



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.

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

Tier 1

- 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)
- 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.

For families who may be sharing housing, there is a Shared Tenancy Affidavit that must be completed in order for the student to enroll and register in school. For students who may be living temporarily with another family, the in loco parentis form has been updated to reflect a maximum of 30 days. The form may not be used in lieu of the district's ELO and EPO request process to gain admittance into a school outside the student's zoned school.

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.

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

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- 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.

For families who may be sharing housing, there is a Shared Tenancy Affidavit that must be completed in order for the student to enroll and register in school. For students who may be living temporarily with another family, the in loco parentis form has been updated to reflect a maximum of 30 days. The form may not be used in lieu of the district's ELO and EPO request process to gain admittance into a school outside the student's zoned school.

Student Name _____

School Board of Brevard County, Florida
2022-23 STUDENT REGISTRATION FORM

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

FOR SCHOOL USE ONLY

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

STUDENT INFORMATION

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

REGISTERING PARENT/LEGAL GUARDIAN

Last name (legal)		First name	Middle	Employer	Business phone	
Residential address		Home phone		Cell phone		
Primary email address		Are parents transition active military and <u>not</u> yet a Brevard county resident?				
		<input type="checkbox"/> Y <input type="checkbox"/> N If yes, Transitioning Active Military form must be attached				
Parent/guardian		Relation			Password, if applicable	
<input type="checkbox"/> Parent <input type="checkbox"/> legal guardian <input type="checkbox"/> other relative <input type="checkbox"/> guardian ad litem <input type="checkbox"/> surrogate parent	Divorced/legally separated?	<input type="checkbox"/> father <input type="checkbox"/> aunt <input type="checkbox"/> stepfather <input type="checkbox"/> mother <input type="checkbox"/> uncle <input type="checkbox"/> stepmother <input type="checkbox"/> legal guardian <input type="checkbox"/> brother <input type="checkbox"/> neighbor <input type="checkbox"/> grandmother <input type="checkbox"/> sister <input type="checkbox"/> other <input type="checkbox"/> grandfather <input type="checkbox"/> cousin				
	<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 the student?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Is contact allowed to access student information?			<input type="checkbox"/> Yes <input type="checkbox"/> No- contact has no access <input type="checkbox"/> No, student is over 18	

Student Name _____

NON - REGISTERING PARENT/LEGAL GUARDIAN

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

Legal Authority

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

EMERGENCY AUTHORITY

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

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

EMERGENCY CONTACT LIST

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

Student Name _____

Relationship to student: Click or tap here to enter text.		Password (if applicable): Click or tap here to enter text.		
Last name	First	Middle	Home/Cell phone	Other/work phone
Relationship to student:		Password (if applicable):		
Last name	First	Middle	Home/Cell phone	Other/work phone
Relationship to student:		Password (if applicable):		

SCHOOL AGED CHILDREN LIVING AT HOME

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

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

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

ADDITIONAL STUDENT INFORMATION

Please answer the following questions:

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

Student Name _____

STUDENT DISCLOSURES

FS 1006.07 Student Disclosures required at School Registration – According to procedures established by the District School Board, each student at the time of initial registration for school in a school district shall note previous school expulsions, arrests resulting in a charge, and Juvenile Justice actions the student has had.			
Is student presently under suspension/expulsion from another school or school system?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is yes, please check applicable: <input type="checkbox"/> Suspension <input type="checkbox"/> Expulsion		Date	School
Please explain infraction causing suspension and/or expulsion:			
Has student ever been arrested and charged?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:		Date	Charge(s)
Is student currently under Juvenile system actions?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is student on Community Control?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has student been referred for corresponding mental health services by a school district for the disclosures above? (Section 1006.07(1)(b), Florida Statutes)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Official Statement

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

If the parents **do not** live in the same household, only the registering parent/legal guardian (i.e. completes this form) may withdraw the student from his/her current school unless there is documentation of extenuating circumstances indicating otherwise.

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

This is to certify that all information on this registration form is true to the best of my knowledge and belief. I understand that inadequate information may result in delayed entry. 837.06 False official statements - Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083. History. —s. 58, ch. 74-383; s. 34, ch. 75-298; s. 207, ch. 91-224; s. 1313, ch. 97-102.

Registering Parent/Legal Guardian Name (Please print)

Signature of Registering Parent/Legal Guardian

Date



Student Name _____

Please Print

School Board of Brevard County, Florida

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

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

- Use of cellphones/WCDs, except those approved by a teacher or administrator is prohibited and must be either powered completely off (or placed into vibrate or silent mode) and stored out of sight.
- When authorized and approved by the site principal or site leadership team, students may use cellphones/WCDs before and after school, during their lunch break, in between classes, during after school activities, and at school-related functions, as long as they do not create a distraction or disruption educational environment.
- Students may use cellphones/WCDs while riding to and from school on a school bus for school-sponsored activities, at the discretion of the bus driver, teacher, or sponsor. Distracting behavior that creates an unsafe environment will not be tolerated.
- When directed by the administrator or sponsor, Cellphones/WCDs shall be powered completely off during after school activities and stored out of sight.
- Students shall have no expectation of confidentiality with respect to their use of cellphones/WCDs 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 _____ WORK PHONE _____ CELL PHONE _____
 MOTHER _____ EMPLOYER _____ WORK PHONE _____ CELL PHONE _____

HEALTH CONDITIONS/SPECIAL NEEDS – PLEASE CHECK

- | | | | |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> ADD/ADHA | <input type="checkbox"/> CYSTIC FIBROSIS | <input type="checkbox"/> SICKLE CELL DISEASE | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> ASTHMA | <input type="checkbox"/> DIABETES | <input type="checkbox"/> DEVELOPMENTAL DELAY | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> BLEEDING DISORDER | <input type="checkbox"/> EPILEPSY /SEIZURES | <input type="checkbox"/> SURGERY | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> CANCER | <input type="checkbox"/> KIDNEY DISORDERS | <input type="checkbox"/> PSYCHIATRIC CONDITIONS | |
| <input type="checkbox"/> CARDIAC CONDITIONS | | | |

Will any medications or treatments be required at school? YES NO

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

DIABETES: TYPE I TYPE II

EMERGENCY MEDICATION: _____

EMERGENCY MEDICATION: EPINEPHRINE (EPIPEN) HOME SCHOOL BOTH

ALLERGIES: INSECT BITES FOODS MEDICINE OTHER _____
 SPECIFIC ALLERGIES: _____

SPECIAL EQUIPMENT:

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

As required by F.S. 1014.06(1), parents must authorize healthcare services to be provided for their child/ward by a healthcare practitioner, as defined in F.S. 456.001, or someone under the direct supervision of a healthcare practitioner, should the need arise for such treatment, while my child/ward is under the supervision of the school.

The Health Cards have been amended to authorize such treatments including, but not limited to major or minor injury or illness reported or observed while the child is at school. This does not authorize the dispensing of medication or school screenings such as vision, hearing, or scoliosis, or height and weight. These services require a separate consent which was included in the original registration paperwork.

Failure to respond will result in an indication of no for both healthcare and emergency medical treatment.

Do you authorize healthcare services? Yes No

Do you authorize emergency medical treatment? Yes No

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (Only one parent/guardian signature is required)

Student's Physician's Name _____ Phone: _____

Parent/Legal Guardian Name (Please Print): _____

Parent/Legal Guardian Signature: _____

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 2nd grade students in select schools. Parents will be notified in writing concerning results of all activities.

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

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

Parent / Guardian Signature

Date

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

Thank you

HD-306 E (rev 02-19)



STUDENT TECHNOLOGY ACCESS INFORMATION

School Board of Brevard County, Florida

Dear Parent/Guardian:

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

Standard accounts and applications that are created for students include:

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

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

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

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



Student _____

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 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): _____

Parent/Guardian Signature _____ Date: _____

(Elementary-Required; Secondary/Adult - Optional)



School Board of Brevard County, Florida

OPT-OUT FORM

STUDENT PHOTOGRAPHS/VIDEOS, AND DIRECTORY INFORMATION

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

The Family Educational Rights and Privacy Act, a Federal law, requires that school districts with certain exceptions, obtain written consent prior to the disclosure of personally identifiable information from a child's education records. However, school districts may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary. School Board Policy 8330 designates as student "directory information:" *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;"> For School Use Only (This form will remain on file at the school until student withdraws.) </div> <ul style="list-style-type: none"> "N" is entered for Do Not Release Directory Information on the S313 screen. <i>Leave field blank for permission to release.</i> "X" is entered for Do Not Release Directory Information to Military Recruiters on the S313 screen. <i>Leave field blank for permission to release.</i> L309, Format N on AS400 will give schools a list of who has an "N" in the Do Not Publish Field. If no option selected under Release of Directory Information, leave it blank on the S313 screen. <u>All students</u> must have a code for Consent to Publish Video/Photograph Codes (Y, L or N) for permissions to photograph are entered on the S318 screen. If no option is selected under Consent to Publish Video/Photograph, enter a Y on the S318 screen of AS400. <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.



BREVARD PUBLIC SCHOOLS
**Parent Consent to Release Personal Student Information
for Medicaid Reimbursement**

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

Individual Educational Plan (IEP) Services

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

Non-IEP Services

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

Consent given or denied (please read, initial, sign and date at the bottom):

I understand and give my consent to the school district to share information about my child with the State Medicaid Agency (State of Florida Agency for Health Care Administration), its fiscal agent, and the school district’s Medicaid billing agent or billing facilitator for the school district to verify Medicaid eligibility, seek Medicaid reimbursement, and satisfy audit and review requests related to services provided to my child. I understand that I may withdraw this consent to release information for Medicaid reimbursement at any time. I understand that if I refuse to give my consent or withdraw this consent, the school district will continue to provide all required services necessary to receive an appropriate education at no charge to my child in accordance with 34 CFR § 300.154(d)(2)(v)(D) or other services provided outside of the IEP. If consent is withdrawn, it will become effective on the date of withdrawal and no information will be released after that date.

The information shared may include my child’s name, date of birth, address, primary special education disability (if applicable), Florida Medicaid identification number, and the type and amount of health services provided, including the times and dates services were provided. Services may include assistive communication services, physical therapy services, occupational therapy services, speech therapy services, hearing and language therapy services, behavioral services, transportation services, and nursing services.

The records to be released or exchanged may include IEPs, assessment and eligibility records, related service therapy records and logs, transportation logs, progress notes, and nursing reports or records.

I understand and do NOT give my consent to the school district to share information about my child in order for the school district to verify Medicaid eligibility, seek Medicaid reimbursement, and satisfy audit and review requests related to services provided to my child.

Parent/Guardian’s Signature: _____ **Date signed:** ____/____/____

Parent/Guardian’s Name (printed): _____

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

Student’s Name (printed): _____

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



Medicaid Questions Answered

Dear BPS Parent,

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

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

Who can the district submit reimbursement for?

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

What services does Medicaid cover?

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

Why does the district need parental consent?

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

Is there a cost to me?

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

Will this impact my child's outside Medicaid benefits?

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

Who will see this information?

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

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

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

If you have further questions, please contact:

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

FOOD and NUTRITION SERVICES REQUEST FORM

Date Received by FNS/Initial: _____

For Special Nutritional and Medical Needs

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

INSTRUCTIONS FOR COMPLETING FORM:



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

Return completed form to school front office or cafe manager.

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

PART A - Parent/Guardian to complete

School Name:

Student Name:	Student Date of Birth:
Parent/Guardian Name and Email Address:	Telephone Number:
Parent Request: _____ Lactose Intolerance- my child cannot drink/eat: ___milk ___cheese ___yogurt ___ice cream _____ Religious/Personal Preferences -my child cannot eat: _____ _____ Medical Condition/Allergy (PHYSICIAN NEEDS TO COMPLETE PART B)	
Parent/Guardian Signature: <u> X </u> _____ Date: _____ (I consent to the exchange of information between physician and school; check if you do not consent _____)	

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

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

DAIRY

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

EGG

- _____ Whole eggs
- _____ Baked goods that contain eggs

WHEAT/ GLUTEN

- _____ Recipes with any gluten containing grain

FISH OR SHELLFISH

- _____ Fish _____ Shellfish

PEANUTS OR TREE NUTS

- _____ Peanuts
- _____ Tree Nuts

CORN

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

SOY

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

OTHER - please specify:

LICENSED PHYSICIAN'S INFORMATION

X _____
Medical Authority Signature

Medical Authority Printed Name/Date

Medical Office Stamp (Please include phone number)

Allergen information can be found at: <https://www.brevardschools.org/Page/3472>



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

Student Name: _____ Grade: _____ School: _____

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

Parent or Guardian Signature: _____ Date: _____

FILE IN CUMULATIVE FOLDER

Dear Parent/ Guardian,

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

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

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

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



2022 - 2023 Student Residency Statement

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

Where are you and your family currently staying at night? (only check one box):

- Rent or own my own house, condo, apartment or other permanent residence. **(If you checked this box, you DO NOT need to complete the rest of this questionnaire.)**
- Living with someone else by choice in a house or apartment that properly accommodates all residents. **(If you checked this box, you DO NOT need to complete the rest of this questionnaire.)**
- Staying somewhere temporarily (if you checked this box, please **complete** the rest of this questionnaire).

FAMILY INFORMATION – PLEASE NOTE ALL SECTIONS MUST BE COMPLETED

Name of Parent(s)/Legal Guardian(s):					
Current Student Nighttime Street Address:				City/ Zip Code:	
How long have you been at this Address?		Phone Number:		Email Address:	

Please list ALL students within the family, (including pre-K children) enrolling at ANY BPS school.

Student Name	Student ID#	M/F	DOB	Grade	School

TEMPORARY LIVING SITUATION INFORMATION – PLEASE NOTE ALL SECTIONS MUST BE COMPLETED

Check only ONE box that applies to your situation:

- We are temporarily staying with another family member or friend
- We are staying in a motel or hotel. Name of Motel/Hotel _____
- We are sleeping in a vehicle or staying in a trailer park or campground, or in an abandoned building, or other substandard housing
- We are staying in an emergency or transitional shelter. Name of Shelter/Transitional housing _____
- If the above do not apply, describe where the student most recently spent the night: _____

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

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

Please continue residency questionnaire on the next page ➔



2022-2023 Student Residency Statement

The enrolling student(s) is/are:

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

ADDITIONAL RESOURCES INFORMATION RELEASE

Release of information to social service and community agencies:

Additional protective rights and services may be available to qualified families. These rights include immediate school enrollment, free meals, school stability, and transportation to the school of origin. Please check 'yes' if you allow this information to be released to social service and/or community agencies for possible assistance. Release of information expires on 6/30/2022.

- Yes
- No

At this time, what is the greatest need for your child? (check all that apply)

- School Supplies
- Help for Academic improvement
- Medical Referral/immunizations
- Referral for food assistance
- Help for behavior improvement
- Other _____

VERIFICATION OF INFORMATION

The undersigned certifies that the information provided is accurate.

Please note that Florida Statute 837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

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

Signature of Parent/Legal Guardian OR Unaccompanied Homeless Youth

Date

FOR BPS STAFF ONLY

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

- District SIT Office – sitforms@brevardschools.org
- School-based SIT Lead.

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



Quest Elementary School's Student Technology Contract

(desktops, laptops, Yoga's, iPads)

By signing this contract, I acknowledge that I understand and will comply with the expectations listed below. If I fail to meet the expectations, it will result in consequence and could ultimately result in losing my technology privileges.

Q.U.E.S.T. Agreements for Technology

Quality Work using district approved programs

Uses Self-Control following district guidelines for technology

Expectations for Your Behavior and treating the equipment appropriately

Stays on Task, not wandering to other internet platforms

Treats Others with Respect while collaborating, creating and using technology

*Some expectations included, but are not limited to; students may **NOT** change computer settings, change names of icons, delete other student's or teacher's information from the device, move desktop icons, change backgrounds, misuse keyboards and headphones, eat or drink around Quest's technology.

Consequences:

1st Offense: Warning and parent contacted by teacher

2nd Offense: Parent contacted and loss of technology privileges for 3 days

3rd Offense: Parent Contacted and loss of technology privileges for 5 days

4th Offense: Parent Contacted and loss of technology privileges for remainder of the quarter

*Teacher and/or administration reserve the right to enact more consequences as needed, including a referral or possible suspension, depending on the severity of the offense.

Print Student Name _____

Student Signature _____

Parent Signature _____

Date _____

Technology Device Contract for Quest Elementary

Throughout the year, students will have opportunities to share ideas and collaborate digitally. We will be using technology extensively to better meet the needs of all students. Videos, interactive sites, and Google Classroom provide students with safe environments to record their ideas and share with each other. The majority of the sites we use can only be accessed with special codes and/or passwords, and posts are private, only viewable to those in the class. We will practice “netiquette” throughout the school year and students will receive instruction on appropriate computer use.

Infusing technology into classroom instruction using a blended learning approach provides opportunities to meet each student’s individual needs. The laptops are not being used for the purpose of practice and games. They are used to help us meet today’s rigorous standards. Students will be expected to actively use laptops in creating high quality work using the latest technological tools. Many assignments throughout the year will be completed and submitted using technology. Many individualized assessments will also be administered to students using the laptops. Lessons completed using the laptops are just as important as those completed using traditional methods. We encourage you to check Edline regularly so you are aware of your child’s progress on all assignments.

As we begin the 2022 - 2023 school year, it is important to once again review the strict rules of the “Acceptable Use Policy” signed at registration. These rules are made for the safety of students and serve as guidelines for technology use anywhere. Please take a moment to stress the importance of these items with your child.

1. I will treat all tools (laptops, headphones, etc.) respectfully. I understand that if I damage the laptop *intentionally*, my family is responsible for repairing or replacing the laptop.
2. The laptop is a tool and will only be used for classroom work.
3. I will not open or modify any user’s folder, work, or files.
4. I will not personalize my computer backgrounds, add stickers or write on the device.
5. Laptops are to remain in assigned spaces. They are not to be taken outside of the classroom unless directed to do so by the teacher. **LAPTOPS SHOULD NEVER BE TAKEN HOME.**
6. Laptops should be carried securely using two hands and should always be placed directly on a desk’s surface.
7. Food and drink should not be placed in any area where laptops are in use.
8. Computer problems are not an excuse for late or missing work. If my computer has an issue in class, I will let my teacher know immediately so that I can maximize my learning time.
9. All assignments completed on the computer must be my own work at all times. Items not submitted properly through Google Classroom using my school Google Drive account will not receive credit because my teacher isn’t fully able to see that my work is my own. I will not share information or answers unless instructed to do so by my teacher.
10. I will only use the components of my Google Drive and Google Classroom account for educational purposes. I understand that these are not personal accounts and they should only contain assignments pertaining to work assigned by my teacher(s). My personal email, Google accounts, etc. may NOT be accessed using school computers.
11. I will cite sources appropriately to give credit to the work of others and will not plagiarize the work of others.
12. I will not post any personal information (my own or someone else's), including full names, addresses, or phone numbers.
13. I will use appropriate spelling and grammar (no text lingo).
14. I will not post a picture or video (educational purposes only) of someone else without their permission and my teacher’s permission.
15. I will use socially appropriate language and a respectful tone of voice. I am responsible for my words and conduct both in class and online. I will not write anything that could hurt someone’s feelings.
16. I understand that some of my assignments may need to be completed at home. If I do not have computer access at home, I will notify my teacher in advance so that I do not fall behind on work. I will make sure my parents are aware of any work I need to complete on the computer so that I have adequate time to work on the home computer.

Students must follow these procedures at all times while using the devices. Violations of these procedures will be addressed to determine the proper course of action. School administration and faculty have the right to view the content of the device and drive at any time and may deny a student the use of a device at any time.

As the parent or guardian of the student above, I grant permission for access to the school’s computer resources, including Internet accessibility and assigned devices. While supervision is provided when using the Internet, Brevard County does filter the Internet for inappropriate or unacceptable content. I fully understand that some materials on the Internet may be considered controversial, inappropriate or offensive. I understand that my child may keep his/her access as long as the procedures and rules described in the Acceptable Use of Electronic Resources and Internet Safety Policy in the student handbook are followed. Should my son/daughter violate any of the rules or procedures, he/she will be held accountable for his/her actions by the school.

I have read the Device Student/Parent Agreement and understand the costs and responsibilities associated with it.

Student _____

Parent _____

Date _____

Quest Elementary School

8751 Trafford Drive
Melbourne, FL 32940



Dear New Families to Quest,

March 2, 2022

Welcome to Quest Elementary. Your child(ren)'s teacher assignment is tentative. Due to our growing numbers at Quest, we often hire additional teachers, throughout the school year. Though, this is not an ideal situation, to transition students to a new classroom mid-year, it is necessary and overall beneficial, for all classrooms, at that grade level, to decrease class sizes.

Many factors are considered when creating a new classroom. Classrooms should have a balance of abilities, behaviors and female/male ratios. Often, the last few students to enroll or register, at Quest, are considered for the transition to the new classroom. The grade level team and administration will look at each child individually, when considering transitioning them to a new classroom. In addition, we try to interview and determine a teacher, prior to creating the new class, so we can factor in personality matches as well.

As a school, we assist the students in this transition. We have the support of all staff members, including Guidance. There is an opportunity for the students and parents to meet the teacher, after they are hired, for an Open House or Meet and Greet. The students will also be supported by their current tentative teacher placement, creating a "moving day" or "moving party" to assist in the transition.

As Quest continues to grow over the next few years, opening new classes will be more common. As a staff, we have discussed how to move forward in the process and how to best support the students. We appreciate your support during this transition and welcome suggestions or feedback of the process.

Sincerely,

Ms. Boyd, Principal

I understand that my child(ren)'s placement will be tentative, based on growth and student numbers. I also understand that students are often moved according to their registration date.

Parent Signature _____ Date _____

Student(s)' Name(s) _____

Student(s)' Grade Level(s) _____

Christine Boyd, Principal
Mark W. Mullins, Ed.D., Superintendent
Phone: (321) 242-1411 • FAX: (321) 242-1719





REQUEST/AUTHORIZATION TO RELEASE SCHOOL RECORDS

"An adventure in learning"

The School Board of Brevard County, Florida

Date: _____

To: _____

This is to request/authorize the release of school records for the student(s) listed below now enrolled in this school:

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

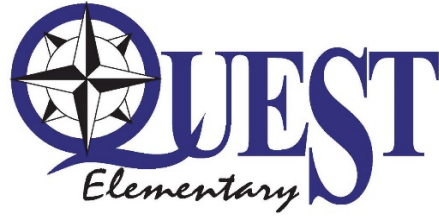
Records to be released:

Cumulative School Psychological ESOL
 Health Exceptional Student/Special Education

Please send all records to: Quest Elementary Att: Registrar
8751 Trafford Drive, Melbourne, FL 32940
Office: 321-242-1411 Fax: 321-735-9749
Email: Questregistration@brevardschools.org

Parent/Guardian Signature

School Representative



Parents,

Throughout the year, we use photos of our students for spirit days, class events, academic achievements, honors & awards, etc. on Quest's social media sites. By initialing next to the yes on the permission slip below, you are giving Quest permission to post your child's picture throughout the year as events arise. If you initial beside the no on the permission slip below, your child will not be included in any class photos or individual photos for the duration of the school year. Please note your desire below.

Quest Social Media Permission Slip

Student name: _____ Grade: _____

Please initial one:

_____ Yes, I give permission for my child's picture to appear on the Quest Facebook page, in the Quest Gazette, and on the Quest website.

_____ No, I do not give permission for my child's picture to appear on the Quest Facebook page, in the Quest Gazette, and on the Quest website.

Parent
Name: _____ Date: _____

Parent
Signature: _____

Parental Consent for Healthcare

As required by F.S. 1014.06(1), parents or legal guardian must authorize healthcare services to be provided for their child by a healthcare practitioner or their delegate, as defined in F.S. 456.001 and 1006.062, should the need arise for such treatment, while their child is under the supervision of the school.

A “yes” response will authorize such treatments including, but not limited to major or minor injury or illness reported or observed while the child is at school. This does not authorize the dispensing of medication or school screenings such as vision, hearing, scoliosis, or height and weight. These services require a separate consent which was included in the original registration paperwork.

Failure to respond will result in an indication of “no” for healthcare treatment.

A “no” response will result in calls to the parent or guardian for the child to be picked up for all medical concerns. This will be for all instances where students are feeling ill have a headache or injuries such as cuts, scrapes, bumps, or bruises. EMS will be called for any situation deemed serious.

Do you authorize healthcare services? Yes No

Child’s Name (print) _____

Parent/Legal Guardian Name (print) _____

Parent/Legal Guardian Signature _____



SPECIAL SERVICES SURVEY



STUDENT NAME: _____ **BIRTHDAY:** _____

- 1. Does your child have an Individual Education Plan (IEP)?
For Ex: OHI (Other Health Impaired), SLD (Specific Learning Disabilities),
EH (Emotionally Handicapped), LI (Language Impaired), Physical Therapy,
Occupational Therapy, Speech Therapy, Gifted _____ Yes _____ No

- 2. Does your child have a Section 504 accommodation plan? _____ Yes _____ No

- 3. Does your child receive any special services during the school day? _____ Yes _____ No

If YES, please describe the kinds of services and amount of time provided:

If you are new to Brevard Public Schools, please supply a copy of your child’s latest IEP or 504.

Parent/Guardian Signature

Date



The School District of Brevard County, Florida
Dr. Mark Mullins - Superintendent
 Phone: 321-633-1000
2700 Judge Fran Jamieson Way - Viera, Florida 32940
2022-2023 SCHOOL CALENDAR
 Board Approved December 14, 2021

<u>MONTH</u>	<u>DATE</u>	<u>DAY</u>		PUPIL DAYS	TEACHER DAYS	PAID* HOLIDAYS	
AUGUST	2-9	TUES-TUES	TEACHERS REPORT PREPLANNING	16	22		
	10	WED	FIRST DAY OF SCHOOL FOR STUDENTS				
	12	FRI	EARLY RELEASE DAY				
	15	MON	FIRST DAY OF SCHOOL FOR KINDERGARTEN				
	19	FRI	EARLY RELEASE DAY				
	26	FRI	EARLY RELEASE DAY				
SEPTEMBER	2	FRI	EARLY RELEASE DAY	21	21		
	5	MON	LABOR DAY – HOLIDAY FOR ALL			1*	
	8	THUR	FIRST INTERIM ENDS				
	9	FRI	EARLY RELEASE DAY				
	13	TUES	SECONDARY 4 1/2 WEEKS GRADES AVAILABLE ON FOCUS				
	15	THUR	ELEMENTARY INTERIMS PUBLISHED ON FOCUS				
	16	FRI	EARLY RELEASE DAY				
	23	FRI	EARLY RELEASE DAY				
	30	FRI	EARLY RELEASE DAY				
	OCTOBER	7	FRI	EARLY RELEASE DAY	20	21	
		7	FRI	END OF FIRST NINE WEEKS			
	10-14	MON-FRI	FTE SURVEY II				
	10	MON	TEACHER WORK DAY/STUDENT HOLIDAY				
	12	WED	SECONDARY REPORT CARDS POSTED ON FOCUS				
	14	FRI	EARLY RELEASE DAY				
	14	FRI	ELEMENTARY REPORT CARDS POSTED ON FOCUS				
	21	FRI	EARLY RELEASE DAY				
	28	FRI	EARLY RELEASE DAY				
NOVEMBER	4	FRI	EARLY RELEASE DAY	16	16		
	10	THUR	SECOND INTERIM ENDS				
	11	FRI	VETERANS' DAY/HOLIDAY FOR ALL			1*	
	16	WED	SECONDARY INTERIMS AVAILABLE ON FOCUS				
	18	FRI	ELEMENTARY INTERIMS PUBLISHED ON FOCUS				
	18	FRI	EARLY RELEASE DAY				
	21-25	MON-FRI	HOLIDAY FOR ALL (11/21, 11/22, 11/23 HURRICANE MAKE UP DAYS)			2*	
DECEMBER	2	FRI	EARLY RELEASE DAY	15	15		
	9	FRI	EARLY RELEASE DAY				
	16	FRI	EARLY RELEASE DAY				
	19-21	MON-WED	EXAM DAYS/EARLY DISMISSAL				
	22-30	THURS-FRI	WINTER BREAK – TEACHER /STUDENT HOLIDAY				
JANUARY	2	MON	HOLIDAY FOR ALL	1	1	1*	
	3-4	TUES-WED	WINTER BREAK – TEACHER /STUDENT HOLIDAY				
	5	THURS	TEACHERS/STUDENTS RETURN/END OF FIRST SEMESTER				
FIRST SEMESTER TOTAL DAYS				89	96		

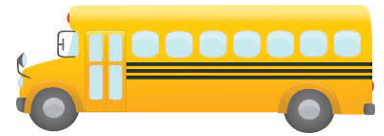
JANUARY	6	FRI	EARLY RELEASE DAY	17	17	
	10	TUE	SECONDARY REPORT CARDS POSTED ON FOCUS			
	12	THUR	ELEMENTARY REPORT CARDS POSTED ON FOCUS			
	13	FRI	EARLY RELEASE DAY			
	16	MON	MARTIN L. KING, JR. DAY – HOLIDAY FOR ALL			1*
	20	FRI	EARLY RELEASE DAY			
	27	FRI	EARLY RELEASE DAY			
FEBRUARY	3	FRI	EARLY RELEASE DAY	19	20	
	6-10	MON-FRI	FTE SURVEY III			
	7	TUE	THIRD INTERIM ENDS			
	10	FRI	SECONDARY 9 WEEK INTERIMS POSTED ON FOCUS			
	10	FRI	EARLY RELEASE DAY			
	14	TUE	ELEMENTARY INTERIMS POSTED ON FOCUS			
	17	FRI	EARLY RELEASE DAY			
	20	MON	PRESIDENTS' DAY - TEACHER PD DAY/STUDENT HOLIDAY/MAKE UP			
	24	FRI	EARLY RELEASE DAY			
MARCH	3	FRI	EARLY RELEASE DAY	17	18	
	10	FRI	EARLY RELEASE DAY			
	13-17	MON - FRI	SPRING BREAK			
	20	MON	STUDENT HOLIDAY/TEACHER WORK DAY			
	22	WED	SECONDARY REPORT CARDS POSTED ON FOCUS			
	24	FRI	ELEMENTARY REPORT CARDS POSTED ON FOCUS			
	24	FRI	EARLY RELEASE DAY			
	31	FRI	EARLY RELEASE DAY			
APRIL	7	FRI	TEACHER/STUDENT HOLIDAY/HURRICANE MAKEUP DAY	18	18	
	14	FRI	EARLY RELEASE DAY			
	21	FRI	FOURTH INTERIM ENDS			
	21	FRI	EARLY RELEASE DAY			
	24	MON	TEACHER/STUDENT HOLIDAY/HURRICANE MAKEUP DAY			
	27	THUR	SECONDARY 9 WEEK INTERIMS POSTED ON FOCUS			
	28	FRI	EARLY RELEASE DAY			
MAY	1	MON	ELEMENTARY INTERIMS POSTED ON FOCUS	20	21	
	5	FRI	EARLY RELEASE DAY			
	12	FRI	EARLY RELEASE DAY			
	19	FRI	EARLY RELEASE DAY			
	24-26	WED-FRI	EXAM DAYS/EARLY DISMISSAL			
	26	FRI	END OF SECOND SEMESTER/LAST DAY FOR STUDENTS			
	29	MON	MEMORIAL DAY/HOLIDAY FOR ALL			
	30	TUE	POST PLANNING/LAST DAY FOR TEACHERS			
	30	TUE	ELEMENTARY REPORT CARDS POSTED ON FOCUS			
	31	WED	SECONDARY REPORT CARDS POSTED ON FOCUS			
SECOND SEMESTER TOTAL DAYS				91	94	
SCHOOL YEAR TOTAL DAYS				180	190	6*

*PAID HOLIDAYS SUBJECT TO NEGOTIATION

NOTE: SCHOOLS WILL HOLD CONFERENCES ONCE A SEMESTER. DATES AND TIMES WILL BE ESTABLISHED BY THE SCHOOL.

Brevard School District Transportation Services

Request for a Bus Pass for the next school year only for incoming Kindergarten and eligible Pre-Kindergarten



•One form per student•

For Dual Custody, Specialized Transport or SIT Students please contact school to arrange for busing. This form is for students living within their new schools boundary and outside the 2 mile walk zone only. This form is not for students going to Choice Schools or EPO Programs outside their zoned school. Please return **completed** forms to your school with your registration packet.

Student Information for Next School Year

Online Form: <https://forms.gle/ee6iZqn5bYATT4ac7>

School Student will be at Next Year _____ Grade _____ Date _____

Student Name _____ Student ID Number _____

Address used for registration _____

Pre-K, Kindergarten and other students must have a parent/designee present at the bus stop to meet the student. Failure for the parent/designee to meet the student at the bus stop, will result in the student being taken back to school and may result in a loss of school bus riding privileges. Parent/Designee should be prepared to provide proof of identification to pick up student

Brevard County (Florida)
Bylaws & Policies
8600 - TRANSPORTATION

It is the policy of the Board to provide transportation for those students whose distance from their school makes this service necessary within the limitations established by State law and the regulations of the State of Florida. Such laws and rules shall govern any question not covered by this policy.

School buses shall be purchased, housed, and maintained by the District for the transportation of resident students between their home areas and the schools of the District to which they are assigned.

Students living more than two (2) miles from their home school will be eligible for District provided bus transportation. Students who attend school out of their home school zone will not be eligible for District provided transportation. Students shall board the bus at the nearest designated stop and will not enter or leave the bus at any other designated stop. In the event of an emergency, the principal may approve an exemption to the student's designated bus stop on a temporary basis.

Parents/guardians are responsible to ensure the safe travel of their students during each trip to and from home and the assigned bus stop when the school district provides bus transportation.

Students living within two (2) miles of school may be provided District bus transportation under the following conditions:

- A. Permanently disabled students, whose Individual Education Plan requires special transportation.
B. Temporarily disabled students upon request and verification of disability and length of time of disability.
C. Elementary students in kindergarten through sixth grade who must walk through an area that meets the State criteria for hazardous walking conditions or area designated by the Board.
D. Elementary students residing within two (2) miles of their school may be provided bus transportation at the discretion of the principal and upon payment of a fee established by the Board. This transportation will only be provided if seats are available on existing buses serving the school and the student gets to an established bus stop.

Students eligible for transportation who are beyond the accessibility of school bus transportation shall be provided isolated transportation by payment to the parent of an amount established by the Board. Payment of the amount established will be based upon the date of the application or the date the service began whichever occurred first during the current attendance reporting period.

Parents of students who become or are determined to be non-eligible for school bus transportation shall be notified in writing. The student will be allowed to ride the bus for ten (10) additional school days depending on the circumstances of the non-eligibility. With the approval of the Superintendent, the ten (10) days may be extended. If the student was riding the school bus illegally, removal from the bus will be immediate.

Bus routes shall be established so that one authorized bus stop is available within reasonable walking distance of the home of every resident student entitled to transportation services. The Board shall approve the bus routes annually. The Superintendent is authorized to make any necessary changes in the approved route.

The Board authorizes the installation and use of video recording devices in the school buses to assist the drivers in providing for the safety and well-being of the students while on a bus.

The Superintendent shall be responsible for developing and implementing appropriate administrative procedures for this policy.

The school principal shall assume responsibility under the direction of the Superintendent for all student disciplinary cases which arise in connection with transportation in accordance with Florida statute, Florida School Board Rule, and the Student Code of Conduct. The school principal shall:

- A. instruct students as a part of their safety program on the rules pertaining to student transportation, walking to and from school, bicycle, and other vehicle operations; and
B. develop at each school a parking policy for the safety of students, visitors, and staff while operating or parking personal vehicles on campus; and
C. conduct, at a minimum, during the first six (6) weeks of each semester, school bus evacuation drills.

F.S. 1006.21, 1006.22

F.A.C. 6A-3

Parent Signature _____ Date _____