



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: _____