is over 18			

Student Name _____

NON - REGISTERING PARENT/LEGAL GUARDIAN

Last name (legal)		First name	Middle	Employer	Business Phone	
Residential address			Home phone	CELL PHONE		
Primary email address			Are parents transition active military and not yet a Brevard County resident?			
			<input type="checkbox"/> Y <input type="checkbox"/> N If yes, Transitioning Active Military form must be attached			
Parent/guardian		Relation			Password, if applicable	
<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		Divorced/legally separated? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, joint custody? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide all legal documents, including a parenting plan that is signed by a Judge.			<input type="checkbox"/> Father <input type="checkbox"/> Aunt <input type="checkbox"/> Stepfather <input type="checkbox"/> Mother <input type="checkbox"/> Uncle <input type="checkbox"/> Stepmother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Brother <input type="checkbox"/> Neighbor <input type="checkbox"/> Grandmother <input type="checkbox"/> Sister <input type="checkbox"/> Other <input type="checkbox"/> Grandfather <input type="checkbox"/> Cousin	
Does this person have authority to pick up student? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Does this person have legal custody of the student? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Is contact allowed to access student information? <input type="checkbox"/> Yes <input type="checkbox"/> No- contact has no access <input type="checkbox"/> No, student is over 18						

Legal Authority

IMPORTANT: REGISTERING PARENT <u>MUST</u> ANSWER ALL QUESTIONS BELOW	
A. Is there any Court Order barring either parent from removing the student from school? If yes, provide school with a copy of the most current Court Order signed by a Judge.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If divorced or separated:	
B. Do parents have shared (or joint) parental rights and responsibilities ? If no, provide the school with a copy of the Court Order signed by a Judge which limits either parent's parental rights or responsibilities regarding the student.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
C. Does either parent have final decision-making authority regarding educational decisions for the student? If yes, provide the school with a copy of the Court Order signed by a Judge stating that one parent has final parental decision-making authority regarding education.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
D. Is there a Temporary Restraining Order, Permanent Restraining Order, Order of No Contact or other Court Order that restricts or impacts access to the student by anyone, including a parent? If yes, please provide school with a copy of the most current Court Order signed by a Judge.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

EMERGENCY AUTHORITY

In the **case of an emergency**, it is imperative that the school be able to reach the student's parent/legal guardian as defined in Section 1000.21 (5), Florida Statutes. Both the registering parent/legal guardian and the non-registering parent/legal guardian of a student shall be listed on the emergency contact list as persons authorized to pick up the child from school except where a court order has revoked the parental rights and a signed copy of such Court Order has been provided to the school per Domestic Relations Court Administrative Order 15-10-B. Both the registering and non-registering parent/legal guardian shall designate on the Emergency Contact List those persons authorized to pick up their child from school **in an emergency**. No parent shall delete or in any way alter the names provided by the other parent/legal guardian on the emergency contact list. It is both parents' responsibility to inform the school of any changes to the information each has provided on the emergency contact list.

Anyone listed as an "emergency contact" will only be called and allowed to pick-up the student during an emergency. **The parent/legal guardian, with the legal authority to do so, must contact the school prior to the release of a student for "non-emergency pick-ups".**

EMERGENCY CONTACT LIST

Last name	First	Middle	Home/Cell phone	Other/work phone
Relationship to student:			Password (if applicable):	
Last name	First	Middle	Home/Cell phone	Other/work phone

Student Name _____

Relationship to student:		Password (if applicable):		
Last name	First	Middle	Home/Cell phone	Other/work phone
Relationship to student:		Password (if applicable):		
Last name	First	Middle	Home/Cell phone	Other/work phone
Relationship to student:		Password (if applicable):		

SCHOOL AGED CHILDREN LIVING AT HOME

Child's name (first & last)	Grade	Relation	Child's name (first & last)	Gr	Relation
1.			4.		
2.			5.		
3.			6.		

LAST THREE SCHOOLS ATTENDED (Begin with the most recent – Kindergarten, list Pre-School)

Name of school	County	Address of school (if other than Brevard)	Last grade attended?	Repeat?
1.				
2.				
3.				

ADDITIONAL STUDENT INFORMATION

Please answer the following questions:

- Has this student ever been enrolled in a Florida Public School?** Yes No
 If yes, where? Last year attended in state: What grade level:
- Is a language other than English used in the home?** Yes No
 If yes, indicate language
- Has the student ever received any Exceptional Student Education (Special Education)?** Yes No
 If yes, when? (Year/Grade Level)
 Where? (County/State/Country)
- Do you consent to receive copies of your student's Exceptional Education (Special Education) records to the email address you provided on this registration?** Yes No
- Has the student ever received services through a 504 Plan?** Yes No
 If yes, when? (Year/Grade Level)
 Where? (County/State/Country)
- Does student have access to internet outside of school?** Yes No
- Does student have access to a computing device outside of school?** Yes No

Student Name _____

STUDENT DISCLOSURES

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? (Section 1006.07(1)(b), Florida Statutes)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Official Statement

**[Section 1008.386, Florida Statutes](#) requires school district personnel to request the Social Security Number from each student enrolling in a Florida public school beginning with the 1990-91 school year. [Section 1008.386, Florida Statutes](#) also specifically states, "However, a student shall not be required to provide his Social Security Number as a condition for enrollment or graduation." Providing the Social Security Number by the parent or student is strictly voluntary. [Section 1008.386, Florida Statutes](#) requires Brevard Public Schools to request this information for the student's permanent record.*

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.

Please be advised the students of parents/legal guardians who falsify address information will be withdrawn and required to enroll at the zoned school. Student may forfeit any future opportunity to attend a school other than his/her zoned school.

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. History. —s. 58, ch. 74-383; s. 34, ch. 75-298; s. 207, ch. 91-224; s. 1313, ch. 97-102.

Registering Parent/Legal Guardian Name (Please print)

Signature of Registering Parent/Legal Guardian

Date



Student Name _____

Please Print

School Board of Brevard County, Florida

STUDENT/PARENT CELL PHONE OR WIRELESS COMMUNICATION DEVICE (WCD) CONTRACT

Protecting students, staff and maintaining the integrity of the learning environment is the top priority

- Use of cellphones/WCDs, except those approved by a teacher or administrator is prohibited and must be either powered completely off (or placed into vibrate or silent mode) and stored out of sight.
- When authorized and approved by the site principal or site leadership team, students may use cellphones/WCDs before and after school, during their lunch break, in between classes, during after school activities, and at school-related functions, as long as they do not create a distraction or disruption educational environment.
- Students may use cellphones/WCDs while riding to and from school on a school bus for school-sponsored activities, at the discretion of the bus driver, teacher, or sponsor. Distracting behavior that creates an unsafe environment will not be tolerated.
- When directed by the administrator or sponsor, Cellphones/WCDs shall be powered completely off during after school activities and stored out of sight.
- Students shall have no expectation of confidentiality with respect to their use of cellphones/WCDs when they are connected to the BPS network.
- Possession of cellphones/WCDs by a student at school during school hours and/or during extra-curricular activities is a privilege that may be forfeited by any student who fails to abide by the terms of this policy or abuses this privilege.

Should a student be observed using a cellphone/WCD, or a cellphone/WCD rings during the school day, discipline action may include but is not limited to an office discipline referral and confiscation of the phone. Additionally, student abuse of this policy will result in the student losing the privilege to be able to carry a cellphone/WCD permanently, or for a period of time as determined by an administrator.

- Student behavior concerning cellphones/WCD must be consistent with the School Board Policy 5136.
- Student cellphones/WCD ringing or vibrating in class may result in confiscation of the phone and disciplinary action.

During times of testing and other student evaluations, teachers may request that students remove their cellphone/WCD from their possession, either by returning to a locker or placing under a desk, reducing the possibility of compromised test security.

Fire drills, assemblies, or other school evacuations are considered cellphone/WCD blackouts. During such contingencies, cell phone/WCD usage may be limited or prohibited.

STUDENT CONTRACT

I, _____ (student's name) understand that possession of a cell phone/WCD on school campus is a privilege, and that it may be revoked at any time by the administration for violating this school policy regarding such possession, which I have been provided with and read. Furthermore, I understand that the school and its employees are in no way responsible for any theft or damage of my cell phone/WCD while on school grounds. The school is not obligated to investigate the loss or damage of any phone.

Student signature: _____ Date: _____

Cellphone make, model and phone number: _____

(This information may be used in any attempt to locate your phone should it be lost or stolen.)

*****Should you acquire a new cell phone/WCD, you must furnish the make, model and number of your phone to the office immediately, or this contract will be null and void.*****

PARENT CONTRACT

I, _____ (parent's name) understand this contract regarding my student's possession of a cell phone/WCD on campus. I understand that the school and its employees are in no way responsible for any theft or damage of my child's cell phone/WCD while on campus. The school is not obligated to investigate the loss or damage of a cell phone/WCD. Should my student's cell phone/WCD be confiscated, I understand that it will only be returned when I come to school to retrieve it.

Parent/Guardian Name *(Please print)*

Parent/Guardian Signature: _____ Date: _____

Annual Health Services Notification

Your child has the opportunity to participate in health services through the School Health Services Plan provided by the Brevard County School District, its agents and the Florida Department of Health in Brevard County. As required in Section 381.0056, Florida Statutes, our District's School Health Services Plan helps to enhance learning by promoting health and wellness for children. The Brevard County School District has contracted with a vendor to assist in providing school health services for all of our schools. Your child's school will be staffed with a registered nurse, health technician or licensed practical nurse who is supervised by a registered nurse. The supervising nurse may be assigned to one or more schools; however, the clinic staff can assist you in contacting the registered nurse, if needed. All student health information is kept confidential and is only shared with those staff members who have a legitimate need to know health and safety concerns.

Annual School Health Services Consent/Opt Out Form: Health Services are offered to all students in the Brevard County School District with written parental consent. This consent will be valid until it is changed in writing.

Please indicate if you want your student to participate in the Health Services below. Circle yes or no.

Nursing assessments, under supervision of RN	Yes	No
Health appraisals	Yes	No
Provide Band-Aid(s)	Yes	No
Provide ointment (antibacterial or Calamine)	Yes	No
Provided ice pack(s)	Yes	No
Check vitals	Yes	No
Check temperature	Yes	No
Check for lice	Yes	No
Health counseling/teaching	Yes	No
<u>Parents of Students in Grades Kindergarten Through Grade 3</u>	Yes	No

- I give permission to use the state approved process and tool (SAFE-T w/C-SSRS) if my child expresses that they or school personnel believes they are at risk of self-harm. Link: [BPS Review of SRI Process for Parents](#) or at <https://bit.ly/3A35u5k>

Student Name (print): _____

Parent/Guardian Print Name: _____ Signature: _____ Date: _____

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

Parent Permission for Health Screenings

Student: _____ School: _____

Date of Birth: _____ Grade Level: _____ Teacher: _____

Dear Parent/Guardian,

Florida Statute 381.0056 mandates the Florida Department of Health in cooperation with the Department of Education provide student health 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 2nd grade students in select schools. Parents will be notified in writing concerning results of all activities.

Please indicate your choice for participation in the following screenings; if the school does not receive a response your child will be screened.

	<u>YES</u>	<u>NO</u>
* Vision – school entry and grades K, 1, 3, and 6	<input type="checkbox"/>	<input type="checkbox"/>
Hearing – school entry and grades K, 1, and 6	<input type="checkbox"/>	<input type="checkbox"/>
Scoliosis (Curvature of the Spine) grade 6	<input type="checkbox"/>	<input type="checkbox"/>
Height & Weight (BMI) grades 1, 3, and 6	<input type="checkbox"/>	<input type="checkbox"/>

Parent / Guardian Signature

Date

If you have any questions, please contact the DOH-Brevard School Health Program office at: (321) 454-7134.

Thank you

HD-306 E (rev 09-21)



STUDENT TECHNOLOGY ACCESS INFORMATION

School Board of Brevard County, Florida

Dear Parent/Guardian:

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 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.



Student _____
School Board of Brevard County, Florida
ANNUAL STUDENT DECLARATION
New and Returning Students

Please Print

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 move to this school district this school year due to a hurricane? (Y)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the student change schools within this district this school year due to a hurricane? (W)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the student move to this district this school year due to an earthquake? (E)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the student change schools 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; and	<input type="checkbox"/> Yes <input type="checkbox"/> No
The student was not born in any state, the District of Columbia or Puerto Rico; and	<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

I the undersigned parent/guardian/student have read, understood, and responded to the above survey questions. Parent/Legal

Guardian Name (*please print*): _____

Parent/Legal Guardian Signature: _____ Date: _____

Student Name (*please print*): _____

Student Signature: _____ Date: _____



School Board of Brevard County, Florida

Grades K-12/Adult Registration Form Addendum

Control - Pupils shall, during the time they are being transported to and from school at public school expense, attending school, engaged in a school-sponsored activity, and on the school premises; and during a reasonable time (30 minutes) before and after a pupil is on the premises for attendance at school or for authorized participation in a school-sponsored activity, and only when on the premises, be under the control and direction of the principal or designee and under the immediate control and direction of the teacher or other member of the instructional staff, or bus driver to whom such responsibility may be assigned by the principal.

Brevard School Board Policy 5772 Weapons:

Pursuant to State law, the Board prohibits students from openly carrying a handgun or carrying a concealed weapon or firearm, in any school safety zone, elementary and/or secondary school, alternative learning center, adult education center, administration building, Board meeting, and in any setting that is under the control and supervision of the District for the purpose of school activities approved and authorized by the District including, but not limited to, property leased, owned, or contracted for by the District, a school-sponsored event, or in a District vehicle. Weapons and firearms are defined in F.S. 790.001 and include, but are not limited to, firearms, guns of any type, knives, razors, clubs, electric weapons, metallic knuckles, martial arts weapons, ammunition, and explosives. For purposes of this policy, the term "weapon" also means any object which, in the manner in which it is used, is intended to be used, or is represented, is capable of inflicting serious bodily harm or property damage, as well as endangering the health and safety of persons. This policy shall also encompass such actions as look-alike items, false fire alarms, bomb threats, or intentional calls to falsely report a dangerous condition. The Superintendent is authorized to establish administrative procedures on weapons which require students to immediately report knowledge of weapons and threats of violence by students and staff to the building principal. Failure to report such knowledge may subject the student to immediate suspension and potential expulsion from school. Exceptions to the Board's prohibition from openly carrying a handgun or carrying a concealed weapon or firearm in any school safety zone, elementary and/or secondary school, alternative learning center, adult education center, administration building, Board meeting, and in any setting that is under the control and supervision of the District for the purpose of school activities approved and authorized by the District including, but not limited to, property leased, owned, or contracted for by the District, any school-sponsored event, or in a District vehicle include the following:

- A. Members of the Armed Forces, National Guard, police or other licensed law enforcement officers, as well as students enrolled in the District's Junior ROTC Program while under the direct supervision of District staff members may possess a firearm or weapon.
- B. Items pre-approved by the Principal or site administrator as part of a class or individual presentation or a theatrical prop used under adult supervision, is used for the purpose and in the manner approved, would be an exception to this policy. (Working firearms and any ammunition will never be approved as part of a presentation.)

The Superintendent will refer any student who violates this policy to the student's parents/legal guardians and to the criminal justice or juvenile delinquency system. The student may also be subject to disciplinary action, up to and including expulsion.

Brevard School Board Policy 5530 Drug Prevention:

The Board prohibits the use, possession, concealment, or distribution of any drug or any drug-related paraphernalia as the term is defined by law, or the misuse of a product containing a substance that can provide an intoxicating or mood-altering effect on school grounds; on school vehicles; and at any school-sponsored event. It further establishes a drug-free zone within 1000 feet of any facility used by the District for educational purposes. The Superintendent shall prepare procedures for the identification, amelioration, and regulation of drug use in the schools. Such procedures shall establish means for dealing with students suspected of drug use or suspected of possessing or distributing drugs in school and ensure that the District's policy and administrative procedures on Search and Seizure Policy 5771, Suspension and Expulsion Policy 5610, and Permanent Exclusion Policy 5610.01 are complied with fully.

Brevard School Board Policy 5500 Student Conduct:

Notwithstanding any other provision of Board policy, pursuant to F.S. 1006.13(5), any student found to have committed an act of assault or aggravated assault, or battery or aggravated battery, on any elected official of the School District, teacher, administrator, or other School District personnel, shall be recommended for expulsion or placement in an alternative school setting, as appropriate, for a minimum period of one (1) year. Upon being charged with such offense, the student shall be removed from the classroom immediately and placed in an alternative school setting pending disposition. This is notice from the School Board, the Superintendent, and the principal and staff of your school that **violence and violent behavior** by a pupil or adult student will not be permitted at any time, at school; on school property; at school bus stops; on school sponsored transportation; or during school sponsored activities.

I/We acknowledge awareness of these **Policies**.

Student Name (please print): _____

Student Signature: _____ Date: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature _____ Date: _____

(Elementary-Required; Secondary/Adult - Optional)



BREVARD PUBLIC SCHOOLS
**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 read, initial, sign and date at the bottom):

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 services, occupational therapy services, speech therapy services, hearing and language therapy services, behavioral services, transportation services, and nursing services.

The records to be released or exchanged may include IEPs, assessment and eligibility records, related service therapy records and logs, 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/Guardian's Signature: _____ **Date signed:** ____/____/____

Parent/Guardian's Name (printed): _____

Parent/Guardian's Name (original signature): _____

Student's Name (printed): _____

Student ID _____ **Student's Date of Birth (printed):** _____



Medicaid Questions Answered

Dear BPS Parent,

The State of Florida participates in a federal program called Medicaid School Match. This program helps school districts by allowing them to receive reimbursement for services provided to Medicaid Eligible Students. School districts frequently utilize this Medicaid reimbursement to help meet the costs of providing education services.

In order to assist you further, we have put together frequently asked questions to guide you.

Who can the district submit reimbursement for?

While services will be provided to all students, as determined necessary by the school IEP/504/MTSS team, school districts may only receive reimbursement for services provided to students who are Medicaid Eligible.

What services does Medicaid cover?

Occupational Therapy	Physical Therapy	Nursing Services
Speech/Language Therapy	Psychological Services	Social Work Services
Audiology Services	Special Transportation	School Health Aides
Screenings/Evaluations	Counseling Services	

Why does the district need parental consent?

Federal law requires school districts to seek parental consent prior to submitting bills for reimbursement from public insurers such as Medicaid. The school district is required to obtain your written permission to release information to Medicaid before the district can submit any information for billing purposes.

Is there a cost to me?

No. Services provided to a student within a school setting are provided at no cost to the parent/guardian.

Will this impact my child's outside Medicaid benefits?

Not at all. Granting permission for the school district to bill Medicaid will **not** reduce your ability to seek other Medicaid-covered health-related services outside the school setting. This permission will not decrease lifetime coverage, increase premiums, or lead to the discontinuation of benefits.

Who will see this information?

Your student's demographic and service information will be shared with the Agency for Health Care Administration (AHCA) for the purpose of verifying Medicaid eligibility and submitting claims.

What if I deny consent? – What if I change my mind?

You have the right to add or withdraw consent at any time. Your child's free appropriate public education and related services will continue regardless of consent, refusal of consent, or withdrawal.

If you have further questions, please contact:

Cheryl Wratchford, Medicaid Specialist
ESE Program Support Services
Brevard County Public Schools
321-633-1000 ext. 11508
Wratchford.cheryl@brevardschools.org



BREVARD COUNTY PUBLIC SCHOOLS
HOME LANGUAGE SURVEY/ NOTIFICATION
FLORIDA'S COMMITMENT TO ALL ENGLISH LANGUAGE LEARNERS

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

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.



School Board of Brevard County, Florida

OPT-OUT FORM

STUDENT PHOTOGRAPHS/VIDEOS, AND DIRECTORY INFORMATION

Student's Full Name (Please Print):	
School Name:	Date of Birth:

The Family Educational Rights and Privacy Act, a Federal law, requires that school districts with certain exceptions, obtain written consent prior to the disclosure of personally identifiable information from a child's education records. However, school districts may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary. School Board Policy 8330 designates as student "directory information: as:

- Student's name
- Photograph
- Address
- Telephone number if it is a listed number
- Participation in officially recognized activities and sports
- Height and weight, **as it pertains to participation in a BPS athletic program**
- Grade level
- Enrollment status
- Date of graduation or program completion
- Awards Received
- Most recent education agency or institution attended

Please complete this form and return it to your child's school within 15 business days after enrollment. If signed form is not received by the school and/or options selected, it will be assumed that permissions for release of directory information and/or permission to publish photos and videos have been granted.

Consent to Publish Video/Photograph Student (Please check one)	Explanation of Outcomes
<input type="checkbox"/> Unrestricted Usage	This option gives permission to use your child's image and/or name to be used in print, video, and other public media. These images may be used by Brevard Public Schools for a variety of purposes in accordance with School Board rules, policies, and procedures. The images may be used without further notification and the child's first and last name may appear (Y).
<input type="checkbox"/> Limited Usage	This option allows the inclusion of your child's image and/or name in certain school publications. Examples include: <ul style="list-style-type: none"> • A Playbill, showing your student's role in a drama production; • The annual yearbook; • Honor roll or other recognition lists; • Graduation programs. (L)
<input type="checkbox"/> No Usage	This denies all permissions to use your child's image in any publication. Your child will not appear in the yearbook, any other school or district publication, or the public media (N)

Release of Directory Information (Please check one)	Explanation of Outcomes
<input type="checkbox"/> You have my permission to release directory information on my student in accordance with School Board Policy 8330.	
<input type="checkbox"/> Do not release my child's name, address, or telephone listing to military recruiters. (X)	<p>This option would prevent the release of your child's address and phone number to Military Recruiters but would allow for release to other 3rd parties upon Request.</p> <p>Federal Public Law 107-110, Section 9528 or ESEA, "No Child Left Behind Act", requires school districts to release student names, addresses, and phone Numbers to military recruiters upon request. <u>The law also requires school Districts to notify you of your Opt-Out from this by requesting that the district Not release your information to military recruiters.</u></p>
<input type="checkbox"/> Do not release my child's name, address or telephone listing (N) to any 3 rd party.	<p>This option would prevent your child's address and phone number from being released to <u>any</u> 3rd party (i.e., PTO's, Armed Forces, Military Recruiters, approved school ring or yearbook vendors, etc.) by schools or district departments except where required by law.</p>
<input type="checkbox"/> Do not release any of my child's directory information, including photographs and video (A) If you select this, you must select the "no usage" option ABOVE.	<p>This option would prevent all student directory information from being published in yearbooks, athletic programs, school newspaper, school websites, award ceremonies, competitions, etc.) or released to 3rd parties (i.e. PTO's, Armed Forces, Military Recruiters, approved ring or yearbook vendors, etc.) by schools or district departments except where required by law. Selecting this option would not preclude the exposure of student directory information that becomes public when presented in a public forum or at a public event.</p>

Parent/Guardian Name (Please Print): _____ Date: _____

Parent/Guardian Signature: _____

THIS AUTHORIZATION IS IN EFFECT UNTIL STUDENT WITHDRAWS FROM SCHOOL OR NOTIFICATION IS SENT IN WRITING BY PARENT. A NEW FORM IS REQUIRED UPON ENTRY INTO A NEW SCHOOL.



2023-2024 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.

Where are you and your family currently staying at night? (Only check one box):
 Staying somewhere temporarily or living with someone else (if you checked this box, please complete the rest of this questionnaire).
 Rent or own my own house, condo, apartment or other permanent residence. (If you checked this box, you DO NOT need to complete the rest of this questionnaire).

STUDENT INFORMATION – ALL SECTIONS MUST BE COMPLETED

Name of Student: _____ DOB: _____ Age: _____ Gender: M__ / F__

Name of School: _____ Student ID#: _____ Grade: _____

Address of current residence: _____ City /Zip Code: _____

Name of Parent(s)/Legal Guardian: _____ Phone No: _____

Student is living with a parent or legal guardian.
 Student is unaccompanied (not living with a parent/legal guardian)
 Student is **NOT** living with a parent or legal guardian and who is acting as the student’s parent defined in s.1000.21(5), Florida Statutes. (If you checked this box, how long has the student been living alone? _____)
 Student is **NOT** living with a parent or legal guardian but staying with an adult. (If you checked this box, please complete the following):
 Caregiver Name: _____ Relationship to Student: _____
 Phone number: _____
 Other (explain): _____

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

Student Name	Student ID #	M/F	DOB	Grade	School

TEMPORARY LIVING SITUATION INFORMATION – PLEASE COMPLETED

Check only ONE that applies to your situation:

Temporarily staying with another family member or friend.
 Staying in a motel or hotel. Name of Motel/Hotel _____
 Sleeping in a vehicle or staying in a trailer park or campground, or in an abandoned building, or other substandard housing.
 The student is waiting for foster care.
 Staying in an emergency or transitional shelter. Name of Shelter/Transitional housing _____
 If the above do not apply, describe where the student most recently spent the night: _____

Please continue residency questionnaire on the next page

CAUSE OF TEMPORARY LIVING SITUATION PLEASE COMPLETED

Check only ONE that applies to the cause of your temporary living situation:

- Economic hardship due to COVID pandemic (illness, loss of job, etc.) that resulted in loss of housing.
- Economic hardship or other circumstances (NOT Related to COVID pandemic) that resulted in foreclosure, eviction, or inability to obtain a residence at this time.
- Lost our housing due to a Natural Disaster (hurricane, flood, fire, etc.) and have no place else to go. Please indicate the Natural Disaster type here: _____
- Lost our housing due to a Manmade Disaster (mold, poison gas release, domestic violence, etc.) and have no place else to go.
- Recently moved to the area and are looking for a place to buy or rent.
- Recently sold residence or lease ended and looking for a place to buy or rent.
- Repairing or remodeling current residence.
- If the above do not apply, describe the cause of your temporary living situation: _____

ADDITIONAL RESOURCES INFORMATION RELEASE

Release of information to social service and community agencies:

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 on 6/30/2024.

- Yes
- No

Currently, what is the greatest need for your child? (Check all that apply and fill out the request forms)

- School Supplies
- Help for Academic improvement/Tutoring.
- Medical Referral/immunizations
- Gift Cards / Clothing (*available through donation only*)
- Transportation / SCAT Bus Passes
- Shoes
- Cell phone (CPR) / Laptop / Hot Spot
- Counseling

VERIFICATION OF INFORMATION

Please note that 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.

My signature below affirms the following: (1) the information I have provided on this form is true and accurate to the best of my knowledge; (2) my permission for someone from the Office of Students in Transition to contact me to share district and community resources that may assist my child's success in school and our family's needs.

Signature of Parent/Legal Guardian OR Unaccompanied Homeless Youth

Date

FOR BPS STAFF ONLY

If it is determined that this student is eligible for McKinney-Vento Program services, please scan this Student Residency Statement and email it to the following:

District SIT Office – sitforms@brevardschools.org

All schools are required to keep a file (digital or paper) of all SRS forms submitted. Do not file in Permanent file.

For Special Nutritional and Medical Needs

READ CAREFULLY: ONLY COMPLETE THIS FORM IF YOUR CHILD HAS SPECIAL DIETARY NEEDS

INSTRUCTIONS FOR COMPLETING FORM:



PART A: Parent to complete for child with lactose intolerance, religious or food preferences
PART B: To be completed by physician ONLY if you are requesting changes to your child's diet due to food allergies or a medical condition

Return completed form to school front office or cafe manager.

Please contact district dietitian if you have questions about completing this form: 321-633-1000 x 11690

PART A - Parent/Guardian to complete

School Name: _____

Student Name:	Student Date of Birth:
---------------	------------------------

Parent/Guardian Name and Email Address:	Telephone Number:
---	-------------------

Parent Request: _____ Lactose Intolerance- my child cannot drink/eat: ___milk ___cheese ___yogurt ___ice cream
 _____ Religious Preferences -my child cannot eat: _____
 _____ Medical Condition/Allergy (**PHYSICIAN NEEDS TO COMPLETE PART B**)

Parent/Guardian Signature: X _____ Date: _____

(I consent to the exchange of information between physician and school; check if you **do not** consent _____)

PART B- Completed and signed *BY PHYSICIAN ONLY* - food allergy/medical condition

Special Diet Request due to _____ Food Allergies _____ Medical Condition (please specify) _____

Please check all the foods that need to be **ELIMINATED** from child's diet during the school day:

DAIRY

- _____ Fluid Milk (Substitute w/Soy milk: **Y**__ or **N**__)
- _____ Cheese _____ Cheese cooked in a meal (Baked Ziti)
- _____ Yogurt _____ Ice Cream
- _____ Baked goods that contain dairy (rolls)

EGG

- _____ Whole eggs
- _____ Baked goods that contain eggs

WHEAT/ GLUTEN

- _____ Recipes with any gluten containing grain

FISH OR SHELLFISH

- _____ Fish _____ Shellfish

PEANUTS OR TREE NUTS

- _____ Peanuts
- _____ Tree Nuts

CORN

- _____ Whole corn (taco shells, tortilla chips)
- _____ Recipes w/corn products such as modified corn starch, corn syrup, etc.

SOY

- _____ Soy protein (concentrate, hydrolyzed, isolate)
- _____ Recipes w/any soy listed as ingredient

OTHER - please specify: _____

LICENSED PHYSICIAN'S INFORMATION

X _____

Medical Authority Signature

Medical Authority Printed Name/Date

Medical Office Stamp (Please include phone number)

Brevard County Public Schools
Freedom 7 Elementary School of International Studies
Millennium School of Choice
2023-2024

Freedom 7 Elementary School Student

- I will attend school regularly with no unexcused absences.
- I will arrive on time, ready to learn with supplies and materials requested by the teachers.
- I will contribute to a safe and respectful school environment by exhibiting attributes of IB Learner Profile and Attitudes.
- I will transport home any notices from teacher or school, or from home to school.
- I will care for books, computers, furniture, equipment, classroom, and all school property.
- I will adhere to school uniform dress code, which differs from the county dress code.
- I will be responsible for completing and turning in daily assignments, projects, and homework.
- I understand any violations of the above may result in my being withdrawn from the school.

Print Student Name _____

Student Signature _____ Date _____

As a Parent of a Freedom 7 Elementary Student

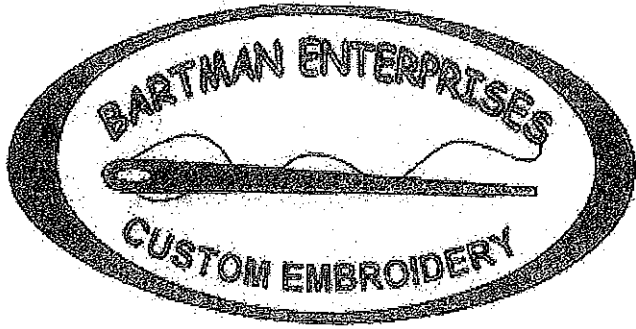
- I will support my child in meeting the student agreement.
- I will support the mission, goals, and objectives of Freedom 7 Elementary School.
- I will support the programs, teachers, and administration.
- I will provide emergency information, change in address, phone numbers, and health concerns.
- I will participate in parent/teacher conferences in person or by phone once each grading period.
- I will respond to school correspondence as directed or requested.
- My child will participate in all standard measures to determine academic performance required by the school.
- I will participate in school activities including some form of volunteer work (i.e., School Advisory Council, Fundraising Committee, field trips, classroom/library/office/clinic volunteer, beautification projects, etc.) a minimum of twenty (20) hours per year, per family.
- I understand that violation of these agreements may result in being asked to withdraw my child from the Freedom 7 Elementary School of Choice.
- I understand that Freedom 7 Elementary offers an enriched curriculum that challenges and meets the needs of many children. In some circumstances, placement in this school, may not meet a child's individual needs. Administration reserves the right, after careful study, to withdraw students who, due to individual needs, would be better served in a neighborhood school.

Parent Signature _____ Date _____

As Freedom 7 Elementary School

- We will treat students and parents with respect, dignity, and professionalism.
- We will maintain a safe, clean, and positive learning environment for all children.
- We will communicate with parents/guardians on a regular basis.
- We will implement a variety of special programs and activities consistent with the uniqueness of our school site.
- We will provide highly trained, effective, and caring teachers to meet individual student needs.
- We will assure responsive leadership and quality services from our staff.

Administrator Signature _____ Date _____



2735 Center Place
Melbourne, FL 32940
321-259-4898
Fax: 321-259-4424
Email: papanole@aol.com
Art Dept: nolezz@aol.com

Back to School Uniform Bottoms

Regular Business hours:

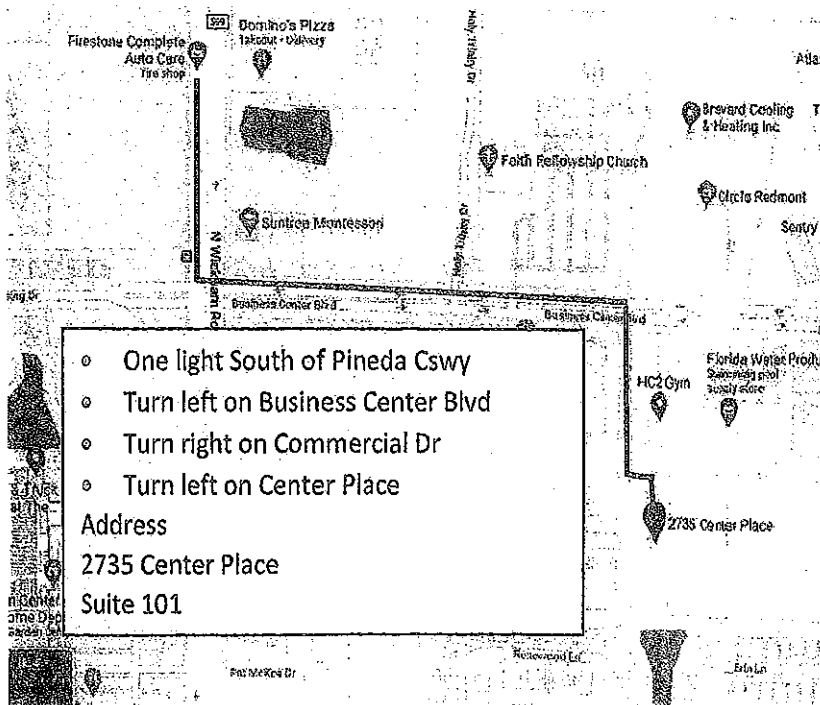
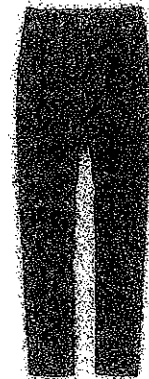
8:30am-4:00pm Monday-Thursday

9:00am-12:00pm Friday



Special Freedom 7 Shopping Day:

Saturday, August 1st 11:00am-3:00pm





"Your Once Stop Uniform Solution"

4335 West New Haven Ave.
West Melbourne, FL 32904
321-608-3845

Dear Freedom 7 Families,

Welcome to All Uniform Wear. We are honored to be an official uniform provider for bottoms and look forward to many years of serving you and your children for all your uniform needs. Below you will find some helpful information about us. Please keep this as a reference and we look forward to seeing you in our store.

Location:

We are conveniently located on 192 at 4335 West New Haven Ave in West Melbourne.

Store Hours:

We are open 7 days a week to serve you better!

Monday-Friday 9:00 am – 6:00 pm

Saturday 10:00 am – 5:00 pm

Sunday 12:00 pm – 4:00 pm

Back to school hours are extended.

Sizing:

We strongly recommend that you bring your child with you when you shop. Our staff is trained on our products and they are eager to help you with any sizing questions.

Payment Methods:

In addition to cash and debit cards with a Visa or Master Card Logo, we also accept all major credit cards including Visa, Mastercard, Discover, and American Express. All payments by credit card will require a photo ID to be presented by the cardholder. Sorry but we do not except checks.

Returns and Exchanges:

No Refunds. Exchanges only within 30 days of purchase providing that you have an original receipt, and all items are in new, unused, condition and have their original tags attached. We cannot exchange anything that has been customized with embroidery.