



## 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):
  - A. Transcript of child's birth (Birth Certificate)
  - B. Insurance policy
  - C. Passport
  - D. School record
  - E. Certification of baptism, accompanied by parent's affidavit
  - F. Bona fide Bible record, accompanied by parent's affidavit
  - G. Affidavit of age sworn by parent, accompanied by a medical practitioner's statement
  
- 2. Verification of legal name:
  - A. Birth Certificate
  
- 3. Verification of immunizations and physical exam:
  - A. 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.
  - B. Proof of physical examination by a U.S. doctor within the last year. If documentation cannot be provided, a physical examination must be scheduled within thirty (30) days. ***\*Please note that thirty (30) days is not extended to PreK and Kindergarten students.***
  
- 4. Verification of academic history
  - A. Transcript
  - B. Last report card
  - C. Withdrawal form
  
- 5. Verification of Exceptional Student Education information
  - A. Current IEP
  - B. Current 504 Plan
  
- 6. 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:
  - A. Court custody documentation (must include divorce decree and parenting plan signed by a judge)
  - B. Educational Power of Attorney – *Please utilize Brevard Public Schools' Educational Power of Attorney form available from the school.*
  - C. 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.*
  - D. Department of Children and Families placement letter.

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

- 1. 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:
  - A. Court custody documentation (must include divorce decree and parenting plan signed by a judge)
  - B. Educational Power of Attorney – *Please utilize Brevard Public Schools’ Educational Power of Attorney form available from the school.*
  - C. 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.*
  - D. 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 _____			
<b>Entry Information:</b>		ECode _____	EDate _____	<b>Prior School Status:</b>		District PD _____	State PS _____
						Country PC _____	
<b>Verification of:</b> 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		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 (Check One) Brevard Schools	ETHNICITY/RACES (Check All That Apply) U.S. Dept of Education		GENDER (Check One)	BIRTHDATE Month/Day/Year	BIRTHPLACE City/State/Country		STUDENT'S RESIDENT STATUS (Check One)	
Asian Black Hispanic Indian Multiracial Hawaiian/Pacific White	American Indian/Alaska Native Asian Black/African Native American Hawaiian/Pacific White	<u>Hispanic</u> 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	
PRIMARY E-MAIL ADDRESS			Is parents transitioning active military and <b>not</b> yet a Brevard County resident? <u>Y</u> <u>N</u> If yes, Transitioning Active Military form must be attached.		
PARENT/GUARDIAN (Check One)	RELATION (Check One)		PASSWORD (If applicable)		
P – Parent G – Legal Guardian O – Other/Relative A – Guardian Ad Litem S – Surrogate Parent	<b>Divorced/Legally Separated (please provide all legal documents, including a parenting plan that is signed by a Judge).</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, Joint Custody?</b> <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"/> Yes <input type="checkbox"/> No		
Is contact allowed to access student information via the web?			<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.

**NON-REGISTERING PARENT/LEGAL GUARDIAN**

<b>LAST NAME</b>		<b>FIRST</b>	<b>MIDDLE</b>	<b>EMPLOYER</b>	<b>BUSINESS PH</b>
RESIDENTIAL ADDRESS (if different from student)		HOME PH (if different)		**CELL PHONE	
PRIMARY E-MAIL ADDRESS			ALTERNATIVE EMAIL ADDRESS		
<b>PARENT/GUARDIAN</b> (Check One)	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	<b>RELATION</b> (Check One)			<b>PASSWORD</b> (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	
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
Is contact allowed to access student information via the web?		<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.

**IMPORTANT: REGISTERING PARENT MUST ANSWER ALL QUESTIONS BELOW**

A. Is there any Court Order **barring either parent from removing the student** from school?  Yes  No  N/A  
 If yes, **provide school with a copy** of the most current Court Order signed by a Judge.  
 If divorced or separated:

B. Do parents have **shared (or joint) parental rights and responsibilities**?  Yes  No  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.

C. Does either parent have **final decision-making authority regarding educational decisions** for the student?  Yes  No  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.

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?  Yes  No  N/A  
 If yes, please **provide school with a copy** of the most current Court Order signed by a Judge.

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)	LAST GR.	REPEAT?
1.				
2.				
3.				

*Please Print*

ADDITIONAL STUDENT INFORMATION	Check Applicable Box
Please answer the following questions.	
<b>Has this student ever been enrolled in a Florida Public School?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, When? (Year/Grade Level) _____ Where?(City/County) _____	
<b>Is a language other than English used in the home?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, indicate language. _____	
<b>Has the student ever received any Exceptional Education and/or Federal/State Services?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, When (Year/Grade Level) _____	
Where?(County/State/Country) _____	
<b>Do you authorize health screening for your student?</b> 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
<b>Do you authorize emergency treatment?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student/Physician Name: _____ Phone: _____	
<b>Does the student have a unusual or chronic health condition?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide documentation to the Administration/Clinic Staff.	

**STUDENT DISCLOSURES**

<b>FS 1006.07 Student Disclosures required at School Registration</b> – 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.				
<b>Is student presently under suspension/expulsion from another school or school system?</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please check applicable and explain:	Suspension	Expulsion	Date	School
<b>Has student ever been arrested and charged?</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please explain:</b>	<b>Dates</b>		<b>Charge(s)</b>	
<b>Is student currently under Juvenile System actions?</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is student on Community Control?</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Has student been referred for corresponding mental health services by a school district for the disclosures above? (<a href="#">Section 1006.07(1)(b), Florida Statutes</a>)?</b>				<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**



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 on school property.
- 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:** \_\_\_\_\_



# 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

ADD/ADHD       Cystic Fibrosis       Sickle Cell Disease       Other \_\_\_\_\_  
 Asthma       Diabetes       Developmental Delay       Other \_\_\_\_\_  
 Bleeding Disorder       Epilepsy/Seizures       Surgery       Other \_\_\_\_\_  
 Cancer       Kidney Disorders  
 Cardiac Conditions       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: \_\_\_\_\_



**Mission:**

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



**Ron DeSantis**  
Governor

**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 2<sup>nd</sup> 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>
* <b>Vision</b> – school entry and grades K, 1, 3, and 6	<input type="checkbox"/>	<input type="checkbox"/>
<b>Hearing</b> – school entry and grades K, 1, and 6	<input type="checkbox"/>	<input type="checkbox"/>
<b>Scoliosis</b> (Curvature of the Spine) grade 6	<input type="checkbox"/>	<input type="checkbox"/>
<b>Height &amp; Weight</b> (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 02-19)



**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

### STUDENT INTERNET ACCEPTABLE USE – Opt Out

Parents or legal guardians have the right to Opt Out of their child’s access to electronic tools and resources by selecting ‘No’ on the authorization items below and signing this Opt-Out form. If you do not want your student to use district technology resources, please be aware that your decision to eliminate access to these tools may significantly affect your child's ability to work collaboratively with his or her peers on class assignments and projects. District and State approved applications such as State required testing are not included in this Opt Out criteria.

The choices selected will remain effective until submission of a new form revoking this request.

**Please complete the following information:**

Student User’s Full Name (please print) \_\_\_\_\_ Student ID \_\_\_\_\_

School \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian’s Name \_\_\_\_\_

**Parent/Guardian**

As the parent/legal guardian of this student, I have read the Student Network and Internet Acceptable Use and Safety Policy (7540.03) and Procedures (7540.03) and have discussed them with my child. I understand that my child’s access to the Internet will be restricted but local “intranet” access will be available.

Please circle "No" below for any area that you do not authorize for your child.

**Not circling below noted items indicates PERMISSION IS GRANTED.**

- |     |    |                                                                                                                                                                                                                                                     |
|-----|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| YES | NO | I authorize my child’s access to non-District sponsored internet access.                                                                                                                                                                            |
| YES | NO | I authorize and license District staff to post my child’s class work on the Internet without infringing upon any copyright my child may own with respect to such class work. I understand only my child’s first name may accompany such class work. |

Parent/Guardian’s Name Signature \_\_\_\_\_

Date: \_\_\_\_\_



Student \_\_\_\_\_

*Please Print*

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

**Immigrant** – This information will be used in order to provide services and specialized instruction to students identified as immigrants. **Note:** The children of U.S. military personnel born overseas are to be included in any count of immigrant children or youth.

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

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

**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) <b>due to loss of housing, economic hardship</b> or a similar reason, <b>and</b> 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): \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

(Elementary-Required; Secondary/Adult - Optional)



# School Board of Brevard County, Florida

## OPT-OUT FORM

### STUDENT PHOTOGRAPHS/VIDEOS, AND DIRECTORY INFORMATION

<b>Student's Full Name (Please Print):</b>	
<b>School Name:</b>	<b>Date of Birth:</b>

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:" *a student's name; address; telephone number, if it is a listed number; date and place of birth; participation in officially-recognized activities and sports; height and weight, if a member of an athletic team; dates of attendance; date of graduation or program completion; and awards received.*

This form will be used to allow you the opportunity to restrict the release of "directory information," and to provide appropriate permissions. 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)	Release of Directory Information (Please check one)
<input type="checkbox"/> Unrestricted Usage: I give permission for my child's image to be used in print, video, and other public media. I agree that these images may be used by Brevard Public Schools for a variety of purposes in accordance with School Board rules, policies and procedures. I understand that these images may be used without further notifying me and I also understand that my child's first and last name may appear. (Y)	<input type="checkbox"/> You have my permission to release directory information on my student in accordance with SB Policy 8330.
<input type="checkbox"/> Limited Usage: Consent for Yearbook only. Selecting this option allows the district to provide your student's directory information and photograph to the yearbook vendor. (L)	<input type="checkbox"/> Do not release my student's directory information. I understand that my child's name will not appear in yearbook/school publications playbills, graduation lists, honor roll lists, will not be supplied to military recruiters or yearbook and ring vendors. (N)
<input type="checkbox"/> Deny permission to use my child's image in any publication. I understand that my child's picture will not appear in the yearbook, any other school or district publication, or other public media. (N)	<div style="background-color: #d9ead3; padding: 5px;"> <b>For School Use Only</b>            (This form will remain on file at the school until student withdraws.)         </div> <ul style="list-style-type: none"> <li>"N" is entered for <b>Do Not Release Directory Information</b> on the S313 screen. <i>Leave field blank for permission to release.</i></li> <li>"X" is entered for <b>Do Not Release Directory Information to Military Recruiters</b> on the S313 screen. <i>Leave field blank for permission to release.</i></li> <li>L309, Format N on AS400 will give schools a list of who has an "N" in the Do Not Publish Field.</li> <li>If no option selected under Release of Directory Information, leave it blank on the S313 screen.</li> <li><u>All students</u> must have a code for <b>Consent to Publish Video/Photograph</b></li> <li>Codes (Y, L or N) for permissions to photograph are entered on the S318 screen.</li> <li>If no option is selected under Consent to Publish Video/Photograph, enter a Y on the S318 screen of AS400.</li> </ul> <p style="font-size: small;">A school roster may be run to verify that all students have a code for Consent to Publish Video/Photograph from L309, Format M.</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.**

**FOOD and NUTRITION SERVICES REQUEST FORM**

Date Received by FNS/Initial: \_\_\_\_\_

## For Special Nutritional and Medical Needs

**INSTRUCTIONS FOR COMPLETING FORM: PART A:** Parent to complete for child with Lactose Intolerance, Religious or other Food Preferences. **PART B:** Physician must complete if requesting Special Dietary Modification due to Food Allergies or a Medical Condition. Once form is completed and signed, return to **School Cafeteria Manager**.

**PART A - Parent/Guardian: Complete Items 1 - 7****School Year:**

1. School Name	2. School Telephone Number
3. Student Name	4. Student Date of Birth
5. Parent/Guardian Name and Email Address	6. Telephone Number
<p>7. Parent Request      _____ Lactose Intolerance - Check if child can eat _____ Cheese _____ Yogurt          _____ Religious/Personal Preferences - List foods to be avoided _____          _____ Medical Condition/Allergy (<b>PHYSICIAN NEEDS TO COMPLETE PART B</b>)</p> <p>Meals Eaten at School: _____ Breakfast _____ Lunch _____ Snack _____ None</p> <p><b>Parent/Guardian Signature: X</b> _____ <b>Date:</b> _____          (I consent to the exchange of information between physician and school; check if you do <b>not</b> consent _____)</p>	

**PART B- TO BE COMPLETED BY PHYSICIAN IF DIETARY MODIFICATIONS ARE REQUESTED (Items 8 - 10)**

8. Special Diet Request due to \_\_\_\_\_ Food Allergies \_\_\_\_\_ Medical Condition (please specify) \_\_\_\_\_

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

<p><b>DAIRY</b></p> <p>_____ Fluid Milk _____ Substitute w/Soy milk          _____ Cheese _____ Cheese cooked in a meal (Baked Ziti)          _____ Yogurt _____ Ice Cream          _____ Baked Goods that contain dairy (rolls)</p> <p><b>EGG</b></p> <p>_____ Whole eggs          _____ Baked Goods that contain eggs</p> <p><b>WHEAT/ GLUTEN</b></p> <p>_____ Recipes with any gluten containing grain</p> <p><b>FISH OR SHELLFISH</b></p> <p>_____ Fish _____ Shellfish</p>	<p><b>PEANUTS OR TREE NUTS</b></p> <p>_____ Peanuts          _____ Tree Nuts</p> <p><b>CORN</b></p> <p>_____ Whole corn (taco shells, tortilla chips)          _____ Recipes w/corn products such as modified corn starch, corn syrup, etc.</p> <p><b>SOY</b></p> <p>_____ Soy Lecithin          _____ Soy Protein (concentrate, hydrolyzed, isolate)          _____ Recipes w/any soy listed as ingredient</p> <p><b>OTHER - please specify:</b> _____</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**10. LICENSED PHYSICIAN'S INFORMATION**

**X** \_\_\_\_\_  
**Medical Authority Signature**

\_\_\_\_\_

**Medical Authority Printed Name/Date**

Medical Office Stamp (Please include phone number)





**School Board of Brevard County, Florida  
HOME LANGUAGE SURVEY**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

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

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FILE IN CUMULATIVE FOLDER



**DISTRITO ESCOLAR DEL CONDADO DE BREVARD, FLORIDA**

Encuesta del Idioma Hablado en el Hogar  
**HOME LANGUAGE SURVEY**

Nombre Estudiante \_\_\_\_\_ Grado \_\_\_\_\_ Escuela \_\_\_\_\_

- |                                                                                                                   | SÍ                       | NO                       |
|-------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. ¿Se usa otro idioma además del inglés en su hogar?<br>En caso afirmativo, ¿cuál es? _____                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. ¿Tuvo el estudiante un primer idioma que no es el inglés?<br>De ser así, ¿cuál fue? _____                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. ¿Frecuentemente habla el estudiante otro idioma que no es el inglés?<br>De ser afirmativo, ¿cuál idioma? _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Firma del padre o tutor legal: \_\_\_\_\_ Fecha: \_\_\_\_\_

COLOQUE EN LA CARPETA ACUMULATIVA



## BREVARD COUNTY PUBLIC SCHOOLS NOTIFICATION OF ESOL TESTING PROCEDURES

---

Date \_\_\_\_\_

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 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 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.

If you have questions concerning the ESOL services or assessment of English proficiency, please call the ESOL Contact below.

\_\_\_\_\_  
ESOL Contact

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Parent Signature