

COVID 19 Remote Registration

The following documents are essential for registering your student during this time. Once school is back in session, other documents will need to be provided.

To identify the schools for which you are zoned, please go to the following link and type in your address:

<http://apps.schoolsitelocator.com/?districtcode=00778#>

During this time job functions and school contacts may have changed, please call your zoned school to determine who is receiving new registrations and write their e-mail here: _____. Contact information for all schools can be found at: <https://www.brevardschools.org/> and click on schools in the upper right hand corner.



There are two (2) ways you can remotely register your student.

Digital:

Download this entire document to your desktop

Complete all fillable portions

Save to your computer using lastname.firstname format

Scan or take a picture of Tier 1 and Tier 2 address documentation (see below)

E-mail entire packet, including address documentation to the email address given to you by the zoned school.

US Mail:

Call your zoned school and request registration documents be mailed to your home address. They will include paper copies of the registration forms and a school-addressed, stamped return envelope.

Scan or take a picture of Tier 1 and Tier 2 address documentation (see below)

Mail packet using school-addressed, stamped return envelope. Please make sure to include all documents needed.

There must be two (2) forms of residence at registration. Both items will still need to be presented in August during normal registration times.

Tier 1

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)

Current Homestead Exemption Card or Purchase Contract (with expected closing date within 90 days of school) or Warranty Deed Lease/Rental Agreement (with your name as the renter)

Tier 2

Current utilities statement (within the last 30-45 days)

Florida Voter Registration Card

Florida Vehicle Registration or Title

A utility hook up or work order dated within 60 days

Medical or health card with address listed

Current homeowner's insurance policy or bill

Current automobile insurance policy or bill

A letter from a homeless shelter, transitional service provider, or a half-way house verifying they receive mail.

After your school receives your registration paperwork, a school counselor will contact you for class selection or to work through any other educational concerns.



The School Board of Brevard County, Florida
School Enrollment Information *(New and Returning Students)*

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

First Time Entry - To register your child in school, the following documentation is needed:

1. Verification of age (with one of the following):

Transcript of child's birth (Birth Certificate)

Insurance policy

Passport

School record

Certification of baptism, accompanied by parent's affidavit

Bona fide Bible record, accompanied by parent's affidavit

Affidavit of age sworn by parent, accompanied by a medical practitioner's statement

2. Verification of legal name:

Birth Certificate

3. Verification of immunizations and physical exam:

Proof of Immunizations on Department of Health Form 680, which can be obtained at one of the Department of Health locations: Titusville Clinic, 611 Singleton Ave, Titusville; Viera Clinic 2555 Judge Fran Jamieson Way, Viera; and Melbourne Clinic, 601 E. University Boulevard, Melbourne.

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.***

4. Verification of academic history

Transcript

Last report card

Withdrawal form

5. Verification of Exceptional Student Education information

Current IEP

Current 504 Plan

6. Verification of your residence (domicile) with **one (1)** of the following from **each tier**:

Tier 1

Current driver license ([Section 322.19\(2\)](#), F.S. requires that you update your address information on your driver's license within thirty (30) calendar days of moving)

Current Homestead Exemption Card or Purchase Contract (with expected closing date within ninety (90) days of school) or Warranty Deed

Lease/rental agreement (with your name as the renter)

Tier 2

Current utilities statement (within the last 30-45 days)

Florida Voter Registration Card

Florida Vehicle Registration or Title

A utility hook up or work order dated within 60 days

Medical or health card with address listed

Current homeowner's insurance policy or bill

Current automobile insurance policy or bill

A letter from a homeless shelter, transitional service provider, or a halfway house verifying you receive mail at that address.

Please be advised: The students of parents/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.

7. Verification of Legal Guardianship – If you are not the legal guardian or residential custodial parent of a student, Brevard Public Schools’ procedures require that one of the following documents be provided for enrollment:
Court custody documentation (must include divorce decree and parenting plan signed by a judge)
Educational Power of Attorney – Please utilize Brevard Public Schools’ Educational Power of Attorney form available from the school.
Educational Guardianship Affidavit – Please utilize Brevard Public Schools’ Educational Guardianship Affidavit Form. This form will be accepted only when parents or custodial parent lives outside Brevard County, Florida and adjacent counties.
Department of Children and Families placement letter.

Previously Enrolled Students - To register your child in school, the following documentation is needed:

1. Proof of your residence with **one (1)** of the following from **each tier**:

Tier 1
Current driver license ([Section 322.19\(2\)](#), F.S. requires that you update your address information on your driver’s license within thirty (30) calendar days of moving)
Current Homestead Exemption Card or Purchase Contract (with expected closing date within ninety (90) days of school) or Warranty Deed
Lease/rental agreement (with your name as the renter)

Tier 2
Current utilities statement (within the last 30-45 days)
Florida Voter Registration Card
Florida Vehicle Registration or Title
A utility hook up or work order dated within 60 days
Medical or health card with address listed
Current homeowner’s insurance policy or bill
Current automobile insurance policy or bill
A letter from a homeless shelter, transitional service provider, or a halfway house verifying you receive mail at that address.

Please be advised: The students of parents/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.

2. Verification of Legal Guardianship – If you are not the legal guardian or residential custodial parent of a student, Brevard Public Schools’ procedures require that one of the following documents be provided for enrollment:
Court custody documentation (must include divorce decree and parenting plan signed by a judge)
Educational Power of Attorney – Please utilize Brevard Public Schools’ Educational Power of Attorney form available from the school.
Educational Guardianship Affidavit – Please utilize Brevard Public Schools’ Educational Guardianship Affidavit Form. This form will be accepted only when parents or custodial parent lives outside Brevard County, Florida and adjacent counties.
Department of Children and Families placement letter.

[Section 837.06](#), Florida Statutes: 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.



School Board of Brevard County, Florida
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: _____	District PD _____	State PS _____	Country PC _____	
Verification of: Check all applicable boxes and state type of verification given (i.e. Birth – Birth Certificate)					
<input type="checkbox"/> Birth	<input type="checkbox"/> Address	<input type="checkbox"/> Physical Exam	<input type="checkbox"/> Immunization	<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete

STUDENT INFORMATION

LAST NAME (Legal)		APP	FIRST NAME (Legal)		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 (Circle One) Brevard Schools	ETHNICITY/RACES (Circle All That Apply) U.S. Dept of Education		GENDER (Check One)	BIRTHDATE Month/Day/Year	BIRTHPLACE City/State/Country	STUDENT'S RESIDENT STATUS (Circle One)	
Asian Black Hispanic Indian Multiracial Hawaiian/Pacific White	American Indian/Alaska Native Asian Black/African Native American Hawaiian/Pacific White	Hispanic Yes No	Male Female		If not U.S., date entered in the United States: _____	A - Out-of-County Resident, ESE B - Out-of-County Resident Z - School 9995 only 0 - Foreign Exchange Student 2 - Out of State Resident 3 - In County Resident	

REGISTERING PARENT/LEGAL GUARDIAN

LAST NAME		FIRST	MIDDLE	EMPLOYER	BUSINESS PH	
RESIDENTIAL ADDRESS			HOME PH (if different)	**CELL PHONE	PAGER	
PRIMARY E-MAIL ADDRESS			ALTERNATIVE E-MAIL ADDRESS			
PARENT/GUARDIAN (Circle One)	RELATION (Circle One)			PASSWORD (If applicable)		
P – Parent G – Legal Guardian O – Other/Relative A – Guardian Ad Litem S – Surrogate Parent	Divorced/Legally Separated (please provide all legal documents, including a parenting plan that is signed by a Judge). <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Joint Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No			F – Father M – Mother L – Legal Guardian G – Grandmother H – Grandfather	A – Aunt U – Uncle B – Brother S – Sister N – Neighbor	C – Cousin V – Stepfather W – Stepmother O – Other
Does this person have authority to pick up student?			<input type="checkbox"/> Yes <input type="checkbox"/> No	Does this person have legal custody of student?		
<input type="checkbox"/> Y – Yes, contact has access			<input type="checkbox"/> X – No, student is over 18 years of age			
<input type="checkbox"/> N – No, contact has no access						

** I grant prior express consent to receive calls/messages on the above cell phone for school related business.

Student Name _____
Please Print

NON-REGISTERING PARENT/LEGAL GUARDIAN

LAST NAME		FIRST	MIDDLE	EMPLOYER	BUSINESS PH	
RESIDENTIAL ADDRESS (if different from student)		HOME PH (if different)		**CELL PHONE	PAGER	
PRIMARY E-MAIL ADDRESS			ALTERNATIVE EMAIL ADDRESS			
PARENT/GUARDIAN (Circle One)		RELATION (Circle One)			PASSWORD (If applicable)	
P – Parent G – Legal Guardian O – Other/Relative A – Guardian Ad Litem S – Surrogate Parent		F – Father M – Mother L – Legal Guardian G – Grandmother H – Grandfather			A – Aunt U – Uncle B – Brother S – Sister N – Neighbor	C – Cousin V – Stepfather W – Stepmother O – Other
Divorced/Legally Separated (<i>please provide all legal documents, including a parenting plan that is signed by a Judge</i>). <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Joint Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Does this person have authority to pick up student? <input type="checkbox"/> Yes <input type="checkbox"/> No			Does this person have legal custody of student? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Y – Yes, contact has access <input type="checkbox"/> N – No, contact has no access						
Is contact allowed to access student information via the web? <input type="checkbox"/> X – No, student is over 18 years of age						

** I grant prior express consent to receive calls/messages on the above cell phone for school related business.

IMPORTANT: REGISTERING PARENT <u>MUST</u> ANSWER ALL QUESTIONS BELOW	
<p>A. Is there any Court Order barring either parent from removing the student from school? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, provide school with a copy of the most current Court Order signed by a Judge.</p> <p>If divorced or separated:</p>	
<p>B. Do parents have shared (or joint) parental rights and responsibilities? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 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.</p>	
<p>C. Does either parent have final decision-making authority regarding educational decisions for the student? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 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.</p>	
<p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, please provide school with a copy of the most current Court Order signed by a Judge.</p>	

Does this student have access to a computing device at home? Yes No

Does this student have access to the internet at home? Yes No

Student Name _____
Please Print

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.

Any and all persons listed as an “emergency contact” will only be called and allowed to pick-up the student during an emergency. The registering parent/legal guardian will need to contact the school prior to the release of a student for “non-emergency pick-ups”.

EMERGENCY CONTACT LIST

LAST NAME	FIRST	MIDDLE	HOME PH	OTHER/WORK PH
Relationship to student:			Password (if applicable):	
LAST NAME	FIRST	MIDDLE	HOME PH	OTHER/WORK PH
Relationship to student:			Password (if applicable):	
LAST NAME	FIRST	MIDDLE	HOME PH	OTHER/WORK PH
Relationship to student:			Password (if applicable):	
LAST NAME	FIRST	MIDDLE	HOME PH	OTHER/WORK PH
Relationship to student:			Password (if applicable):	

SCHOOL AGE CHILDREN LIVING AT HOME

CHILD’S NAME (FIRST & LAST)	GR	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 County)	LAST GR.	REPEAT?
1.				
2.				
3.				

<p>ADDITIONAL STUDENT INFORMATION</p> <p>Please answer the following questions.</p> <p>Has this student ever been enrolled in a Florida Public School?</p> <p>If yes, When? (Year/Grade Level) _____</p> <p>Where?(City/County) _____</p>	<p>Check Applicable Box</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
---	--

Student Name _____
Please Print

Is a language other than English used in the home? If yes, indicate language. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student ever received any Exceptional Education and/or Federal/State Services? If yes, When (Year/Grade Level) _____ Where? (County/State/Country) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you authorize health screening for your student? If the answer is no, or you wish to limit the type of screenings, a waiver must be completed and signed by the parent/legal guardian.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you authorize emergency treatment? Student/Physician Name: _____ Phone: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student have a unusual or chronic health condition? If yes, please provide documentation to the Administration/Clinic Staff.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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? If yes, please check applicable and explain: Suspension Expulsion Date School	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

Has student ever been arrested and charged? If yes, please explain: Dates Charge(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

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
---	------------------------------	-----------------------------

*[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.

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



School Board of Brevard County, Florida HEALTH CARD

NAME _____ DOB _____ GRADE _____ SEX _____
LAST FIRST MI

ADDRESS _____ HOME PHONE _____
STREET CITY ZIP

FATHER _____ EMPLOYER _____ (W) PHONE _____ (C) PHONE _____

MOTHER _____ EMPLOYER _____ (W) PHONE _____ (C) PHONE _____

HEALTH CONDITIONS/ SPECIAL NEEDS – PLEASE CHECK

- | | | | |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> ADD/ADHD | <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"/> Cardiac Conditions | <input type="checkbox"/> Psychiatric Conditions | | |

Will any medications or treatments be required at school? Yes No

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

DIABETES: Type I Type II

Equipment/Intervention: Insulin Pen Insulin Pump Diet Management
 Home School Both

EMERGENCY MEDICATION: Glucagon:

ALLERGIES: Insect Bites **Specific Allergies:**
 Foods _____
 Medicine _____
 Other _____

EMERGENCY MEDICATION: EPINEPHRINE (EpiPen): Home School Both

SPECIAL EQUIPMENT: Glasses/Contacts Wheelchair Gastric Tube Shunt
 Hearing Aid Arm/Leg Braces Tracheostomy Catheter

Do you authorize emergency medical treatment? Yes No

Student's Physician Name: _____ Phone: _____

Parent/Guardian Name (*Please print*): _____

Parent/Guardian Signature: _____ Date: _____



School Board of Brevard County, Florida
CLOUD COLLABORATION PERMISSION (Grades K-6)

Student's Full Name: _____ Student ID: _____

Current School Site: _____

Brevard Public Schools is pleased to offer an innovative cloud technology solution to our students and staff. This service includes ad-free, secure and highly engaging web applications that help teachers and students communicate and collaborate with one another.

Our District strives to foster a culture of collaboration and an atmosphere of engagement as we prepare students to thrive in a world that is becoming increasingly connected by the Internet. While we remain committed to the high standards of Florida's curriculum, we also believe that school districts are implicitly and explicitly obligated to introduce 21st Century Skills within the context of those standards. This initiative strengthens Brevard's ability to meet that obligation.

With this cloud-based initiative, students and teachers will have LIMITED access to communicate with District staff and other students enrolled in Brevard Public Schools. Students may use one or more of the following tools:

Online Docs—Online documents, spreadsheets, presentations and forms.

Web Sites—Individual and team websites with videos, images, gadgets, and documents integration.

E-mail account—webmail service accounts that are intended to be used for instructional purposes.

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 impossible to guarantee a foolproof system, our District's system administrators will have full authority and ability to monitor content, investigate concerns and, should the need arise, disable accounts for inappropriate use.

We hope that parents are as excited as we are about bringing these engaging new tools into Brevard's classrooms and into the hands of our teachers and students. Please indicate your approval below. Should you choose to deny permission, we would be interested to know your concerns so that we can either satisfy them or work to find an alternative solution.

Please choose ONE of the following:

I grant permission for my child to receive a Cloud Collaboration Account.

I do not want my child to be given a Cloud Collaboration Account.

This approval will stay in effect until a written change is submitted by the parent/guardian.

Parent Signature

Date



School Board of Brevard County, Florida
CLOUD COLLABORATION PERMISSION (Grades 7-12)

Student's Full Name: _____ Student ID: _____

Current School Site: _____

Brevard Public Schools is pleased to offer an innovative cloud technology solution to our students and staff. This service includes ad-free, secure and highly engaging web applications that help teachers and students communicate and collaborate with one another.

Our District strives to foster a culture of collaboration and an atmosphere of engagement as we prepare students to thrive in a world that is becoming increasingly connected by the Internet. While we remain committed to the high standards of Florida's curriculum, we also believe that school districts are implicitly and explicitly obligated to introduce 21st Century Skills within the context of those standards. This initiative strengthens Brevard's ability to meet that obligation.

With this cloud-based initiative, students and teachers will have *open, authentic access to and from the internet for the following tools:

Online Docs—Online documents, spreadsheets, presentations and forms.

Web Sites—Individual and team websites with videos, images, gadgets, and documents integration.

E-mail account—webmail service accounts that are intended to be used for instructional purposes.

Video sharing will only be available to Brevard County School Board Staff and Students.

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 impossible to guarantee a foolproof system, our District's system administrators will have full authority and ability to monitor content, investigate concerns and, should the need arise, disable accounts for inappropriate use.

We hope that parents are as excited as we are about bringing these engaging new tools into Brevard's classrooms and into the hands of our teachers and students. Please indicate your approval below. Should you choose to deny permission, we would be interested to know your concerns so that we can either satisfy them or work to find an alternative solution.

Please choose ONE of the following:

I grant permission for my child to receive an *open and authentic Cloud Collaboration Account and authorize my child to post word samples on the Internet for instructional purposes.

I do not want my child to be given a Cloud Collaboration Account.

*open and authentic access is not limited to Brevard County School Board network users.

This approval will stay in effect until a written change is submitted by the parent/guardian.

Parent Signature

Date



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

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

Students-In-Transition – This information will be used in order to provide services to those who qualify based on their economic needs.

Please indicate which of the following is the student’s primary nighttime residence:

Is the student living in emergency or transitional shelters, FEMA Trailers, abandoned in hospitals? (A)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student sharing the housing of other persons (doubled-up) due to loss of housing, economic hardship or a similar reason, and did this living arrangement begin within the last 12 months? (B)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student living in a car, park, temporary trailer park or campgrounds due to lack of alternative adequate accommodations, public spaces, abandoned buildings, substandard housing, bus or train stations, public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings or similar settings? (D)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student living in a hotel or motel due to economic hardship? (E)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student awaiting foster care? (F)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Cause – Check the reason below if you answered yes to any of the nighttime residency questions above.

Mortgage Foreclosure (M)	Natural Disaster – Tornado (T)
Natural Disaster – Earthquake (E)	Natural Disaster – Wildfire or Fire (W)
Natural Disaster – Flooding (F)	Man-made Disaster (Major) (D)
Natural Disaster – Hurricane (H)	Unknown – (U)
Natural Disaster – Tropical Storm (S)	*Other – (O)
*Other – i.e., lack of affordable housing, long-term poverty, unemployment or underemployment, lack of affordable health care, mental illness, domestic violence, forced eviction, etc.	

Is the student an unaccompanied youth: not in the physical custody of a parent or guardian?	<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): _____